

**Adopted - Board Meeting - September 13, 2023**

**North Carolina Board of Physical Therapy Examiners  
MINUTES  
June 7, 2023  
8300 Health Park, Conference Center  
Raleigh, North Carolina 27615**

**Members Present:**

C. David Edwards, PT, Chair  
Leslie P. Kesler, PT, Secretary/Treasurer  
Teresa Hale, PT  
Megan Wentz, PTA  
Stephanie Bernard, PTA – (remote participation)  
Renu Kasula, Public Member  
Lee Diehl, MD

**Staff Present:**

Kathy Arney, PT, Executive Director (ED)  
Emily Smith, Office Administrator  
David Nall, IT Systems Administrator  
Joyce Tynes, Finance Manager/Licensing Manager  
Ellen Roeber, PT, Deputy Director

David C. Gadd, Board Attorney

**Members Absent:**

Angela Diaz, PT (resigned) Open Position: (1) PT awaiting Governor appointment.

The format for the Minutes is as follows: *V-# Summary of Motion (Board Member who introduced motion)*

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**A. Preliminary Matters**

The Chair recognized the two new Board Members, Lee Diehl, MD and Renu Kasula, Public Member, attending their first Board meeting in 2023.

Public Members present – Andrew Osborne

**B. Meeting Called to Order** by C. David Edwards, Board Chair for NCBPTE at 8:38 a.m. June 7, 2023. The meeting was conducted in-person and open to the public. Board Member Stephanie Bernard participated remotely. The meeting was noticed in the Board office, on its website, and NC Secretary of State website as required by law. There were no requests for the meeting agenda prior to the meeting. The Chair conducted a roll call; all members were present, a quorum, as noted above.

### **Conflict of Interest Reminder by the Chair**

David Edwards, Board Chair, reminded members of their duty to avoid conflicts of interest and appearances of conflicts of interest. In addition, Chair Edwards asked if there were any known conflicts of interest or appearance of conflicts of interest with respect to any matters that were to be brought before the Board today as required by NCGS 138A. No Board member indicated conflicts of interest with the business before the Board.

### **C. Approval of the Minutes**

#### **V-014-'23 Passed Board Meeting Minutes March 8, 2023 [Attachment I]**

Motion to approve draft Minutes of the Board Meeting held on March 8, 2023. (*Kesler*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard,  
Kasula, Diehl

Members voting in the negative: None

### **D. Applications for Review**

- Cruz, R – FEPT applicant by endorsement – education not substantially equivalent, recommendation by ED to be licensed with complete application and satisfactory completion of educational deficiencies

#### **V-015-'23 Cruz, R – FE PT applicant by endorsement – Educational credentials not substantially equivalent**

Motion to Approve ED recommendation (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard,  
Kasula, Diehl

Members voting in the negative: None

- Peeters, L – FEPT applicant by endorsement – education not substantially equivalent based on a recent educational credentials review

Additional information submitted by the applicant prior to the June 7, 2023 Board meeting, including a prior educational credentials review deemed substantially equivalent, the ED recommends approving the educational credentials and eligibility for licensure upon submission of a completed application.

#### **V-016-'23 Peeters, L – FEPT applicant by endorsement**

Motion to Approve ED recommendation (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard,  
Kasula, Diehl

Members voting in the negative: None

- Rawat, M – FEPT applicant by endorsement – education not substantially equivalent, ED recommends licensure with complete application and satisfactory completion of educational deficiencies: one humanities course and one social sciences course or passing score on CLEP Exam

**V-017-'23 Rawat, M – FEPT applicant by endorsement**

Motion to Approve ED recommendation (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- Osborne, A – PTA Applicant by Endorsement – Criminal History – Andrew Osborne was present for review of his application and criminal history records; Gadd presented the applicant and disclosure of prior criminal history. The applicant spoke on his own behalf, with the board asking questions and receiving clarification. He reported completing remedial training required and has had no criminal behavior since this incident. After board discussion, a motion was made.

**V-018-'23 Osborne, A – PTA applicant by endorsement**

Motion to Approve licensure application (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- Salvia J. – PTA Applicant by endorsement – disciplinary action by another licensure Board. Gadd presented new information received since application was discussed at the March board meeting; KY PT licensure board reported applicant voluntarily surrendering her license prior to completing disciplinary recommendations. KY also disclosed a similar complaint in Indiana regarding the licensee. Board discussion followed. The disciplinary history in KY was recent and is also a violation of NC law. The applicant has an opportunity to appeal this decision by the Board.

**V-019 -'23 Salvia, J. – PTA applicant by endorsement**

Motion to Deny licensure application (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- Patterson, JP – PTA Exam Applicant – Criminal History- Gadd presented criminal history information about the applicant; Applicant did not disclose his prior history based on a misunderstanding his record had been expunged, when in fact he was pardoned by the Governor of Virginia. Board discussion followed. The criminal behavior was over 20 years ago, the applicant completed required remediation and has had no history of discipline against

his license or criminal behavior since.

**V-020-'23 Patterson, JP – PTA Exam Applicant**

Motion to Approve licensure application (*Hale*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

- Barbee, L – Revival by 500 hours – Deputy Director Roeber presented a completed revival by 500 hour plan and proof of completion of the requirements for revival. DD recommended approval of licensure revival based on complete application and applicant meeting requirements of revival by 500 hours as outlined in the board approved plan.

**V-021-'23 Barbee, L – Revival by 500 hours**

Motion to approve DD recommendation (*Megan Wentz*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

- Mandanas, V –TOEFL requirement, licensee was inadvertently licensed before TOEFL confirmed; the applicant submitted a 2005 TOEFL which did not meet the Board current English proficiency requirements; He was notified he needed to complete a recent TOEFL iBT within 90 days to complete his application. He complied with the board’s request to repeat the TOEFL and the score was one point shy of passing; due to his 20+ year work history in New Jersey and New York and board staff communication on multiple occasions without issue, the Board was asked to consider approving his English proficiency. The Board discussed the English proficiency requirement and circumstances of the inadvertent licensure.

**V-022-'23 Mandanas, V – FEPT TOEFL Requirement**

Motion that PT remains licensed in NC (*Kesler*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

- Gulati, B – FEPT applicant by endorsement – education not substantially equivalent, applicant is missing 4.78 credit hours, however no content deficits identified on the educational credentials review. The applicant is currently enrolled in a transitional DPT program scheduled for completion in summer 2023. ED recommended the board approve the educational credentials and applicant be eligible for licensure upon submission of a completed application.

**V-023-'23 Gulati, B – FEPT applicant by endorsement**

Motion to Approve ED recommendation (*Wentz*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

#### **E. Closed Session**

##### **V-024-'23 Passed – Motion to go into Closed Session**

A motion to go into Closed Session was made at 9:23 am, in accordance with GS 143-318.11 (a) (1), (5) and (6) to engage in privileged communications with the Board’s counsel concerning Closed Session Minutes of Board Meetings, personnel matters and contracts for services to the Board. (*Kesler*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

##### **V-025-'23 Passed - Return to Open Session**

Motion to return to Open Session at approximately 10:37 a.m. (*Leslie Kesler*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

#### **Approval of actions during the Closed Session**

##### **V-026-'23 Passed – Motion to approve actions discussed in closed session including:**

- **Minutes from the Closed Session of the March 8, 2023, as written**
- **IT contract with Surya Technologies effective July 1, 2023**
- **Board office organizational chart restructuring [Attachments]**
- **Effective July 1, 2023 salary increase and bonus compensation for the Executive Director for performance in 2022** (*Kesler*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

#### **F. Responses from ED/DD to questions addressed at the previous Board Meeting [Attachment II-VI]**

Questions addressed at the March 8, 2023 Board meeting were sent to individuals posing the questions as follows: EKG, Pediatric Feeding, Scope of Practice questions will be updated with PTA scope of practice statement.

- EKG Monitoring/Interpretation
- Developing PTA Program Question: CAPTE Candidacy vs. accreditation status for licensure approval
- Position Statement 6 Performance of Medical Procedures Requested of PT licensees in Healthcare Settings - Revision – update to Pulse Oximetry
- PTA Scope of Practice – PTA Educators questions
- Pediatric Feeding and Pediatric PT Scope of Practice questions

**G. Scope of Practice Questions for Board Consideration/Public Protection Task Force (PPTF)**

Public Protection Task Force – Update - David Edwards, PPTF Chair and Ellen Roeber DD updated the Board on the following topics from the Task Force meeting on April 6, 2023.

- PTA Scope of Practice Statement – After PPTF consensus the following statement is brought before the board for review. If approved the statement will be included, as appropriate, in future position statements and scope of practice responses. Accurate, consistent, and concise communications is the goals for PTA statement.

**V-027-'23 PTA Scope of Practice Statement [Attachment VII]**

Motion to adopt the PTA scope of practice statement (*Hale*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl
Members voting in the negative:	None

The DD will update the EKG and Pediatric Feeding and Pediatric Scope of Practice questions will be updated with the PTA scope of practice statement and posted on the Board website for reference.

- Dry Needling – PPTF explored three different options for clarifying the practice of dry needling for licensees and the public. Consensus was to continue to identify alternatives for clarification of dry needling that are efficient and effective for dissemination and posting on the Board website. Dry needling training and clarification remain on the agenda for the upcoming June PPTF meeting.
- Informed consent – the topic of informed consent and methods to clarify it as part of the contemporary scope of PT practice are being considered for efficient and effective for dissemination and posting on the Board website and inclusion in regulatory training provided by staff. The PPTF will continue discussion on this topic.
- Imaging – the APTA NC or other individual or entity may propose legislation to update the NC PT Practice Act for PTs to have the authority to order imaging as part of their scope of practice.

## Scope of Practice questions and responses discussed by the Board:

- Dry needling - students on clinicals – Licensee presented question to the board about PT students performing dry needling while on clinical rotation. Draft response based on the Board’s current scope of practice responses posted on the board website for dry needling, pelvic health (b/c both dry needling and pelvic health are both considered advanced skills), and advanced training. Board discussion surrounding duly-trained students (PT students who are licensed athletic trainers) being able to perform dry needling if their current training and professional license supports the skill performance. Clarity provided by attorney and seasoned Board members that regulation by the PT Board is for licensees only (PTs and PTAs) and that other licensed professionals are governed by their respective practice acts. As a result, student PTs, regardless of their background and other licenses, are regulated by the NC PT Practice Act and Board Rules while on clinical rotation. Dry needling is an agenda item for the upcoming June PPTF meeting, therefore student performance will specifically be addressed.
- MSK Ultrasound and PT scope of practice – Licensee requested the board to reconsider the scope of practice response to the MSK ultrasound. Extensive research on topic of MSK US presented by DD to Board for consideration. The Board discussed the topic at length. The licensee received a response advising that this topic will be on June PPTF agenda. PPTF will reconsider previous board response regarding use of ultrasound with biofeedback prior to issuing a more formal scope of practice response.
- PTA scope of practice – topical medications lymphedema and wound care- Licensee presented question to the board and draft response reviewed. Board approved draft response, board staff will communicate with licensee and post response on board website.
- Informed consent- Extensive discussion surrounding informed consent as currently defined in physical therapy standards of practice. Gadd explained the board’s statutory authority in addressing informed consent complaints. Informed consent is on the PPFT June meeting agenda. An interpretive statement and other avenues for licensee awareness will be explored, including but not limited to content related to jurisprudence exercises.
- Cupping – referred to PPTF for review – after question from licensee determined that scope of practice response needs to be updated.

## **H. Attorney’s Report- including potential legislation and regulatory education**

### **General Attorney Update**

- CPEP- Gadd provided education to the Board regarding how courses offered by CPEP are utilized by the Board especially in cases where there is a violation or potential violation of the NC PT Practice Act and Board rules. CPEP is a non-profit organization that offers intensive education services regarding ethics and topics in healthcare regulatory compliance to healthcare professionals. The Board has utilized the *Boundaries & Ethics Course* that

affords licensees the opportunity to remediate and rehabilitate rather than be subject to Board discipline alone. NC licensees who have completed this course have done so due to deception, unlicensed practice, sexual and non-sexual boundary issues, failure in supervisory responsibilities, etc. Positive feedback has been received both from licensees and investigative committee members.

**Legislative Update**—bill tracking due to possible impact on the Board.

- HB 576 – requires health care practitioners to wear a badge with their full name and type of license. If health care professionals did not, they would be guilty of unprofessional activity. There is an update for the advertising requirement. Passed House and currently in Senate.
- HB 819 – Medical Ethics Defense Act. Bill that defines conscience and protects medical providers and other health care entities from discrimination and liability related to decisions made due to conscience. Bill currently in committee; has not passed either chamber.
- HB 117 – Modify Administrative Law Provisions. Impacts rulemaking. Monitoring.
- HB 557 NC Healing Arts Commission – New occupational licensing board for reflexologists, music therapists, and naturopathic doctors. Surprised at introduction of a bill to create another occupational licensing board.

**Disciplinary Actions:**

- Bidinger, E – PT Licensee – Disciplinary action issued against the licensee in another state- Gadd submits this violation is also a violation of the NC Practice Act and NC Board Rules. Gadd’s recommendation is that the board accepts and imposes the same disciplinary actions as Arizona. Licensee would be required to submit proof of completion to the Board. Gadd will communicate with licensee.

**V-028-’23 - Bidinger, E – PT Licensee – Disciplinary action in another state-**  
Motion to approve Gadd recommendation (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl  
Members voting in the negative: None

- Scott, J – PT Suspended License – New disciplinary action review- Gadd reports licensee violated his previous consent order issued by the Board September 14, 2022. Licensee admitted to the Investigative Committee that he applied for a job, worked in long-term care and home health, and submitted a fraudulent renewal card to his employer. The Investigative Committee reviewed violation and recommended suspension of license for 36 months, completion of recommend treatment, and not be eligible for licensure until a practice evaluation is completed (as approved by the Board).

**V-029-’23 - Scott, Julian, PT Suspended License – new disciplinary action review –**  
Motion to approve investigative committee recommendation (*Hale*)



Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl  
Members voting in the negative: None

## **I. Executive Director's (ED) Update – [Attachment VIII-IX]**

The Executive Director provided verbal updates including the following:

- Board Contact Information – requested Board Members to review and update contact information outside of their board email address. Survey completed.
- Current Licensees Count – as of 5/16/23 14,428; 2.8% increase which is consistent with this time of year and expected as there have been fewer changes to classes sizes and numbers of PT PTA programs in NC graduating students.
- Reference – Staff Photo Roster included in board meeting materials for board meeting reference, updated version to come.
- Strategic Plan – ED met with Strategic planning task force and thanked Bernard and Kesler for their participation and contributions. Highlights included: automating office calendar, need for soft phones, operations- electronically documenting all process documents and training, outreach and education, physical therapy practice and licensure – streamlining PT Compact, initiate Board rules committee.

## **V-030-'23 Strategic Plan proposal FY 2024 –**

### **Motion to adopt the Strategic Planning Task Force proposed plan for FY2024 (Hale)**

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- Request for information from Florida AG Office – ED and Attorney have corresponded as needed regarding the outage
- FBI On-site Audit – William Shriver – meeting with ED, Debbie Ragan, and FBI auditor, audit was successful.
- Board Office Lease – Update – Rebranding and signage
- Board History Update – Updated 2021, 2022, and 2023 bullet points; will be posted on the Board website.
- New Medical Board CEO – Thom Mansfield – Thom Mansfield -

## **J. Financial Update [Attachment X-XI]**

- Update - Joyce Tynes, Finance Manager provided the updated to the Board - In summary, nothing unexpected is occurring with the financials. Staff is exploring changing credit card processor (to PNC from BluePay) which would save significantly in processing fees.
  - Profit and Loss FY 2023 – Results as expected.
  - Balance Sheet FY 2023 – The balance sheet remains strong.
  - Working on reviewing documentation for the PNC investment account and once documents are approved, the plan is to move money there by September, for an improved rate over current investments.
  - Finance and Audit Committee
    - Minutes from Finance and Audit Committee for May 23, 2023 were reviewed
    - Financial Recommendations – FY 2024 – discussion regarding seeking a legislative fee increase was deferred until next year. The Board is currently at the legislative maximum for charging fees.

## **V-031 -'23 Extend Auditor RFP applications and recommendations FY 2024-2026 until September 13, 2023**

Motion to approve extension for auditor RFP application receipt and decision until September 13, 2023 Board Meeting (*Kesler*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

## **V-032-'23 Increase compact fee by \$20**

Motion to approve NC PT Compact fee increase - \$20.00 proposed by Tynes (*Wentz*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- PTO – hardship and payouts – proposal and revision of Employment Personnel Policy Manual wording

## **Policy Considerations from Staff Request**

PTO Policies and proposed change in the EPPM are as follows:

Language below would replace the identified paragraph in the EPPM (accrual table remains).

All employees hired before July 1, 2017, may accrue a maximum of 480 hours per fiscal year

(12 weeks annually). All employees hired after July 1, 2017, may accrue a maximum of 320 hours (8 weeks annually). PTO accrual does not exceed beyond the maximum.

An employee may request one (1) PTO payout annually, up to 80 hours, in a fiscal year (July 1 – June 30) and maintain a PTO balance of no less than 100 hours.

**V-033-'23 Passed – Approve revision of PTO Payout policy for all eligible employees once per fiscal year.**

Motion to approve PTO policy change as outlined above. (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl  
Members voting in the negative: None

- Recommendation for approval of FY 2024 budget – include IT managed Services Contract

**V-034-'23 Passed – Approval of Proposed Budget for FY 2024 including updates for ED compensation approved during the Closed Session.**

Motion to approve the proposed FY2024 budget with updates approved during closed session. (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- Review of Designated Reserves – no changes are necessary at this time.

**K. Report from Deputy Director (DD) [Attachment XII]**

- Update – Continuing Competence Audits are not complete, but all licensees have been contacted and have either submitted documentation packet or are in process of submitting; about 30 outstanding of the 175; DD identifying areas for improvement and will address post-audit
- Working with IT and Kim Jackson, Board staff, to update website and add content to webinar library; exploring options for social media platform to push out information to licensees and the public; using final year student feedback (via survey) to inform decisions regarding Board communication.

**L. Committee on Board Rules**

- Update – Rules Committee Staff Update – recommendation made by ED to follow AAP
- Status of NCBPTE Rulemaking – ED recommendation to appoint Deputy Director Roeber as Rulemaking Coordinator
- 

**V-035 -'23 Passed – Approved Rulemaking Coordinator Change to Ellen Roeber, PT, DPT, Deputy Director (*Hale*)**

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl

Members voting in the negative: None

- Submission of comments to RRC – D. Gadd Board attorney submitted comments to proposed changes to RRC rules on behalf of the Board. Those comments were noted and proposed rule changes were made in response.

#### **M. Committee on Information Technology [Attachment XIII]**

- IT Update - Primary work over the past quarter was to prepare for the migration to the Cloud. Other highlights include: Working with DD for webinar library, completed board member email addresses, re-synchronized Azure AD, person project – to unify user ID's, softphone integration planning, Linux server build -test server, SharePoint review and improvements, admin too enhancements, bring revivals online, physical inventory review, review Business Continuity plan
- Use of Board email address for Board Members - required
  - NCPT Board Member email Address Policy and solicitation of alternate contact information to alert board members of emailed communications.
  - Updated NCPT Board Member IT Agreement Form

#### **N. Correspondence with Schools and Annual School Score Reports**

Documents provided for review and reference:

- Pass rate (2023) for NC PT and PTA Schools (as of February 13, 2023)
- Pass rate (2022) for NC PT and PTA Schools (as of February 13, 2023)
- Pass rate (2021) for NC PT and PTA schools (as of February 13, 2023)
- Pass rate (2020) for NC PT and PTA schools (as of February 13, 2023)
- School Presentations – DD reported. Final year student presentation on “navigating NC PT/PTA licensure” and “practicing year 1” -DD reached out to all CAPTE accredited DPT and PTA programs in NC to strengthen relationships and offer support/resources. DD and LS (a senior staff member along with LS manager for most dates) have interacted with final year students either virtually or live for the presentation. The format included 30-40 minutes of presentation and 20-40 minutes of Q/A. Well received with positive feedback. Currently, of the 10 DPT programs, 6 have participated, 1 is on the schedule to participate, 2 have plans to participate, and 1 has not responded. Of the 11 PTA programs, 2 have participated, 1 is on the schedule to participate, and 3 are in the process of scheduling. The goal of Board staff is to expedite the licensure process by reducing applicants' confusion and errors. Other goals include building rapport with students, who will soon be new licensees, and program faculty/representatives.
- School Communications – DD communicates regularly regarding program curriculum (when assisting ED with answering scope of practice questions) and Board interaction/outreach.
- Updated School Addresses and contacts provided for review and reference [**Attachment**]

**O. Prometric [Attachment XIV]**

- NPTE Comments submitted by Exam candidates / NC and Customer Satisfaction (results for First Quarter 2023)
- Staff solicitation of public feedback – through a survey developed by DD and Board staff; concerning methods of communication with new graduate licensees 0-3 years; will use results to inform changes on website and with Board communication.

**P. Ethics Commission [Attachment XV]**

- Reminders were issued to the Board members for the following:
- Ethics Compliance Report – 2 newest Board members need to complete their initial Ethics Training; others were asked to note when their next training was due.
- FYI:
  - SEI Reminder – Due April 15 annually – ALL Board members – click for filing instructions – <https://ethics.nc.gov/seis>
  - New form to update board/agency membership or Ethics liaison
  - New compliance report for your board or agency to make sure that all information on covered employees and members is up to date
  - Board Member Ethics Education (required every 2 years) – a link is available for Board member access to training <http://ethics.nc.gov/education>

**Q. PT Compact Commission [Attachment XVI]**

- Compact Update – [ptcompact.org](http://ptcompact.org)
- Compact Compliance Reports – new report for Q2 2023- NCBPTE is in compliance.
- PT Compact Jurisprudence requirement update – ED recommendation to change PT Compact jurisprudence requirement to be within 30 days of receiving compact privilege and for those privilege holders with NC PT/PTA licenses only 1 JE required per year

**V-036-'23 Change NC Jurisprudence requirement for NC PT compact privilege**

Motion to approve ED recommendation (*Leslie Kesler*)

Members voting in the affirmative: Edwards, Kesler, Hale, Wentz, Bernard, Kasula, Diehl  
Members voting in the negative: None

- PTCC proposed rules update – thanks to those who offered comments. June 27, 2023

rules will be voted on by the full PT Compact Commission delegates.

- API for PT Compact – this will enhance ease of administration of PT compact privileges and will be completed once the NCBPTE IT person one project is complete.

### **R. Board Appointments 2023**

- New Member appointments
  - Public Member – Term January 1, 2023 to December 31, 2025 – Appointed 3-28-23 – Renuka Kasula
  - Medical Doctor Member – Term April 28, 2023 to December 31, 2025 – Lee Diehl, MD
  - PT board member—awaiting appointment to fill vacancy

### **S. Submission of Reports to State – second quarter 2023 reports submitted were as follows [Attachment XVII-XVIII]**

- Annual Submission of 2022 Minutes to state archives
- NCBPTE Annual Fee Report
- NC Compact Compliance First Quarter report
- NEIS Audit Report
- American Specialty Health Verification of Education in NC
- Centene Corporation Credentialing verification of Education in NC
- NC Department of Health and Human Services Disciplinary Actions
- United Healthcare Primary Sourced Verification
- 2023 Annual Survey of Public Employment and Payroll
- NC Department of Commerce BOLD report
- NC Department of Insurance Crime Policy 2023
- NCBPTE Board member SEI Filing
- Catapult Annual Wage and Salary survey 2023
- Ethics Liaison Expense Filing Q1 2023

### **T. Election of officers and FSBPT Delegates/Appointment of Standing Committee members**

2023 – Officers, Committees, Subcommittees, Advisory Panels and Task Forces for 2023 – New appointments were necessary due to resignation of A. Diaz, PT, Board member. The Chair appointed the following:

- Alt. FSBPT Delegate – Chair appointed Leslie Kesler, PT to be the Alternate Delegate and her back up is Megan Wentz, PTA
  - Alt. Delegate attends delegate training and agrees to fill the role of the Delegate if they are unable to service.
- Investigative Committee – Chair will wait on the appointment until the Governor’s office of Boards and Commissions appoints a new Physical Therapist member to the Board. Both Leslie Kesler and Teresa Hale volunteered their service on this Committee, as back up.

### **New volunteers:**

- Rules Committee – Teresa Hale and Leslie Kesler volunteered should committee when the Committee begins meeting.

### **U. Federation (FSBPT)**

- FSBPT Membership Survey
- FSBPT Publications – Links – <https://www.fsbpt.org/News>
- Meetings date 2023
  - Regulatory Workshop for Board Members and Administration-March 10-12 Virtual
  - Leadership Issues Forum (LIF) – July 15-16, 2023 Arlington VA – ED and David Edwards, Chair will attend, ED will attend Model Practice Act session
  - Delegate Assembly – required for Delegate and Alt Delegate October 16, 2023-virtual.
  - Annual FSBPT Education meeting October 19-21, 2023 Jacksonville, FL – Leslie Kesler, Megan Wentz, David Edwards, Chair, will attend
  - New required FSBPT Member Portal – required for webinar and in -person meeting attendance.
    - FSBPT Webinar Series – Go to FSBPT meeting portal – please sign up !! and attend!

### **V. APTA NC & APTA**

- APTA – [apta.org](http://apta.org)
- APTA Meeting – October 13-14, 2023, Elon NC - DD will attend
- Webinar Series – go to [aptanc.org](http://aptanc.org) for listing may be required membership for access

### **W. Other regulatory Organizations –**

- CLEAR- ED reminded the Board of training opportunities through this organization given the Board's membership

### **X. Credentialing Agencies**

- ICD – ED informed the Board she met with representatives regarding their credential reviews and potential errors.
- FCCPT is holding educational discussion sessions in June

### **Y. Correspondence from ED, Articles, etc.**

- K. Reese – request for guidance scope of practice – issuing eye patch –
- J. Weinberg – NC State Chiropractic Board Proposal – no restrictions on chiropractic practice in office with PT
- K. Stottlemeyer – Educational Requirements for Licensure -
- Article NCDHHS North Carolina Moves Forward: COVID-19 Public health emergency ends May 11

**Z. Dates and Locations for Future Meetings:**

Upcoming Quarterly Board Meeting will be held at AIHF Conference Room 8300 Health Park, Raleigh, NC 27613.

Dates –Wednesdays

September 13, 2023

December 6, 2023

**Adjourn**

**Meeting adjourned by C. David Edward, Chair at 2:52 pm**

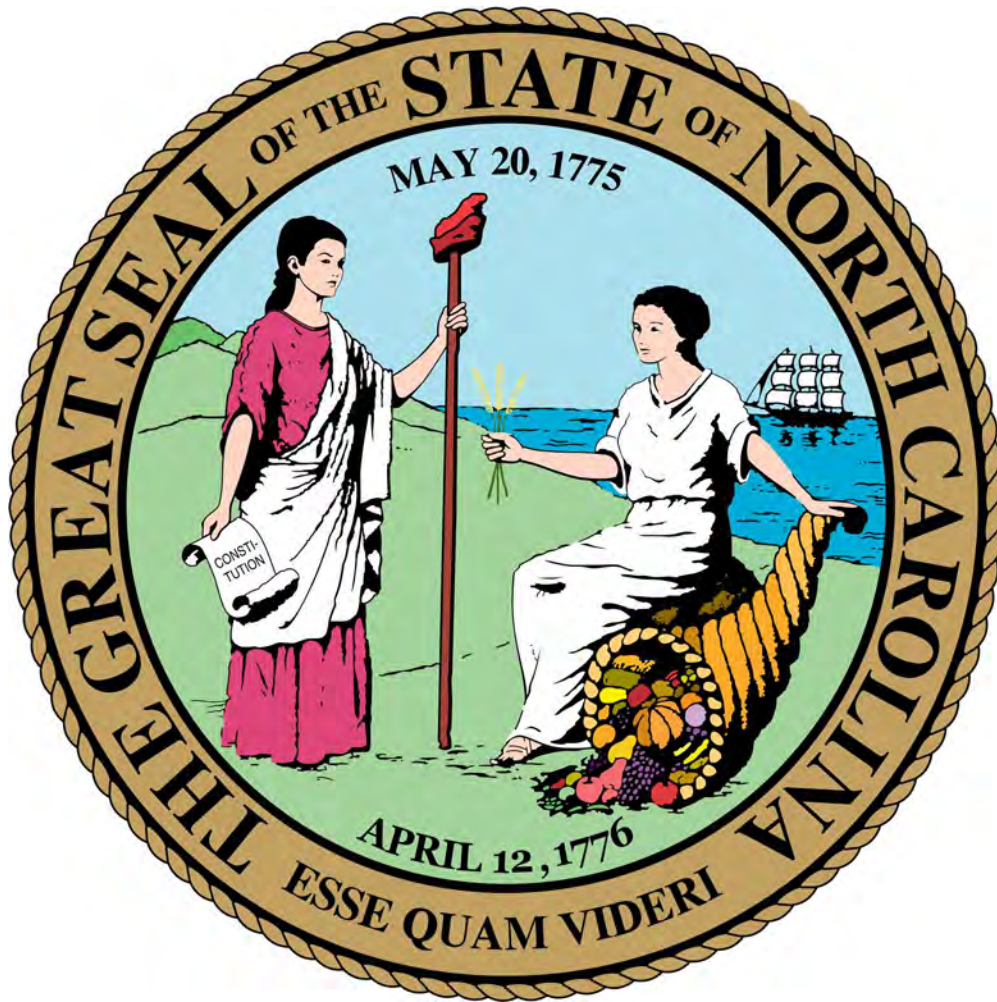
*Emily Smith*

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Emily Smith  
Recording Secretary

*Leslie Kesler*

\_\_\_\_\_  
Leslie Kesler, PT  
Secretary-Treasurer





Attachment I

North Carolina Board of Physical Therapy Examiners  
MINUTES  
March 8, 2023  
8300 Health Park, Conference Center  
Raleigh, North Carolina 27615

**Members Present:**

C. David Edwards, PT, Chair  
Leslie P. Kesler, PT, Secretary/Treasurer  
Teresa Hale, PT  
Rosa Maria Gonzalez, BSN, RN, Public Member  
Stephanie Bernard, PTA  
Angela Diaz, PT (arrived 8:56 a.m.)  
Megan Wentz, PTA (remote attendance)

**Members Absent:**

Sara Rooker, MD

**Staff Present:**

Kathy Arney, PT, Executive Director (ED)  
Paula Brooks, Office Administrator  
David Nall, IT Systems Administrator  
Ellen Roeber, Deputy Director  
Joyce Tynes, Finance Manager/Licensing Manager

David C. Gadd, Board Attorney

The format for the Minutes is as follows: *V-# Summary of Motion (Board Member who introduced motion)*

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**A. Preliminary Matters**

The Chair recognized the two new Board Members, Sara L. Rooker, MD (unable to attend this meeting due to family emergency) and Angela Diaz, PT, attended her first Board meeting in 2023.

**B. Meeting Called to Order** by C. David Edwards, Board Chair for NCBPTE at 8:47 a.m. March 8, 2023. The meeting was conducted in-person and open to the public. The meeting was noticed in the Board office, on its website, and NC Secretary of State website as required by law. There were no requests for the meeting agenda prior to the meeting. The Chair conducted a roll call; members were in attendance as noted above; a quorum was present. No members of the public were in attendance.

### **Conflict of Interest Reminder by the Chair**

Board Chair, Edwards, reminded members of their duty to avoid conflicts of interest and appearances of conflicts of interest, per NCGS 138A-15. In addition, David Edwards, asked if there were any known conflicts of interest or appearance of conflicts of interest with respect to any matters that were to be brought before the Board today as required by NC GS 138A-15. No Board member indicated conflicts of interest with the business before the Board today.

### **C. Approval of the Minutes**

#### **V-001-'23 Passed Minutes December 7, 2022 [Attachment I]**

Motion to approve draft Minutes of the Board Meeting held on December 7, 2022. (*Gonzalez*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzales
Members voting in the negative:	None

### **D. Applications for Review**

**V-002-'23** Salvia J. – PTA Applicant by Endorsement – disciplinary action by another licensure Board. (*Hale*)

The Board adopted a motion to present a consent order to the applicant with similar conditions as the Kentucky Consent Order dated November 17, 2023, pending documentation of completed conditions and additional information from the Applicant. The agreement will include a stipulation the applicant provide the NC Employer with a disclosure statement and that they are aware of her discipline in KY and agree to serve as the supervisor for her clinical work. The NC Board Staff – Executive Director was delegated the authority to assist the Board attorney in communicating with the licensee and working with the Board attorney to determine the agreement similar to the Kentucky order and any required conditions in North Carolina.

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzalez
Members voting in the negative:	None

**V-003-'23** Valentini, T. – FEPT applicant by Exam – requires Board approval to be eligible to take the NPTE and be eligible for licensure in NC. Motion was approved for the applicant to be eligible for the exam and eligible licensure pending a passing score (*Hale*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzalez
Members voting in the negative:	None

**V-004-'23 Patel – FEPT applicant by Exam – Education not substantially equivalent and ED has communicated with Applicant regarding deficiencies and recommendations to address.**

Motion made to make application eligible for NPTE once his educational deficiencies have been met and eligible for licensure pending passing the NPTE and filing a completed application. (*Kesler*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzalez
Members voting in the negative:	None

### **E. Closed Session**

#### **V-005-'23 Passed – Motion to go into Closed Session**

A motion to go into Closed Session was made at 8:40 am, in accordance with GS 143-318.11 (a) (1) to engage in privileged communications with the Board’s counsel concerning Closed Session Minutes of prior Board Meetings. (*Hale*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzalez
Members voting in the negative:	None

#### **V-006-'23 Passed - Return to Open Session**

Motion to return to Open Session at approximately 8:56 a.m. (*Gonzalez*)

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzalez
Members voting in the negative:	None

### **Approval of actions during the Closed Session**

#### **V-007-'23 Passed – Motion to approve Minutes from the Closed Session of the December 7, 2022, as written. (*Kesler*)**

Members voting in the affirmative:	Edwards, Kesler, Hale, Diaz Wentz, Bernard, Gonzalez
Members voting in the negative:	None

### **F. Responses from ED/DD to questions addressed at the previous Board Meeting [Attachments II-III]**

- Discharge from Surgi-center
- PT’s performance of Independent Medical Examinations (IME)

### **G. Scope of Practice Questions for Board Consideration/Public Protection Task Force (PPTF) [Attachments IV- VIII]**

- Public Protection Task Force (PPTF) – David Edwards, Chair of the PPTF updated the Board on the meeting minutes from the PPTF meeting on February 22, 2023.

- **ECG Interpretation** – Deputy Director (DD) discussed scope of practice response to licensee question regarding “EKG” interpretation. After an update from the DD regarding research and other sources consulted in creating the response on ECGs, the board accepted the response as discussed. The ED/DD will respond to the licensee. The DD will up update the ECG response to include the PTA role and present it at a future meeting for Board consideration.

- APTA Entry – Level PA Competencies in Cardiovascular & Pulmonary PT

- Proposed Response for consideration by the Board – ECG

- **V-008-'23 CAPTE candidacy status vs. accredited status** – approving applicants for licensure. After review of the Department of Education federal rule and CAPTE definition changes, the ED recommended approval of applicants with completed applications graduated from CAPTE candidacy status PT/PTA programs be licensed in NC. (*Kelser*)

Members voting in the affirmative: Edwards, Kesler, Hale, Diaz  
Wentz, Bernard, Gonzalez

Members voting in the negative: None

- **V-009-'23 Position Statement #6 revision re: Pulse Oximetry - Motion made to approve revised position statement #6** (*Gonzalez*)

Members voting in the affirmative: Edwards, Kesler, Hale, Diaz  
Wentz, Bernard, Gonzalez

Members voting in the negative: None

- **V-010-'23 Response to questions concerning PT Assessment for PTA Educators posed by J.**

Cooper, PT

After an update from the DD regarding research and other sources consulted in creating the response on PTA “assessment”, the board approved a motion to accept the proposed response as written. The ED/DD will respond to the licensee.

Motion approved to respond to Mr. Cooper (*Kelser*)

Members voting in the affirmative: Edwards, Kesler, Hale, Diaz  
Wentz, Bernard, Gonzalez

Members voting in the negative: None

- **V-011-'23 Response to questions posed regarding Pediatric Feeding and physical therapy scope of practice**

After an update from the DD regarding research and other sources consulted in creating the response Motion made to accept a proposed response Pediatric feeding therapy and treatment tongue and tie related issues. DD will update response to include PTA’s – (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Diaz  
Wentz, Bernard, Gonzalez

Members voting in the negative: None

## **H. Attorney's Report- including potential legislation and regulatory education.**

- Legislative Update
  - Federal Legislation – HR 7939 enacted- Portability of Professional Licenses of Members of the Uniformed Services and Their Spouses. The Board attorney reviewed the statute which provides the Board must allow a practice privilege for servicemembers and spouses who relocate in the State pursuant to military orders. Discussion was had regarding internal processes to comply with the new law.
- 1:00 pm Regulatory Training – Joe Jordan, Executive Director NC PHP
  - Mr. Jordan provided a presentation on NCPHP involvement with occupational licensing Boards and operations related to impaired licensees and providing resources for mental health and related situations to the Board of PT Examiners. Board members asked questions and were provided detailed responses.

## **I. Executive Director's (ED) Update – [Attachments IX-XI]**

The Executive Director provided verbal updates including the following:

- Current Board Member Contact Information list – ED asked Board Members to provide any necessary updates to staff.
- Current Licensees Count – ED reviewed the report in detailed for comparison of same dates in 2022 vs 2023.
  - Renewal 2023 – Summary - ED reported 96.5% renewal of licenses for 2023
    - Initial Revivals – ED reported the largest initial revival period (1 month post Feb 1) in her tenure. An updated process was implemented in office in order to prepare for revivals going electronic, by 2024 renewal. Lessons learned will be implemented in the electronic and subsequent version of the revival application.
- Reference – Staff Photo Roster / Staffing updates – ED provided a photo roster of office staff for Board member reference and brief update on new staff and their roles.
- Licensing Update – ED / Licensing Manager
  - New Military Processes – HR 7939 – reference Attorney report; active military members and spouses have a new expedited process to obtain a privilege to practice or Compact Privilege to practice in NC.
  - New Board member education – applications – New Board members handling application review and approval will be held March 17, 2023.
  - Changes to license cards available on website – Addresses have been removed from license cards for safety.
- Board Member Mentors – David Edwards will draft a plan for Mentor program and bring back for approval.
- Strategic Plan FY 2023 – Kathy reviewed the Strategic Plan and updates. Primary goals in each category have been accomplished fiscal year to date. The Strategic Planning Task Force will meet again prior to the June 2023 Board meeting, where updates for the next fiscal year will be considered by the Board.

### **V-012-'23 Board Policy – All Board applications remain active for (1) one year**

A review of the rationale for this Board policy clarification was reviewed. Updates to applications and the Board website will be made where necessary for clarity and consistency of application to state functional record retention compliance.

Motion was made to approve all applications be active for one (1) year was approved. (*Hale*)

Members voting in the affirmative: Edwards, Kesler, Hale, Diaz  
Wentz, Bernard, Gonzalez

Members voting in the negative: None

**V-013-'23** Board Policy – A motion was made the Board delegate authority to ED/DD to approve all routine revival applications: payment, CC and endorsements (*Kesler*)

Members voting in the affirmative: Edwards, Kesler, Hale, Diaz  
Wentz, Bernard, Gonzalez

Members voting in the negative: None

#### **J. Financial Update [Attachments XII-XIII]**

- Update - Joyce Tynes, Finance Manager -  
The Finance Manager reviewed all documents below with the Board; questions were answered.
  - Profit and Loss
  - Balance Sheet
  - Budget to Actual Comparison
- Financial Recommendations – First Quarter 2023
  - NC Compact Fee change – this may be a consideration for the FY2024 budget due to increased administrative costs in implementing the PT Compact.
- Auditor Agreement FY 2023 & sending of an Auditor RFP for next 3 years are scheduled to be sent in spring of 2023.
- Budget preparation FY 2024 – FY 2024 budget preparation begins in March and a proposed budget will be considered for approval by the Board in June 2023

#### **K. Report from Deputy Director (DD) [Attachments XIV]**

- Report from DD
- DD reviewed each category in the report in detailed. No changes resulted from discussion.
- Update – Revival changes and early 2023 update – DD reviewed revival process changes with an anticipated goal to move to electronic process before next renewal.

#### **L. Committee on Board Rules**

- Update – Agency Rulemaking
  - Gadd recommendations for Rulemaking 2023 (David to review)
  - The Board Attorney presented information regarding Rules Review Commission (RRC) current rule making and considerations for future Board Rulemaking. Proposed RRC rule changes include limitations on agencies withdrawing rules after they have been submitted, oral presentations being limited to 5 minutes, which the Chair can extend, if they desire. These may impact rulemaking flexibility in the future. The Board should also consider amendment to rules thoroughly prior to making changes as the entire rule will be scrutinized.
  - Dry Needling – Scope of Practice - the DD will be creating a potential draft of training rules related to this topic for PPTF and Board consideration, keeping in mind caveats related to rulemaking from RRC rules.

- Any rule proposed for which there are 10 objections, requires the rule be considered by the NC legislature for review.

#### **M. Committee on Information Technology [Attachments XV-XVIII]**

The Board IT Infrastructure Manager presented the IT updates to the Board members and addressed the change from use of Board member personal emails to ncptboard.org email addresses. See rationale listed in the attached report. There was consensus on this occurring by the Board and David Nall will implement.

- Update – Director of IT
- Update – IT Infrastructure Manager
- Use of Board email address for Board Members
  - NCPT Board Member email Address Policy
  - Updated NCPT Board Member IT Agreement Form

#### **N. Correspondence with Schools and Annual School Score Reports**

Documents provided for review and reference:

- Pass rate (2023) for NC PT and PTA Schools (as of February 13, 2023)
- Pass rate (2022) for NC PT and PTA Schools (as of February 13, 2023)
- Pass rate (2021) for NC PT and PTA schools (as of February 13, 2023)
- Pass rate (2020) for NC PT and PTA schools (as of February 13, 2023)

There were no questions posed by the Board.

- Updated School Addresses and contacts – provided for review and reference.
- 2022 Exam Schedule and Board member notification for score days – Executive Director asked Board Members to update the Licensing Staff on availability regarding application review around score days.
- School Presentations – No new report
- School Communications – DD will be in communication with all NC PT and PTA schools regarding interactive learning modules.

#### **O. Prometric [Attachment XVIII]**

- After review of the available reports from the fourth quarter of 2022, ED indicated NCBPTE satisfaction scores are increasing.
- The Board had no feedback on Comments submitted by exam takers from the period.

#### **P. Ethics Commission**

- Reminders were issued to the Board members for the following:
  - Board Member Ethics Education (required every 2 years) – a link is available for Board member access to training <http://ethics.nc.gov/education>



- The Office Manager will be tasked with getting this form back from each Board Member.
- Ethics Compliance Report – the Board newest members on this report have dated information and the ED will contact the Ethics Commission to have this updated.
- SEI Reminder – Due April 15 annually – ALL Board members – click for filing instructions – <https://ethics.nc.gov/seis>
  - The Office Manager will be tasked with getting this form back from each Board Member.
- NC Ethics Commission Lobbying update – see newsletter from the Ethics Commission

### **Q. PT Compact Commission**

- Compact Update
  - December 2022, the PT Compact Commission signed an Memorandum of Understanding with the FSBPT which assures financial stability for the PTCC and the PTCC agreed to increase compliance with the PT Compact statute compliance requirements to 80% overall for each state.
- Compact Compliance Reports – no new report for Q1 2023
- PT Compact Privilege NC Jurisprudence Requirement – NC should see improvements with changes made to the [ptcompact.org](http://ptcompact.org) website reference to NC. Additional changes are being considered for the Board website.

### **R. Board Appointments 2022 (1PT and 1PTA) / 2023 Board Appointments**

- New Member appointments
  - PT New Member – Term January 1, 2023 to December 31, 2025 – Angela Diaz
  - Medical Doctor Member – Term January 1, 2023 to December 31, 2025 – Sarah Rooker, MD
  - Public Member – Term January 1, 2023 to December 31, 2025 – Anticipated Appointment – Renuka Kasula

### **S. Submission of Reports to State etc.**

The ED shared reports that have been filed or requests for information responded to as follows:

- Information Request for Annual Report on Rules with Economic Impact
- NC Child Support Services
- NC Community Annual Pass Rate Report
  - NC Community College Letter 2 3 2023
- OSBM Annual Fee Report 2021 – 2022
- Primary Source Verification responses

- NCQA Primary Sources Verification – License Education & Training Verification – Andros
- Primary Source Verification – Verisys
- NCQA Primary Source Verification – License Education Verification – Select Medical
- SPO Medical Staff Online – Primary Source Inquiry
- Payroll Report Filing to state – 4<sup>th</sup> Quarter 2022
- Directors and Officers (D&O Insurance) Annual Policy Renewed
- Annual Rulemaking Coordinator listing – Verification
- Letter to Governor Cooper / Board Dates 2023
- Lobby Expense Report forms 4<sup>th</sup> Quarter

#### **T. Election of officers and FSBPT Delegates/Appointment of Standing Committee members**

- New Appointment – Investigative Committee – Angela Diaz, PT
  - David Edwards appointed Angela Diaz, PT to the Investigative Committee
- Delegate to FSBPT Delegate Assembly – The FSBPT Delegate will be served by David Edwards. Alternate delegates Angela Diaz.
  - Delegate required attendance at LIF meeting in July 2023 and Delegate Assembly either in person or remote.
  - Alt. Delegate attends delegate training and agrees to fill the role of the delegate if they are unable to serve
- Model Practice-Act Workshop – July 17, 2023 FSBPT will fund 2 from each jurisdiction – ED will clarify who may attend. D. Edwards is interested.
- Public Protection Task Force - David Edward, Stephanie Bernard, Rosa Gonzalez, Leslie Kesler.
- Rules Committee – Megan Wentz, Teresa Hale

#### **U. Federation (FSBPT)**

- FSBPT Budget Memo was provided for review and reference.
- FSBPT Publications – Links – <https://www.fsbpt.org/News>
- Meeting date 2023
  - Regulatory Workshop for Board Members and Administration-March 10-12 Virtual
  - Leadership Issues Forum (LIF) – July 15-16, 2023 Arlington VA -Required delegated and Administrator
  - Delegate Assembly – required for Delegate and Alt Delegate October 16, 2023-virtual.
  - Annual FSBPT Education meeting October 19-21, 2023 Jacksonville, FL
  - New required FSBPT Member Portal – required for webinar and in -person meeting attendance.
    - FSBPT Webinar Series – Go to FSBPT meeting portal – please sign up !! and attend !
  - CBA – Nominations for Leadership Position

#### **V. APTA NC & APTA**

- APTA – apta.org
- APTA Meeting – October 13-14 2023, Elon NC
- Webinar Series – go to APTAnc.org for listing may require membership for access

**W. Other regulatory Organizations** – NCBPTE is a member of CLEAR, but both agencies provide tremendous educational opportunities for regulators.

- CLEAR
- FARB

**X. Credentialing Agencies**

- No New Report – Examples of reports from each agency were provided for Board member review and information.
  - FCCPT
  - IERF
  - ICD

**Y. Correspondence from ED, Articles, etc.**

- D. Moniot – request for guidance scope of practice clinical documentation
- T. Horne - PTA Whole Health Coach
- E. Carter – Refusal of Treatment for Violent Patient
- Article NC Auditor and NC Medical Board
- G. Johnson – PT Supervision – student and telehealth

**Z. Dates and Locations for Future Meetings:**

Upcoming Quarterly Board Meeting will be held at AIHF Conference Room 8300 Health Park, Raleigh, NC 27613.

Dates –Wednesdays

June 7, 2023  
 September 13, 2023  
 December 6, 2023

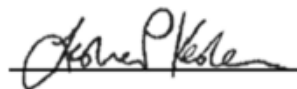
**Adjourn**

**Meeting adjourned by C. David Edward, Chair at 3:08 pm**



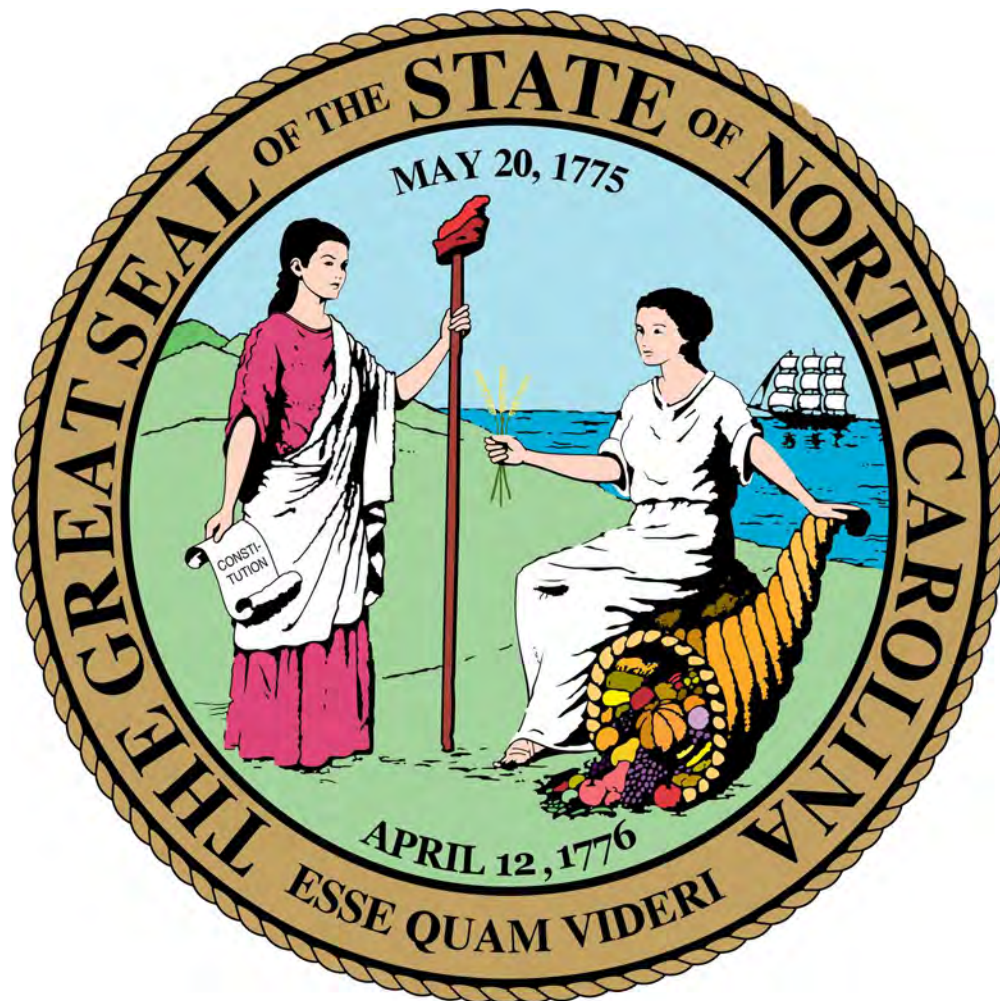

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Paula Brooks  
 Recording Secretary




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Leslie Kelsner  
 Secretary/Treasurer



## Attachment II

**From:** [Kathy Arney](#)  
**To:** [CHRISTIE PALAGONIA](#)  
**Cc:** [Kathy Arney](#); [Ellen Roeber](#); [Kathy Arney](#)  
**Subject:** RE: EKG Monitoring/Interpretation  
**Date:** Friday, March 10, 2023 10:37:00 AM

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Good morning, Christie,

In response to your emailed question to the Board, "Is interpreting EKGs (also referred to herein as ECG) within the PT scope of care vs just determining whether a rhythm is or is not irregular?" the Board considered this question at its meeting March 8, 2023. The Board response below includes feedback from the North Carolina Medical Board and our own Board attorney. The response also reflects in depth research by our Deputy Director, Ellen Roeber, PT and other NC PT subject matter experts. I hope you will find this information helpful in clarifying your scope of practice question. After reviewing this information, don't hesitate to reach back out to the Board with any comments or should you need additional assistance.

### **21 NCAC 48C .0101 PERMITTED PRACTICE**

a. Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or interventions that are routinely taught in educational programs or in continuing education programs for physical therapists and are routinely performed in practice settings.

(d) The practice of physical therapy includes tests of joint motion, muscle length and strength, posture and gait, limb length and circumference, activities of daily living, pulmonary function, cardio-vascular function, nerve and muscle electrical properties,.....

After consulting CAPTE accredited DPT programs in NC, Board-Certified Cardiovascular and Pulmonary Clinical Specialists in NC who are considered subject matter experts, and the 2022 Academy of Cardiovascular & Pulmonary Physical Therapy's [Entry-Level Physical Therapist Competencies in Cardiovascular & Pulmonary Physical Therapy](#), the Board determined basic ECG interpretation solely for the purposes of determining whether physical therapy may continue or whether a referral to a medical doctor is necessary does meet the requirements of the NC PT Practice Act and Board Rule 21 NCAC 48C .0101 Permitted Practice (as referenced above). Basic ECG interpretation, which includes monitoring heart rates, rhythms or abnormalities that show a patient is at risk, would take place within the context of a PT evaluation or plan of care and does not include any diagnosis or final assessment. Any information or outcome obtained as a result of an ECG interpretation that is beyond the PT scope of practice, is required by the NC PT Practice Act 90-270.12 to be referred to a licensed medical doctor. If the patient does not have a medical doctor, it is the responsibility of the PT licensee to refer the patient to the appropriate healthcare provider for services beyond the scope of the physical therapist.

Basic ECG interpretation at entry level would fall within the scope of practice for physical therapists who have the training, education, and are competent to perform this as noted above. Since the clinical skills required to interpret basic ECG range from entry-level to advanced, a PT student should only perform this skill under the supervision of a trained, educated, and competent PT.

The, above referenced, Academy of Cardiovascular & Pulmonary Physical Therapy's 2022 publication defines levels of competency as "proficient, emerging, familiarity, or none-not entry-level." The same publication also defines "complex patients" and "complex settings." In doing so, physical therapists must recognize their own personal level of proficiency and competence when practicing basic ECG monitoring and interpretation. Advanced training is required for more complex patients and settings (see Board definition of "advanced training" on the home page of the Board website under "Scope of Practice").

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106  
email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)

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**From:** CHRISTIE PALAGONIA <CPALAGONIA@wakemed.org>  
**Sent:** Wednesday, February 8, 2023 9:20 AM  
**To:** Kathy Arney <karney@ncptboard.org>  
**Subject:** Re: EKG Monitoring/Interpretation

Thank you very much! I look forward to hearing from you then.

Christie Palagonia, PT, DPT

Board Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

Physical Therapist, Pulmonary Rehab and Cardiopulmonary Therapy

WakeMed Health & Hospitals

3000 New Bern Avenue

Raleigh, NC 27610

[cpalagonia@wakemed.org](mailto:cpalagonia@wakemed.org)

P: 919-350-6386

F: 919-350-5597

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**From:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>

**Sent:** Wednesday, February 8, 2023 8:05 AM

**To:** CHRISTIE PALAGONIA <[CPALAGONIA@wakemed.org](mailto:CPALAGONIA@wakemed.org)>

**Cc:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>; Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>

**Subject:** RE: EKG Monitoring/Interpretation

**WARNING:** This email originated from outside WakeMed Health & Hospitals. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe. **The Original Sender of this email is**  
**[karney@ncptboard.org](mailto:karney@ncptboard.org)**

Ms. Palagonia,

In response to your emailed question to the NC Board of PT Examiners, this question will need to be answered by the Board. The next meeting of the NC Board of PT Examiners is March 8, 2023. I will be able to respond to you after that meeting.

Kathy

Kathy O'Dwyer Arney, PT, MA

Executive Director

North Carolina Board of Physical Therapy Examiners

8300 Health Park, Suite 233

Raleigh, North Carolina 27615

Phone: (919)490-6393;(800)800-8982

Fax: (919)490-5106

email: [karney@ncptboard.org](mailto:karney@ncptboard.org)

Web address: [www.ncptboard.org](http://www.ncptboard.org)

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**From:** CHRISTIE PALAGONIA <[CPALAGONIA@wakemed.org](mailto:CPALAGONIA@wakemed.org)>

**Sent:** Monday, February 6, 2023 12:51 PM

**To:** PTBoard <[ptboard@ncptboard.org](mailto:ptboard@ncptboard.org)>

**Subject:** EKG Monitoring/Interpretation

Hello,

I currently work in an outpatient cardiopulmonary PT/pulmonary rehab setting. We often place patients on our 3-lead ECG DASH Monitor to assess for irregular rhythms, especially in those patients with a history of arrhythmia or who recently had cardiac surgery. We are trying to determine if interpreting EKG falls within our scope of care, vs just determining if a rhythm is or is not irregular.

Ex. If a patient arrives and we place them on ECG monitoring and determine they are having trigeminy PVCs, is this something that we can document that we observed? Or does this fall outside of our scope? Can we say "ECG observations consistent with a \_\_\_\_ rhythm" ?

Thank you,  
Christie Palagonia

Christie Palagonia, PT, DPT

Board Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

Physical Therapist, Pulmonary Rehab and Cardiopulmonary Therapy

WakeMed Health & Hospitals

3000 New Bern Avenue

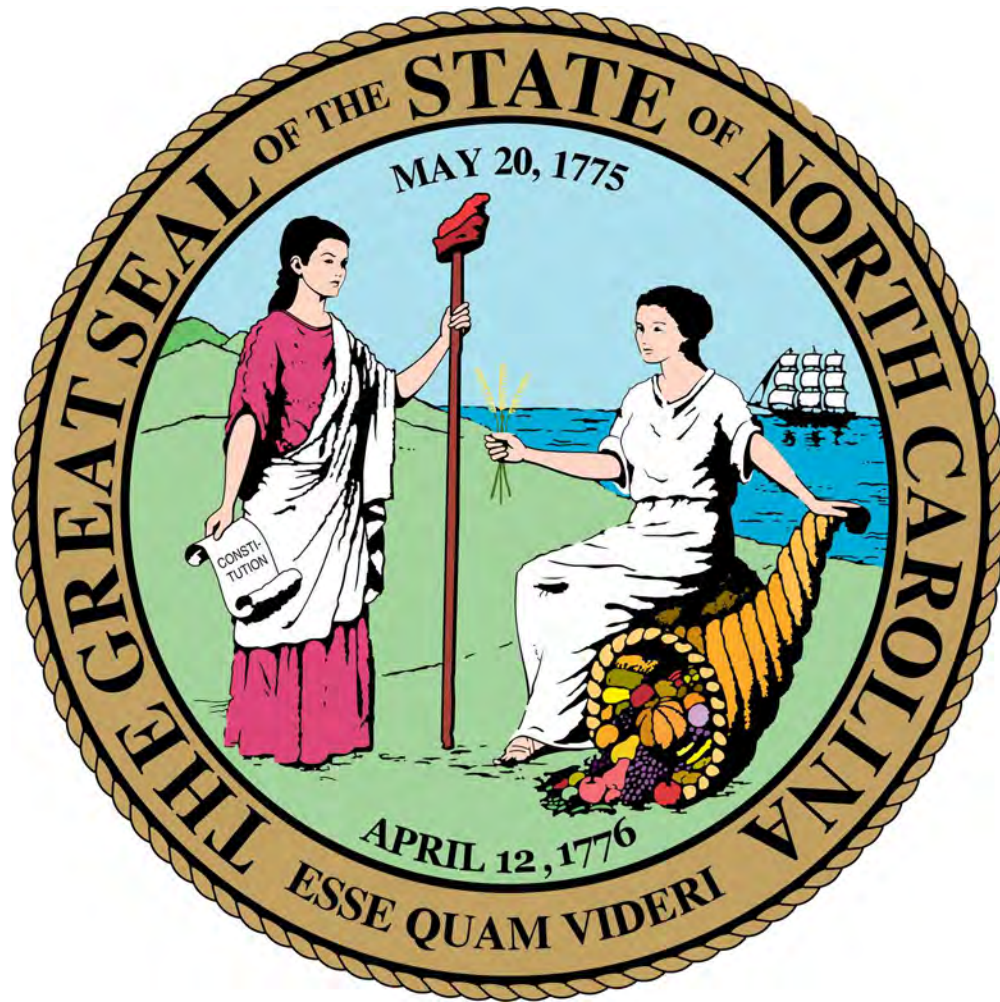
Raleigh, NC 27610

[cpalagonia@wakemed.org](mailto:cpalagonia@wakemed.org)

P: 919-350-6386

F: 919-350-5597





### Attachment III

**From:** [Kathy Arney](#)  
**To:** [Tiffany Needham](#)  
**Cc:** [Kathy Arney](#); [Kathy Arney](#)  
**Subject:** RE: FW: Developing PTA Program Question  
**Date:** Friday, March 10, 2023 1:30:00 PM

Tiffany,

In response to your emailed questions below, I have a final response for you. At its March 8, 2023 meeting, the NC Board of PT Examiners, voted to adopt the policy of licensing applicants who have graduated from candidacy approved accreditation status programs consistent with CAPTE definitions and the Federal Department of Education Office of Post secondary Education final rule 84 FR 58923. We appreciate your question and hope this information is helpful. Please let me know if you have any questions in the future and best to you on your program's progression toward accreditation status.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106  
email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)

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**From:** Tiffany Needham <[tneedham@cccc.edu](mailto:tneedham@cccc.edu)>  
**Sent:** Monday, January 2, 2023 8:05 AM  
**To:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>  
**Subject:** Re: FW: Developing PTA Program Question

Good morning Kathy and Happy New Year!

Thank you for the information. This will be great information to incorporate in our application for candidacy. Take care and have a wonderful week.

Tiffany Needham, PTA, MS, CEASIII  
Physical Therapist Assistant - Program Director  
[919.545.8652 office](tel:919.545.8652) | [336.362.9966 mobile](tel:336.362.9966) | [tneedham@cccc.edu](mailto:tneedham@cccc.edu)  
Chatham Health Science Center - Office #107K  
[75 Ballentrae Court, Pittsboro, NC 27312](https://www.chathamhealth.org/locations/75-Ballentrae-Court-Pittsboro-NC-27312)

On Thu, Dec 29, 2022 at 10:44 AM Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)> wrote:

Tiffany,

I have a partial response for you. The answer is YES, the Board accepts CAPTE policy of Candidacy being = to accreditation for the purposes of exam taking. Historically, the Board has waited until a program becomes fully accredited to enable those qualified candidates to become licensed. Typically, that aligns on or about the time the program graduates its first class. Our attorney and I are taking another look at this policy and we will respond at a future date with additional information for you.

Best to you and this developing program! Please contact me ANYTIME as I am glad to help.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106  
email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)

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**From:** Tiffany Needham <[tneedham@cccc.edu](mailto:tneedham@cccc.edu)>  
**Sent:** Tuesday, December 13, 2022 3:13 PM  
**To:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>  
**Subject:** Re: FW: Developing PTA Program Question

Hello Kathy,

Thank you for your quick response. The new change regarding the licensure exam was introduced in the CAPTE Developing Workshop last week and I emailed my CAPTE Pre-accreditation representative to confirm (See email [highlighted](#) section of the email below). I do not have access to a policy or rule change as of yet but will forward it to you once I receive it. Thank you again for your help with this and have a wonderful week.

**Chevalier, Michael**

Mon, Dec 12, 3:32 PM (23 hours ago)

to Tiffany

Hi Tiffany.

See answers below.

Mike

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**From:** Tiffany Needham <[tneedham@cccc.edu](mailto:tneedham@cccc.edu)>  
**Sent:** Thursday, December 8, 2022 4:07 PM

To: Chevalier, Michael <[michaelchevalier@apta.org](mailto:michaelchevalier@apta.org)>  
Subject: Developing Workshop questions

**CAUTION:** This email originated from outside APTA.

Hello Michael,

Thank you for all the great information in the CAPTE Developing Workshop. It was good to go through the workshop again and see how CCCC's program development is on target. I do have a few questions that I need to clarify if possible. Please see below.

- Conflict of Interest:** I submitted to you earlier this year via email that CCCC does not have any conflicts. Since then we have hired our CEC and will add adjuncts under contract before submission of the AFC. I tried to find the link on the portal but I could not find it. Can I just send any conflicts to you again or can you give me access to the conflicts on the portal? Where can I find the Conflict of Interest list? You can send me list and I can update from my end. If you log into the Portal, you should see an upcoming Onsite Review tile. The date should read 'TBD'. If you click on the TBD you should see a button to access the Conflict List.
- Administration has asked me for a brief timeline and I want to make sure I have it correct:
  - Reconfirmation of Intent to Submit due before March 1, 2023 (Can I submit this in January?) You can reconfirm anytime between now and March 1, 2023
  - AFC Review Fee Due before May 15, 2023 YES
  - AFC due June 2023 (What is the earliest I can submit this?)
  - Staff determination that AFC meets eligibility requirements and eligible AFC provided to Candidacy Reviewer - within 21 days of AFC receipt YES
  - Pre-Accreditation fee due within 21 days after submission of AFC – due date for this fee is 21 days from the date that you receive email from me indicating your AFC is eligible for further review.
  - Candidacy site visit between July 15-31, 2023 YES
  - Candidacy Visit Report to the program - approx 3 weeks after candidacy visit YES
  - Response to decision and possible reports due after the candidacy site visit Program has 30 days to respond from the date that the program receives Visit Report from staff.
  - Candidacy decision for Candidacy - Spring 2024 meeting (April 26-30, 2024) You will be received at Fall 2023 meeting (October 27-31, 2023) You will receive SOA with Candidacy decision on or before November 14, 2023 (2 weeks from last day of meeting)
  - Pending candidacy approval.... the first cohort begins Fall 2024 You could start in spring 2024 if you wanted to.
  - SSR due 60 days prior to on-site accreditation visit YES
  - Initial Accreditation fee due at the same time SSR submitted YES
  - Site visit for Initial Accreditation: Nov-early December 2025 YES
  - CAPTE decision for initial accreditation: Spring meeting 2026 YES
  - Program notified no later than 30 days after the meeting
  - \*\*\*\* First Cohort will graduate from an "Accredited" program if Candidacy is awarded and will be able to sit for a licensure exam..... despite the accreditation decision? YES. Confirm this with your state licensure board.
- These questions are asked above but wanted to make sure they did not get lost in the timeline:
  - How early can I submit the Reconfirmation of Intent to Submit? Needs to be submitted on or before March 1, 2023
  - How early can the AFC be submitted? Needs to be submitted on or before June 1, 2023
  - First Cohort will graduate from an "Accredited" program if Candidacy is awarded and will be able to sit for a licensure exam..... despite the accreditation decision? Per our rules YES. You should confirm with your state licensure board.
- Is there anything you need from me at this time? No My next step is the Reconfirmation of Intent to Submit which I have ready to submit, then the Conflict of Interest 1 month prior to AFC, and then the AFC. Correct

Tiffany Needham, PTA, MS, CEASIII  
Physical Therapist Assistant - Program Director  
919.545.8652 office | 336.362.9966 mobile | [tneedham@cccc.edu](mailto:tneedham@cccc.edu)  
Chatham Health Science Center - Office #107K  
75 Ballentrae Court, Pittsboro, NC 27312

On Tue, Dec 13, 2022 at 1:06 PM Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)> wrote:

Hi Tiffany!

Great to hear from you. What a great question! I will need to check the rules with the attorney to determine if CAPTE accreditation must be granted before students from CCCC can become licensed. With the policy change at CAPTE, that may be accepted. Do you have a reference to the CAPTE policy from their website? Or a primary source where I am able to verify it?

I will get back to you when I have an answer. If you don't hear back within the week, please email me again.

Happy Holidays to you as well!

Kathy

Kathy ODwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393; (800)800-8982  
Fax: (919)490-5106  
email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)  
E-Mail correspondence to and from this address may be subject to the North Carolina Public Records Law "NCGS, Ch.132" and may be disclosed to third parties

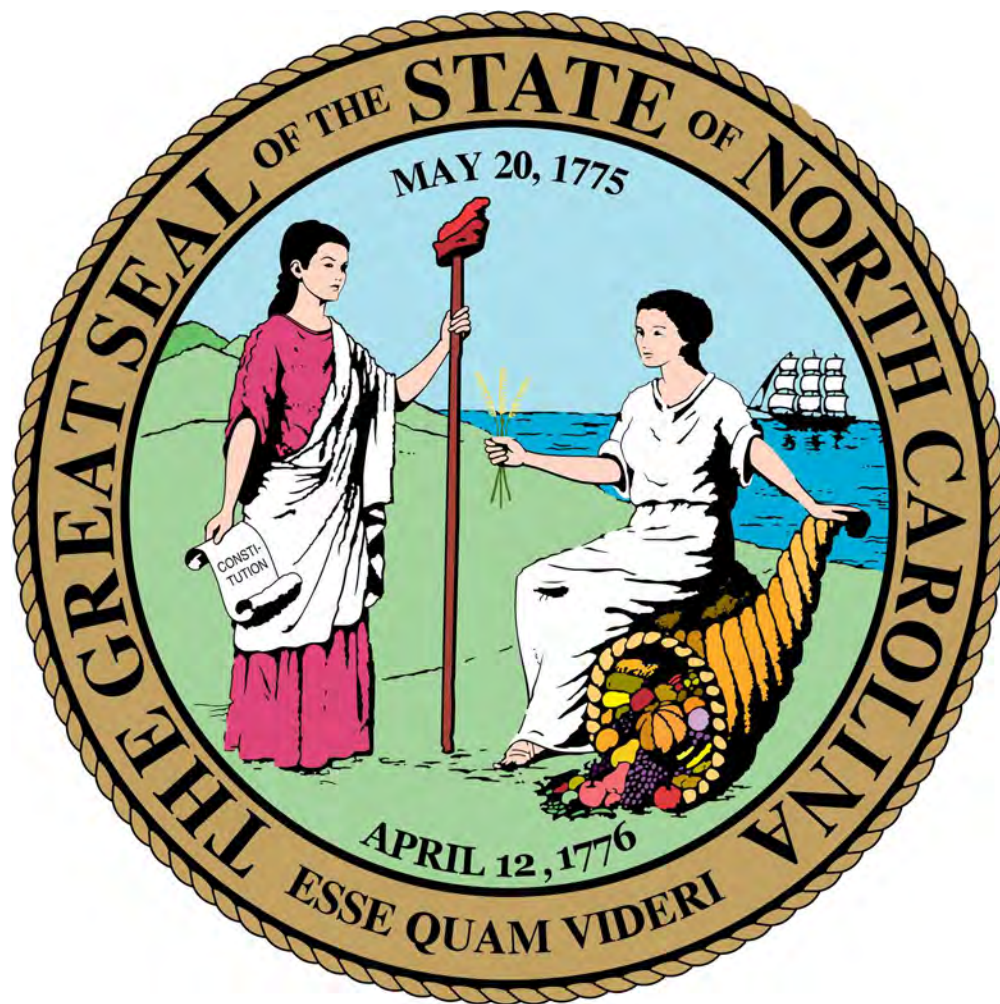
**From:** Tiffany Needham <[tneedham@cccc.edu](mailto:tneedham@cccc.edu)>  
**Sent:** Tuesday, December 13, 2022 10:29 AM  
**To:** PTBoard <[ptboard@ncptboard.org](mailto:ptboard@ncptboard.org)>  
**Subject:** Developing PTA Program Question

Good morning NC PT Board,

I am the Program Director for Central Carolina Community College Developing PTA Program and am very excited to be working towards candidacy/accreditation approval. I attended the CAPTE Developing Workshop last week and need clarification regarding the NC Licensure Exam. CAPTE now states the first cohort of a program that has received candidacy status is considered an accredited program and graduates can sit for the state licensure exam. They also noted each program must check with its individual state licensure board. Will graduates of a CAPTE Candidacy-approved program be able to sit for the NC licensure exam? Thank you for your help with this matter. Take care and have a wonderful holiday season.

Tiffany Needham, PTA, MS, CEASIII  
Physical Therapist Assistant - Program Director  
919.545.8652 office | 336.362.9966 mobile | [tneedham@cccc.edu](mailto:tneedham@cccc.edu)

Chatham Health Science Center - Office #107K  
[75 Ballentrae Court, Pittsboro, NC 27312](#)



Attachment IV

## **Position Statement – North Carolina Board of Physical Therapy Examiners**

### **6. Performance of Medical Procedures Requested of Physical Therapy Licensees in Healthcare Settings (Formerly: Performance of Finger Blood Specimens)**

**Adopted – December 28, 2001**

**Updated – December 6, 2006**

**Reviewed by the Board – September 23, 2010, June 17, 2015**

**Updated- June 6, 2018, June 8, 2022, December 7, 2022, and March 8, 2023**

Physical therapy licensees are often asked to perform medical procedures related to a patient's overall care that are not within the definition of physical therapy, nor are they presumed to be precluded by the practice acts of other health care disciplines. Examples would include, but are not limited to, assessment of bowel sounds, PT/INR, suture and staple removal, urine specimens, and finger sticks.

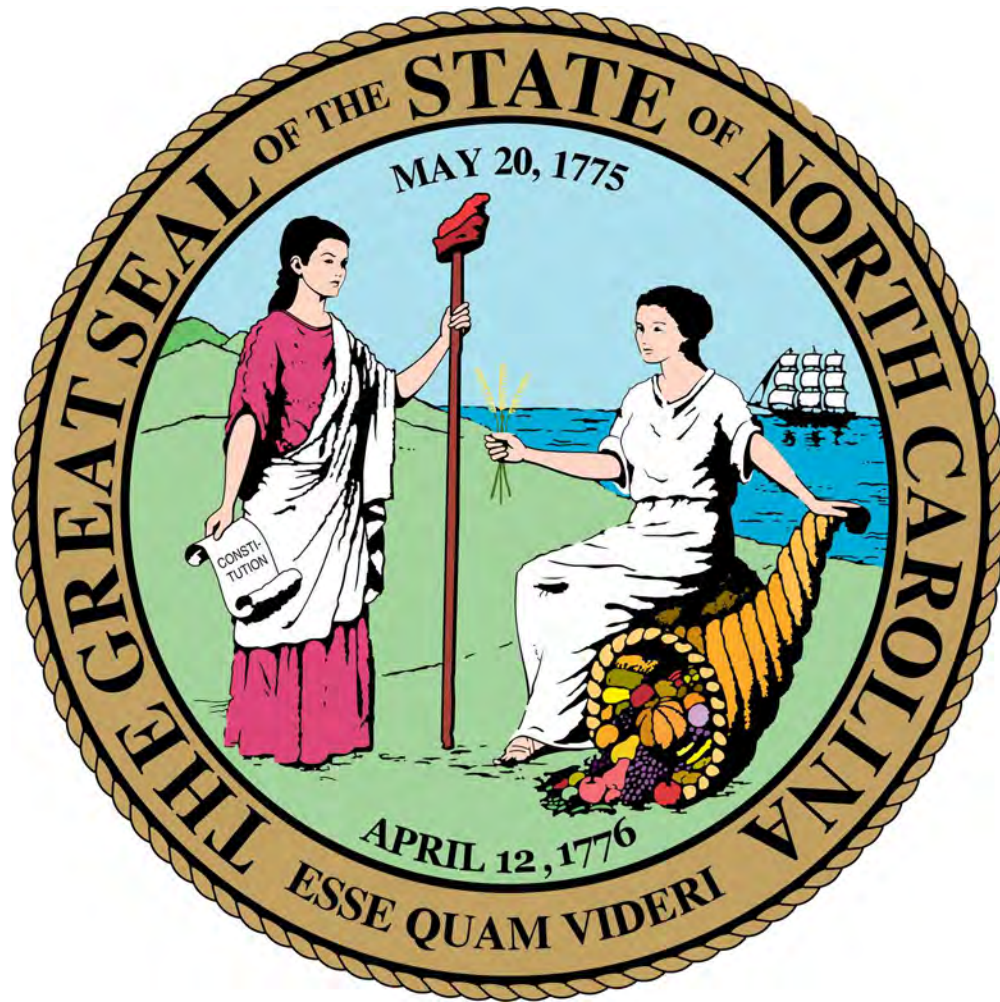
In some cases, the interpretation of the results of medical procedures are left to the primary healthcare professional requesting those tests or measures. If the patient does not have a primary healthcare provider, it is the responsibility of the PT licensee to assure the patient is referred to a provider who is able to address interpretation of test results.

The performance of these procedures is not considered part of the scope of practice for physical therapy; however, it would not be a violation of the **North Carolina Physical Therapy Practice Act** for a physical therapist (PT) or physical therapist assistant (PTA) to perform these medical procedures provided that the PT or PTA has been properly trained and is competent and makes it clear to the patient that this procedure is not physical therapy. The PT or PTA should communicate the results to the appropriate health professional so the health professional can interpret and communicate the results to the physician to make any necessary modifications to the patient's treatment plan. In addition, physical therapy licensees cannot bill for their time performing non-physical therapy procedures as physical therapy. Lastly, the NCBPTE cannot speak for other Boards as to whether the performance of these medical procedures would violate other health care practitioners' practice acts. The NCBPTE can only say that it is not a violation of the North Carolina Physical Therapy Practice Act.

The Board has been asked about use of pulse oximetry, which is used by PT licensees to monitor and assess patient vital signs and is within the physical therapy scope of practice. Questions have also been submitted to the Board about use of oxygen titration. When pulse oximetry is performed in the context of monitoring patients with oxygen titration, a physician referral is required, as decisions regarding oxygen titration would be considered within the scope of practice of medicine.

Kathy Arney, PT, MA, Executive Director  
NC Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, NC 27615  
Phone: 1-919-490-6393 / 800-800-8982  
Fax: 1-919-490-5106  
Email: [karney@ncptboard.org](mailto:karney@ncptboard.org) Web: [www.ncptboard.org](http://www.ncptboard.org)





Attachment V

**From:** [Kathy Arney](#)  
**To:** [JARED COOPER](#)  
**Cc:** [Kathy Arney](#); [Ellen Roeber](#); [Kathy Arney](#)  
**Subject:** RE: Follow Up on Conversation  
**Date:** Friday, March 10, 2023 6:19:37 AM

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Dear Jared,

In response to the questions you posed to the Board, your questions were taken seriously. Several staff, including primarily our Deputy Director, Ellen Roeber, myself and the Board Attorney. The Board Public Protection Task Force fully considered your questions prior to a response approved by the full Board at its March 8, 2023 meeting. I hope you will find this useful. Thank you for your inquiry.

Kathy

At its March 8, 2023 meeting, the NCBPTE considered your questions posed regarding the PTA scope of practice. Below you will find the Board's response concerning the role of the PTA in patient assessment.

The Board acknowledges, as you have outlined in your inquiry, that the word "assessment" has different meanings depending on the context. "Assessment" utilized during patient treatment is different than "assessment" resulting from a physical therapist's evaluation or re-evaluation that results in forming a plan of care or altering a plan of care.

PTAs are always under the supervision of a physical therapist who has established each patient's plan of care and determined the safe and appropriate delegation of treatment interventions. Furthermore, PTs should consider a PTAs education and training when delegating treatment interventions per Article 90- 270.90. In doing so and when deemed appropriate by the PT, PTAs may collect objective, measurable data that PTs may then utilize in plan of care decisions.

Regardless of whether a PT or PTA licensee is delivering a patient treatment intervention, patient "assessment" is required to promote safe and effective patient care. Board rules support the PTA's use of "assessment" in this manner to make "modifications of treatment programs that are consistent with the established patient plan of care" (21 NCAC 48C .0201(b)), document "patient status", "changes in clinical status", and "response to treatment based on subjective and objective findings, including any adverse reactions to an intervention." (21 NCAC 48C .0201(f) (4)(5)(8)).

The statements you made in your summary are mostly accurate in the context of the educational setting. The NC Practice Act and Board Rules, as outlined above, support these statements. Complexity, both of the patient and of patient settings, is one of many factors the



PT should consider when delegating treatment intervention.

There are several Board rules and position statements provided below that address topics relevant to this subject and serve as references for your review and consideration.

**NC PT Practice Act § 90-270.90.**

Definitions. In this Article, unless the context otherwise requires, the following definitions shall apply:

(3) "Physical therapist assistant" means any person who assists in the practice of physical therapy in accordance with the provisions of this Article, and who works under the supervision of a physical therapist by performing such patient-related activities assigned by a physical therapist which are commensurate with the physical therapist assistant's education and training, but an assistant's work shall not include the interpretation and implementation of referrals from licensed medical doctors or dentists, the performance of evaluations, or the determination or major modification of treatment programs.

**NC Board of PT Examiners - Rules**

**SECTION .0200 – PHYSICAL THERAPIST ASSISTANTS 21 NCAC 48C .0201 SUPERVISION BY PHYSICAL THERAPIST**

a. A physical therapist assistant may assist in the practice of physical therapy only to the extent allowed by the supervising physical therapist.

b. A physical therapist assistant may make modifications of treatment programs that are consistent with the established patient care plan.

c. A physical therapist assistant may engage in off-site patient related activities that are appropriate for the physical therapist assistant's qualifications and the status of the patient.

(d) A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist.

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

(f) The physical therapist assistant must document every intervention/treatment, which must include the following elements:

(1) Authentication (signature and designation) by the physical therapist assistant who performed the service;

(2) Date of the intervention/treatment;

- (3) Length of time of total treatment session;
- (4) Patient status report;
- (5) Changes in clinical status;
- (6) Identification of specific elements of each intervention/modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
- (7) Equipment provided to the patient or client; and
- (8) Response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

History Note: Authority G.S. 90-270.90; 90-270.92; 90-270.102; Eff. December 30, 1985; Amended Eff. December 1, 2006; August 1, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.

## **21 NCAC 48C .0202 PROHIBITED PRACTICE**

(a) A physical therapist assistant shall not engage in practices requiring the knowledge and skill of a physical therapist.

(b) A physical therapist assistant shall not engage in acts beyond the scope of practice delegated by the supervising physical therapist.

History Note: Authority G.S. 90-270.90; 90-270.92; 90-270.102; Eff. December 30, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.

## **Position Statements**

### **Position Statement 13. NCBPTE Position Statement on Pelvic Health in the NC Physical Therapy Scope of Practice**

..... To further clarify, "APTA Pelvic Health advises that physical therapy examination of and interventions to the internal pelvic muscles be taught to physical therapists, supervised physical therapist students and PTAs. PTAs may be instructed in examination and interventions of the internal pelvic muscles under the provision that this education is intended for foundational knowledge and that examination of the pelvic dysfunction should remain within the scope of the licensed physical therapist". "Furthermore, interventions for pelvic dysfunction including, but not limited to, therapeutic exercise, neuromuscular re-education, manual therapy and behavioral 2 retraining may require immediate and continuous examination and evaluation throughout the intervention while at other times may be relatively routine. In routine circumstances, those interventions may be delegated to PTAs and student physical therapists under direct supervision. When immediate and continuous

examination and evaluation is necessary, those interventions should be performed only by a licensed physical therapist.” (APTA Pelvic Health)

#### **Position Statement 14. Performance of Sharp Debridement by a Physical Therapist Assistant**

The NCBPTE has determined that in those limited situations in which engaging in interventions involving sharp debridement does not require continuing evaluation during the intervention, it is not a violation of the North Carolina Physical Therapy Practice Act or Board’s rules for a physical therapist assistant who is properly trained and appropriately supervised to perform sharp debridement provided that the debridement is strictly treatment. If a continuing evaluation is required during the treatment, then performance by the physical therapist is required, and the determination of whether sharp debridement should be performed is made by the physical therapist.

#### **Position Statement 15. Performance of Mobilization by a Physical Therapist Assistant**

Question: Can a PTA perform peripheral and spinal mobilization in North Carolina?

Answer: This question was addressed by the NCBPTE at its March 29, 2001 meeting. GS 90-270.90(3) authorizes the PTA to perform patient-related activities “...which are commensurate with the PTA’s education and training...” The same section prohibits a PTA from interpreting and implementing referrals from licensed medical doctors or dentists, performing evaluations, or determining treatment programs, and making major modifications thereof.

The NCBPTE was clear in its determination that it would be inappropriate for a PTA to engage in spinal mobilization under any circumstances. The question of whether a PTA can engage in peripheral mobilization is less clear. Some members felt that it is difficult to perform peripheral mobilization without continuing evaluations. However, it was also recognized that PTAs have been engaged in peripheral mobilization in this State. Under any circumstances, a PTA must have the requisite knowledge and skill to engage in peripheral mobilization.

The NCBPTE was advised that since the typical PTA education program does not provide the sufficient education and training for a graduate to be able to perform peripheral mobilization, those skills must be developed by additional training before a PTA can perform peripheral mobilization in a practice setting.

#### **Position Statement 16. Scope of Authority of the Physical Therapist Assistant to Assist the Physical Therapist with Functional Capacity Evaluations**

It is the position of the North Carolina Board of Physical Therapy Examiners that a physical

therapist assistant (“PTA”) is qualified and permitted by the North Carolina Physical Therapy Practice Act to assist a physical therapist (“PT”) with the performance of a Functional Capacity Evaluation (“FCE”) on a limited and restricted basis. A PTA may not perform FCE’s independently. The following principles support this position:

- The purpose of an FCE is to provide an objective measure of safe functional abilities compared to the physical demands of work.
- The performance of an FCE generally takes from four to eight hours over a period of one to two days.
- An FCE is an evaluative procedure, the performance of which is limited to PT’s.
- A PTA may assist in the practice of physical therapy, but may not perform evaluations. NCGS §90- 270.24(3).
- A PT should only delegate those limited aspects of an FCE that are appropriate to the PTA’s education, experience, knowledge, and skill.
- A PTA may participate in the collection of objective data. It is the responsibility of the PT to interpret data.
- A PTA may participate in the performance of objective tests and measures that do not require evaluation or the judgment of a PT.
- Data collection, tests and measures performed to assess patient response during an FCE require a different set of skills than data collection, tests and measures performed in connection with patient intervention.
- Training and education beyond entry-level skills are required before a PTA can assist a PT with an FCE.

#### Conclusions

- An FCE must be performed by the PT.
- Before proceeding with an FCE, the PT must assess the patient’s medical condition and whether the tests can be performed without further injury to the patient.
- A PTA can utilize a form to ask a patient questions regarding medical history, incidents of pain or dysfunction and work history.
- If a standard form is used to obtain responses from each patient to basic questions, a PT must ask any questions generated by the patient’s responses to the basic questions.
- When assisting with the performance of an FCE, a PTA cannot perform tests of cardiovascular or pulmonary capacity, observations of integumentary changes, or assessments of musculoskeletal or neuromuscular function.
- An appropriately trained PTA may perform objective tests and measures related to strength and lifting and range of motion.
- A PTA can determine whether a patient is performing a test in a safe and correct manner.
- A PT must make all observations that require an evaluation or determination, including whether a task can be performed in the workplace, at what level a task can be performed, or

how long the task can be performed.

- Any observations made by a PTA should be reported to the supervising PT.
- A PTA must document in the patient record all procedures performed by the PTA.

### **Position Statement 17. Utilization of the Physical Therapist Assistant to Assist the Physical Therapist With Patient Screens**

It is the position of the North Carolina Board of Physical Therapy Examiners that the physical therapist assistant (PTA) is qualified and permitted by the North Carolina Physical Therapy Practice Act to assist the physical therapist (PT) with the performance of patient screens. A physical therapist assistant may not perform screens independently. The following assumptions support this position:

- The physical therapist retains the ultimate responsibility for the provision of physical therapy services.
- The purpose of a screen is to determine if an examination of a patient by a physical therapist is indicated.
- Screens may be either “hands-on” or “hands-off” procedures.
- The physical therapist should only delegate aspects of a patient screen that are appropriate to the assistant’s education, experience, knowledge, and skill according to the guidelines identified herein under: Delegation and Supervision.
- The physical therapist assistant may participate in the collection of data. It is the responsibility of the physical therapist to interpret the data.
- The physical therapist assistant may review the patient medical record to gather information to assist the physical therapist with the screen.
- The physical therapist assistant should never make a determination whether the patient needs to be seen by a physical therapist or another healthcare professional.

Additionally, there is one other resource I would like to share with you concerning the role of PTAs in clinical practice. While researching scope of practice questions presented by licensees, the Board often utilizes CAPTE representatives and considers CAPTE program requirements. There was one recent response from Sharon Zirges, CAPTE Manager of PTA programs, that the Board has found helpful in creating a framework when considering a PTA’s scope of practice. The following was Sharon’s response specifically to a question concerning ECG interpretation but can be extrapolated into other areas of practice:

“The CAPTE standards and required elements relate to the education of the PT Assistant and states the following:

**7C** The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant **under the direction and supervision of the physical therapist.**

Evidence of Compliance:

Narrative:

List the objectives that demonstrate how the curriculum prepares graduates to work under the direction and supervision of a physical therapist who directs and supervises the physical therapist assistant in the provision of physical therapy.

This terminology is key to the interpretation of the work of the PTA in a clinical environment which requires exercise and the minute to minute physiological response seen in the ECG of the patient during this exercise. The PTA cannot lead or define the exercise parameters as that must be under the direction and supervision of the PT but the PTA should understand what a change in ECG related to exercise/treatment looks like to be able to modify/stop the intervention. This is further defined in CAPTE required elements 7D19-21.

**7D19** Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.

**7D20** Report any changes in patient/client status or progress to the supervising physical therapist.

**7D21** Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.”

I hope you find this information helpful to you as you continue your pursuit to educate PTA students. Should you have additional questions or comments, don't hesitate to communicate those to the Board.

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**From:** JARED COOPER <cooperdpt@mac.com>

**Sent:** Tuesday, October 18, 2022 4:17 PM

**To:** Kathy Arney <karney@ncptboard.org>

**Subject:** Re: Follow Up on Conversation

Thank you. Looking forward to hearing back. Much appreciated.

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Jared Cooper, PT, DPT, CMTPT

[cooperdpt@mac.com](mailto:cooperdpt@mac.com)

917-968-6362

On Oct 18, 2022, at 6:49 AM, Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)> wrote:

Jared,

In response to your questions below, what I'd like to do is consider these further, with attorney input, then assess the need for these questions to go to the Public Protection Task Force. This process could take some time. The next meeting of the NCBPTE Public Protection Task Force is November 17, 2022. If the questions are referred there they will take time to do further research, then make a recommendation to the Board,

whose next meeting is December 7 and after that March 8, 2023. I am not able to say at this point exactly when a final answer will be completed.

What I can say to you, is that while the specific word is not used, it is often the legal interpretation of the law and the "spirit" in which it was intended that determines how it is interpreted. I will respond to you as I am able. I will be out of the office until November 1 or 2 after traveling to a regulatory annual meeting.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106  
email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
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**From:** JARED COOPER <[cooperdpt@mac.com](mailto:cooperdpt@mac.com)>

**Sent:** Friday, October 14, 2022 5:29 PM

**To:** PTBoard <[ptboard@ncptboard.org](mailto:ptboard@ncptboard.org)>

**Subject:** Follow Up on Conversation

**Dear Cathy,**

**Thank you very much for clarifying my questions regarding the scope of PTA practice. As we discussed, several additional questions arose. Per your request, I have outlined my thoughts below. As I mentioned, I am open to further discussion and participation in the process of clarifying the role and scope of the PTA. Thank you again!**

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As an Adjunct Professor in the PTA program at Southwestern Community College, I am often asked by students the following question: "If I can't assess a patient, then how can I apply an effective treatment? Don't I need to constantly assess their response to my intervention?" I am writing in an effort to help answer this question.

According to the PT/PTA Scope of Practice, it is clear that PTAs cannot "Interpret orders," "Evaluate patients," or "Establish treatment programs," nor are they permitted to significantly modify plans of care.

PTA's may also not perform "Assessments," however, to my knowledge, no formal definition of Assessment has been established.

As an experienced PT, it is my understanding that every intervention, whether it is a soft tissue release, a joint mobilization, an exercise, or a modality, requires continuous assessment in order to keep the patient safe and optimize the therapeutic effect. For example, a Hamstring Stretch requires just as much continual assessment as a Cervical Manipulation. The literature would suggest that neither of these two interventions is more injurious than the other. And my personal experience would support this conclusion - I have seen far more patients get “overstretched” than “over manipulated.”

Every intervention, irregardless of complexity, and irrespective of who is applying the intervention, requires constant assessment of a patient’s response. The therapist must continually ask and answer:

1. Is my intensity correct based on my patient’s tolerance and irritability?
2. For how long should I apply the technique?
3. Is the angle and direction correct based on their response?
4. Should I add resistance or reduce it?
5. Does my patient need more assistance or less?
6. And so on...

To answer any of these questions requires an interpretation and assessment of the patient’s response. Continual assessment is the hallmark of safety and efficacy. To my knowledge, PTA programs teach PTAs how to answer these questions. Yet assessment of the patients response is said to be outside of their scope.

I believe the discrepancy here lies with the fact that the word “assessment” has a double entendre.

On the one hand, the word “assessment” is applied to the notion that PTAs may not re-interpret a physician’s diagnosis or a PT’s plan of care based upon their own findings or conclusions. On the other hand, the word is applied to the apparent restriction placed on PTAs regarding the monitoring and interpretation of a patient’s response to treatment (while the treatment is being performed) — a skill which is not only taught to PTAs, but is part and parcel to the safe application of therapy.

Likewise, the current benchmark for determining whether a modality such as Dry Needling, Spinal Manipulation, Spinal Mobilization, or Cupping, are within the scope of practice for a PTA appears to be based upon the question: “Does this technique or modality require constant assessment?”

As noted above, all interventions regardless of complexity, require continual assessment to insure safety and efficacy. Is the need for continual assessment the right determining criteria?



It may be that “complexity” is a more applicable determinant as to whether a PTA should or should not perform a specific intervention. For example, I teach a continuing education course on Spinal Manipulation to PTs. Even after 8 direct contact hours, I would say that only a handful of them achieve true competency. This is because Spinal Manipulation is a very complex technique that requires far more than 8 contact hours to master. In contrast, I can teach my wife (who is a theatre director, not a PT/PTA) to perform Lumbar PAs on my aching back in under 5 minutes. Lumbar PAs are a simple, non-complex task that can be easily taught and applied. The same goes for Cupping — it’s just really easy to teach and do. In contrast, Dry Needling and Spinal/Joint Manipulation are highly complex, difficult to learn, and hard to apply.

In summary:

1. It is clear that PTAs may not “Assess” as it relates to the interpretation of objective findings which drive or alter a plan of care.
2. “Assessment” as it applies to the ongoing monitoring and interpretation of a patient’s response to treatment is a distinct application of the term.
3. All treatments require ongoing assessment to be performed safely and competently.
4. Failure to assess during treatment may in fact lead to undesired consequences regardless of who is applying the intervention.
5. Assessment of a patient’s response to treatment and subsequent adjustment of treatment variables such as intensity, duration, direction, angle, and so on, are currently taught in PTA programs.
6. Complexity, rather than the need for constant assessment, may be a better litmus test for determining whether a specific intervention or modality should be part of the PTAs scope of practice.

I welcome further discussion on the matter in an effort to help my students enter the profession with a sense of clarity on their roles and responsibilities. Thank you very much.

Warm regards,

Jared

—

Jared Cooper, PT, DPT, CMTPT

(917) 968-6362

[cooperdpt@mac.com](mailto:cooperdpt@mac.com)

On Oct 13, 2022, at 4:04 PM, JARED COOPER <[cooperdpt@mac.com](mailto:cooperdpt@mac.com)> wrote:

I hope this email finds you well. I am writing in regards to the scope of practice of physical therapy assistants in the state of North Carolina. I have read through the practice act however I am unable to find the answers to these specific questions.

Question one: are physical therapy assistants in the state of North Carolina allowed to perform grade 3 and grade 4 joint mobilization's (assuming that joint mobilization was in the plan of care provided by the physical therapist and supervision is present)? I am well aware that they are not permitted to perform grade 5 manipulations.

Question two: are physical therapy assistants allowed to perform manual joint traction? And are they allowed to perform manual cervical traction?

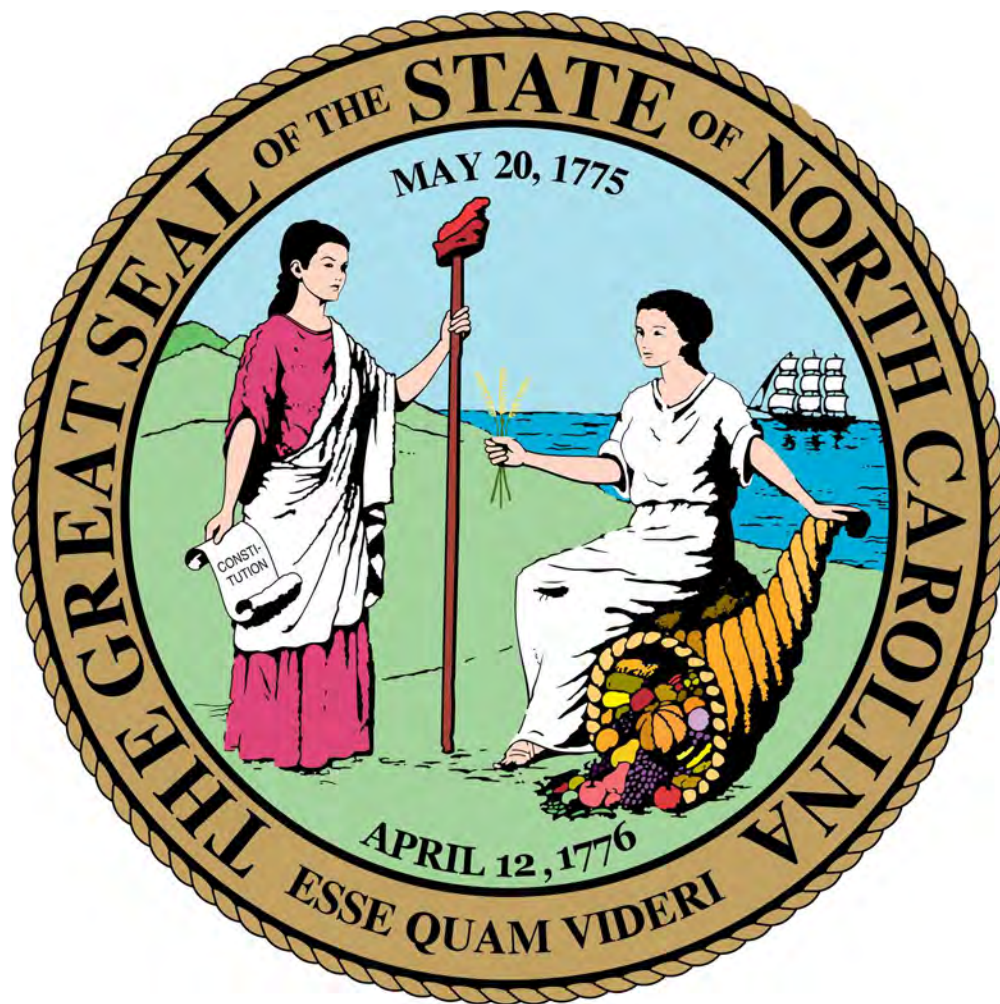
Question three: are physical therapy assistants allowed to perform Graston technique and cupping therapy (assuming these modalities were in the plan of care and supervision is present)?

Thank you very much. I appreciate your time.

Jared

----

Jared Cooper, PT, DPT, CMTPT  
[cooperdpt@mac.com](mailto:cooperdpt@mac.com)  
917-968-6362



Attachment VI

**From:** [Kathy Arney](#)  
**To:** [Courtney@carolinakinderdevelopment.com](mailto:Courtney@carolinakinderdevelopment.com)  
**Cc:** [Kathy Arney](#); [Kathy Arney](#)  
**Subject:** RE: Question scope of practice pediatrics  
**Date:** Friday, March 10, 2023 10:52:00 AM  
**Attachments:** [image001.png](#)

---

Good morning, Courtney,

Thank you for your inquiry to the Board. In response to your questions posed to the NC Board of PT Examiners “is pediatric feeding therapy and treatment of tongue tie related issues within the scope of PT practice in NC” and related billing, the Board considered the questions at its meeting March 8, 2023.

In responding to physical therapy scope of practice questions, the Board considers Rule 21 NCAC 48C .0101, Permitted Practice, and other factors.(see rule below) After reviewing information from subject matter experts in various pediatric settings (from premature infants to school-aged children) and considering whether pediatric feeding is routinely performed in practice and a part of entry-level and continuing education, the Board determined that aspects of pediatric feeding therapy and treatment of tongue tie related issues do meet the requirements of the NC PT Practice Act and Board Rules.

While aspects of pediatric feeding therapy such as positioning, postural related assessment and interventions, equipment assessment, and muscular strength/endurance may be within the PT scope of practice, the skill and knowledge required of physical therapists involved are considered advanced and would not be appropriate for an entry-level licensee to perform. The Board’s definition of “advanced training” can be found on the home page of the Board website under “Scope of Practice.”

Further, there are aspects of feeding therapy, such as swallowing, that are outside the scope of PT practice. When considering aspects of feeding therapy which are outside the scope of PT practice, additional training, continuing education, or experience would not qualify a physical therapist to perform these services. Feeding therapy teams often are multidisciplinary. According to Board Rule 21 NCAC 48C .0103 (a), Prohibited Practice, it is the responsibility of the physical therapist to refer out any aspect of pediatric feeding therapy beyond the scope of PT.

Treatment of tongue tie related issues is similarly determined to be within the scope of PT practice. As with feeding therapy, the skill and knowledge required of physical therapists involved are considered advanced and would not be appropriate for an entry-level licensee to perform. Advanced training, as previously defined by the Board,

is required for physical therapists involved in the evaluation and treatment of pediatric patients with tongue tie related issues.

Since both pediatric feeding therapy and treatment of tongue tie related issues are considered advanced skills for the physical therapist, a PT student should only perform these skills under the supervision of a trained, educated, and competent physical therapist.

In response to the billing questions, billing and payment policy are not under the jurisdiction of the North Carolina Board of PT Examiners. The Board's recommendation would be to contact payers directly or seek information from the APTA-NC or the APTA.

#### 21 NCAC 48C .0101 PERMITTED PRACTICE

- a. Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or interventions that are routinely taught in educational programs or in continuing education programs for physical therapists and are routinely performed in practice settings.

I hope you find this information helpful in considering your scope of practice and related questions. After reviewing this information, reach back out to the Board with any comments or should you need additional assistance.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106  
email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)

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---

**From:** Courtney Graham <[Courtney@carolinakinderdevelopment.com](mailto:Courtney@carolinakinderdevelopment.com)>

**Sent:** Monday, February 27, 2023 10:40 AM

**To:** PTBoard <[ptboard@ncptboard.org](mailto:ptboard@ncptboard.org)>

**Subject:** Question scope of practice pediatrics

Good Morning,

I work in a private practice focused on the treatment of infants. We are currently receiving a large referral volume for feeding and tongue tie related issues. All of our therapists have

manual training with MFR and CST. The PTs in the practice have taken an initial feeding course and are looking further into training with Tethered Oral Tissue, but wanted confirmation that this could be treated by a PT within the practice act. My assumption is that it would not be billed under Feeding codes, but under Muscle weakness or Lack of Coordination to treat. I would love guidance on the PT scope of practice on this.

Sincerely,  
Courtney Graham

*Thank you,*

*Courtney M. Graham PT, DPT*

*Clinical Director*

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*341 N. Caswell Road*

*Charlotte, NC 28204*

*704.379-7773*

***Watch our Tummy Time video***



all information is HIPAA protected

**From:** [Kathy Arney](#)  
**To:** [Courtney Graham](#)  
**Cc:** [Kathy Arney](#); [Kathy Arney](#)  
**Subject:** RE: Question scope of practice pediatrics  
**Date:** Tuesday, March 14, 2023 9:51:00 AM  
**Attachments:** [image001.png](#)

---

Ms. Graham,

In response to your follow up questions, you are correct on all points! I think feeding as described in the Board's response is in the scope of PT practice. PT licensees that perform it are required to be competent to perform it, meaning they are beyond entry level and have the appropriate training and education to perform the skills needed. If a specific skill by itself is an entry level skill AND they possess the competence to perform it, then they can. Mentioned in your question and follow-ups are the team approach, those with less experience but possess the skills may gain advanced training as part of mentorship, team participation or additional experience-based training to perform more advanced skills in a particular aspect of the scope of practice. I think you have a clear understanding of what the Board had to say. Thank you for posing the question.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
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Web address: [www.ncptboard.org](http://www.ncptboard.org)

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---

**From:** Courtney Graham <[Courtney@carolinakinderdevelopment.com](mailto:Courtney@carolinakinderdevelopment.com)>  
**Sent:** Tuesday, March 14, 2023 9:04 AM  
**To:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>  
**Subject:** RE: Question scope of practice pediatrics

Kathy,

Thank you so much for your follow-up on this question. Just so I am understanding clearly- it would not be in the scope for someone without advanced training? The goal in our situation would not be to work on areas specific to swallowing, but coordination of the tongue and mouth with regards to strength and ROM. The plan would be to work in coordination with another feeding specialist, specifically an SLP or OT trained in feeding with the PT assisting with muscular strength and coordination of the mouth. The PTs in question would go on to take advanced trainings with regards to management of tongue tie.

Thanks,

Courtney Graham

---

**From:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>

**Sent:** Friday, March 10, 2023 10:52 AM

**To:** Courtney Graham <[Courtney@carolinakinderdevelopment.com](mailto:Courtney@carolinakinderdevelopment.com)>

**Cc:** Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>; Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>

**Subject:** RE: Question scope of practice pediatrics

Good morning, Courtney,

Thank you for your inquiry to the Board. In response to your questions posed to the NC Board of PT Examiners “is pediatric feeding therapy and treatment of tongue tie related issues within the scope of PT practice in NC” and related billing, the Board considered the questions at its meeting March 8, 2023.

In responding to physical therapy scope of practice questions, the Board considers Rule 21 NCAC 48C .0101, Permitted Practice, and other factors.(see rule below) After reviewing information from subject matter experts in various pediatric settings (from premature infants to school-aged children) and considering whether pediatric feeding is routinely performed in practice and a part of entry-level and continuing education, the Board determined that aspects of pediatric feeding therapy and treatment of tongue tie related issues do meet the requirements of the NC PT Practice Act and Board Rules.

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Further, there are aspects of feeding therapy, such as swallowing, that are outside the scope of PT practice. When considering aspects of feeding therapy which are outside the scope of PT practice, additional training, continuing education, or experience would not qualify a physical therapist to perform these services. Feeding therapy teams often are multidisciplinary. According to Board Rule 21 NCAC 48C .0103 (a), Prohibited Practice, it is the responsibility of the physical therapist to refer out any aspect of pediatric feeding therapy beyond the scope of PT.

Treatment of tongue tie related issues is similarly determined to be within the scope of PT practice. As with feeding therapy, the skill and knowledge required of physical



therapists involved are considered advanced and would not be appropriate for an entry-level licensee to perform. Advanced training, as previously defined by the Board, is required for physical therapists involved in the evaluation and treatment of pediatric patients with tongue tie related issues.

Since both pediatric feeding therapy and treatment of tongue tie related issues are considered advanced skills for the physical therapist, a PT student should only perform these skills under the supervision of a trained, educated, and competent physical therapist.

In response to the billing questions, billing and payment policy are not under the jurisdiction of the North Carolina Board of PT Examiners. The Board's recommendation would be to contact payers directly or seek information from the APTA-NC or the APTA.

#### 21 NCAC 48C .0101 PERMITTED PRACTICE

- a. Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or interventions that are routinely taught in educational programs or in continuing education programs for physical therapists and are routinely performed in practice settings.

I hope you find this information helpful in considering your scope of practice and related questions. After reviewing this information, reach back out to the Board with any comments or should you need additional assistance.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
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email: [karney@ncptboard.org](mailto:karney@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)

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---

**From:** Courtney Graham <[Courtney@carolinakinderdevelopment.com](mailto:Courtney@carolinakinderdevelopment.com)>

**Sent:** Monday, February 27, 2023 10:40 AM

**To:** PTBoard <[ptboard@ncptboard.org](mailto:ptboard@ncptboard.org)>

**Subject:** Question scope of practice pediatrics

Good Morning,

I work in a private practice focused on the treatment of infants. We are currently receiving a large referral volume for feeding and tongue tie related issues. All of our therapists have manual training with MFR and CST. The PTs in the practice have taken an initial feeding course and are looking further into training with Tethered Oral Tissue, but wanted confirmation that this could be treated by a PT within the practice act. My assumption is that it would not be billed under Feeding codes, but under Muscle weakness or Lack of Coordination to treat. I would love guidance on the PT scope of practice on this.

Sincerely,  
Courtney Graham

*Thank you,*

*Courtney M. Graham PT, DPT*

*Clinical Director*

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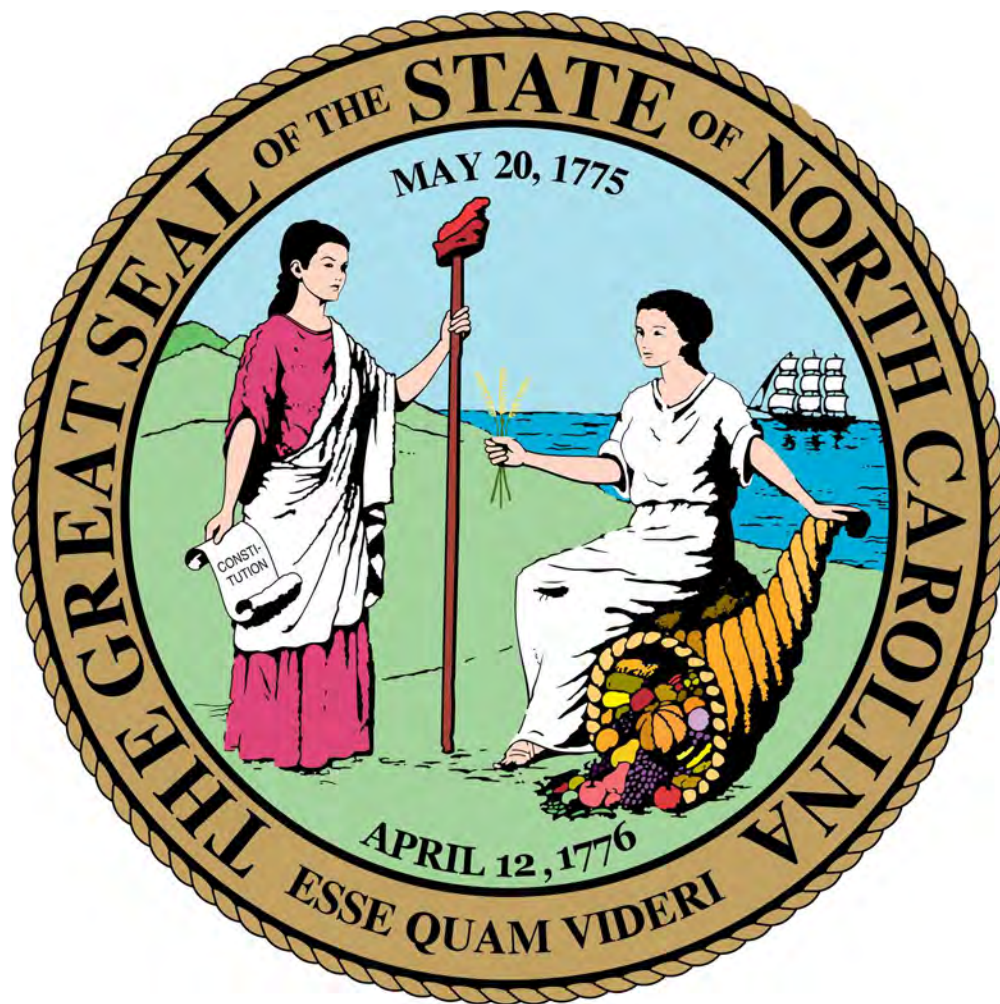
*Charlotte, NC 28204*

*704.379-7773*

***Watch our Tummy Time video***



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Attachment VII

## Ellen Roeber

---

**From:** Ellen Roeber  
**Sent:** Tuesday, May 23, 2023 11:24 AM  
**To:** Kathy Arney  
**Subject:** RE: PTA scope----DRAFT only for Board Review and Comment

Jillian,

In response to your emailed question "Are PTAs allowed to apply appropriately prescribed topical medications to patients with lymphedema and wounds", the Board considered this question at its meeting June 7, 2023.

While your question specifically concerns the PTAs' scope of practice, it is important to consider the scope of physical therapy practice on a broader scale. When responding to physical therapy scope of practice questions, the Board considers Rule 21 NCAC 48C .0101, Permitted Practice, and other factors. Medication review and management are taught in educational programs, and pharmacology is a CAPTE requirement in PT program curriculum (found in required element 7A). Additionally, there are a plethora of pharmacology continuing education programs that are specifically intended for physical therapy providers.

According to 21 NCAC 48C .0102, Responsibilities (of physical therapists), (a)(b) and (c) as well as 21 NCAC 48C .0202, Prohibited Practice (of physical therapist assistants), PTAs always work under the supervision of a PT. The supervising PT is responsible for determining the PTA's competence to perform any delegated activity. Delegated activities must be deemed safe and effective for the patient and within the PT patient care plan. It is the PTA's responsibility to perform only those delegated activities within their scope of practice for which they have the education and training to perform.

If the application of "appropriately prescribed topical medications" meets each requirement outlined in the referenced Board Rules, it is within the scope of the PTA's practice. I hope you find this information helpful. Should you have additional questions or comments, don't hesitate to communicate those.

Ellen Roeber, PT, DPT  
Deputy Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106  
email: [eroeber@ncptboard.org](mailto:eroeber@ncptboard.org)  
Web address: [www.ncptboard.org](http://www.ncptboard.org)

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-----Original Message-----

From: Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>  
Sent: Tuesday, May 16, 2023 10:21 AM  
To: Ellen Roeber <[eroeber@ncptboard.org](mailto:eroeber@ncptboard.org)>  
Cc: Kathy Arney <[karney@ncptboard.org](mailto:karney@ncptboard.org)>  
Subject: FW: PTA scope

This is a question for the Board we need to prepare a response to for the Board meeting, we can discuss on Friday. KA

-----Original Message-----

From: Kathy Arney <karney@ncptboard.org>  
Sent: Wednesday, May 10, 2023 4:05 PM  
To: jillian@ncphysicaltherapy.com  
Cc: Kathy Arney <karney@ncptboard.org>; Kathy Arney <karney@ncptboard.org>  
Subject: FW: PTA scope

Ms. Meyer,

In response to your emailed question below, I am checking to see if the Board has previously responded to this question before or if it would follow that a supervised PTA may perform PT delegated portions of the plan of care that they are competent and safe to perform and that are safe and effective for the patient. I will need to get back to you, if not sooner, after to the Board meeting June 7, 2023.

Kathy

Kathy O'Dwyer Arney, PT, MA  
Executive Director  
North Carolina Board of Physical Therapy Examiners  
8300 Health Park, Suite 233  
Raleigh, North Carolina 27615  
Phone: (919)490-6393;(800)800-8982  
Fax: (919)490-5106

email: karney@ncptboard.org

Web address: www.ncptboard.org

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-----Original Message-----

From: PTBoard <ptboard@ncptboard.org>  
Sent: Monday, May 8, 2023 2:19 PM  
To: Kathy Arney <karney@ncptboard.org>  
Subject: FW: PTA scope

-----Original Message-----

From: Jillian Meyer <jillian@ncphysicaltherapy.com>  
Sent: Monday, May 8, 2023 2:10 PM  
To: PTBoard <ptboard@ncptboard.org>  
Subject: PTA scope

Good afternoon,

My PTA questioned if she was allowed to apply appropriately prescribed topical medications to our patient with lymphedema and wounds. I thought it was within her scope, but she hails from Pennsylvania and stated she was not allowed to up there.

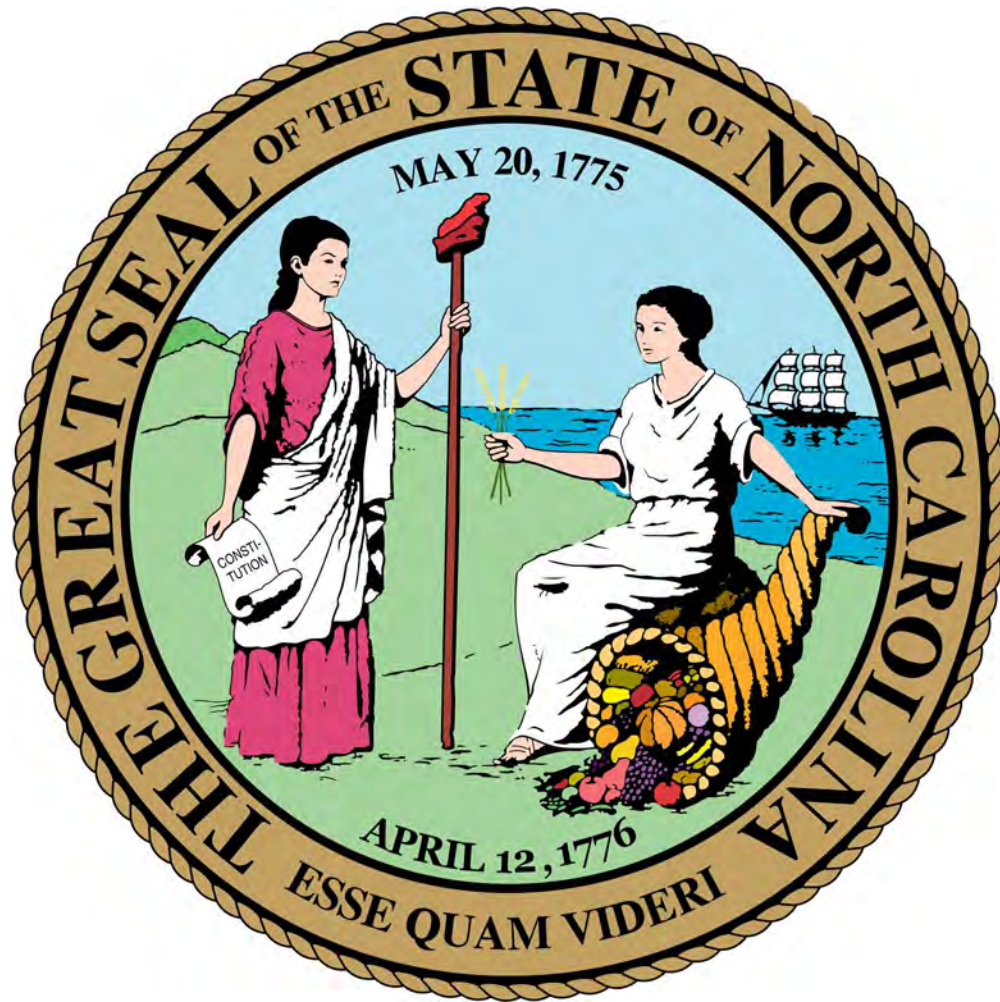
Please advise.

Thank you,  
Jillian

Jillian Meyer, PT, DPT, WCS, CLT-LANA

North Carolina Physical Therapy  
223 E. Chatham Street, Suite 101  
Cary, NC 27511  
Ph. 919-886-2652  
Fax 984-465-0450  
[www.NCPhysicalTherapy.com](http://www.NCPhysicalTherapy.com)

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Attachment VIII



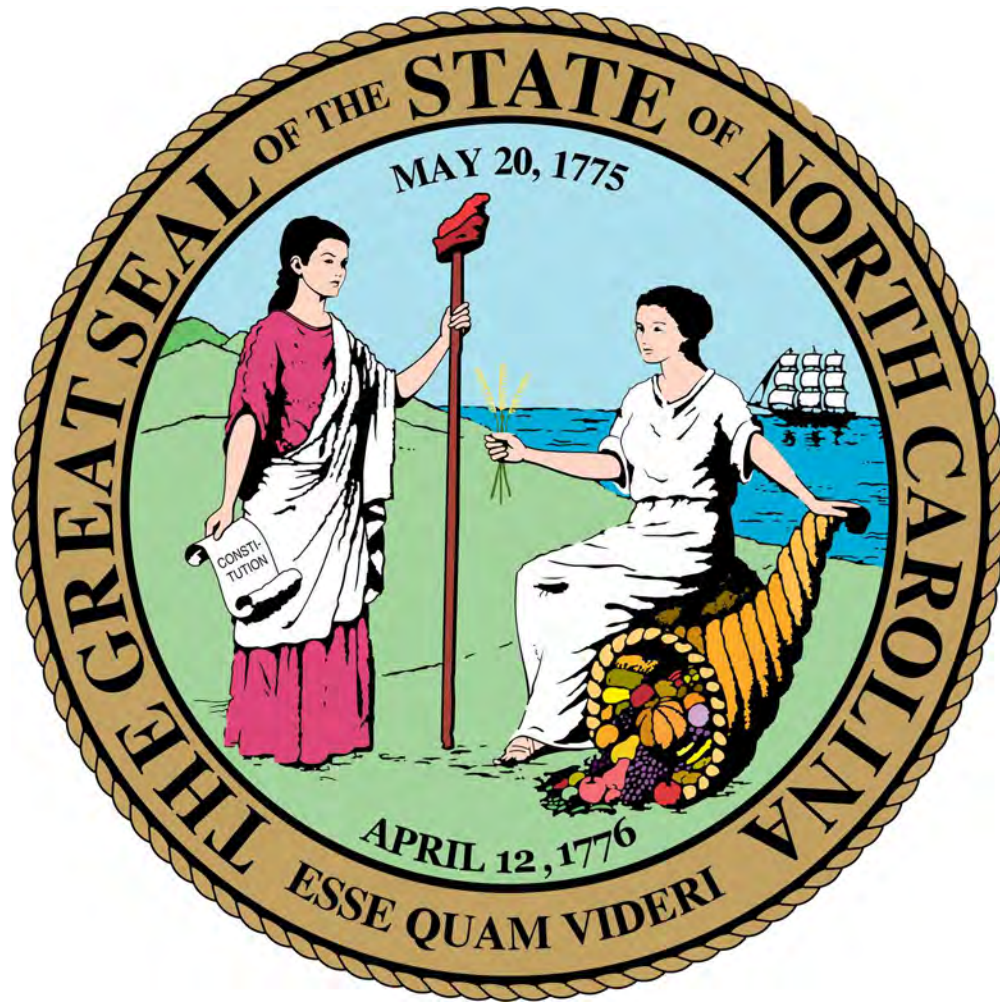
## NCBPT E Licensee Counts

Category	05/16/2023	05/19/2022
<b>All Licensees</b>		
Active Licensees	14428	14032
Active licensees living in NC	12877	12514
Active licensees not living in NC	1559	1518
Compact Privileges	398	288
Military Temporary Permits	23	18
<b>Physical Therapists</b>		
Active licensees	10260	9886
Active PTs living in NC	9068	8746
Active PTs NOT living in NC	1227	1156
Active PTs working in NC	8597	8868
Active PTs NOT working in NC	1101	1161
Active PTs living in NC with no business address	1068	1647
Active PTs NOT living in NC with no business address	447	493
<b>Physical Therapist Assistants</b>		
Active licensees	4168	4146
Active PTAs living in NC	3838	3784
Active PTAs NOT living in NC	332	362
Active PTAs working in NC	3796	3942
Active PTAs NOT working in NC	362	376
Active PTAs living in NC with no business address	467	848
Active PTAs NOT living in NC with no business address	85	164
<b>Miscellaneous</b>		
Total Exam PTs	250	209
Total Exam PTAs	98	146
Total Endorsements PTs	238	280
Total Endorsements PTAs	79	87
Total Exam Failures	32	37
<b>Total Licensees-increase of 2.82%</b>	14428	14032





## NCBPTTE Licensee Counts



Attachment IX

# North Carolina Board of Physical Therapy Examiners

## Strategic Plan - FY 2024

July 1, 2023 – June 30, 2024

Proposed Adoption - June 7, 2023

**VISION** - Strive, through regulation, to support provision of competent and ethical physical therapy services to the public

**CORE PURPOSE / MISSION**- To establish and maintain minimum physical therapy standards to protect the citizens of NC

**CORE VALUES** - We **A.R.E** – Accountable, Responsive and Ethical

### Goals

**Board Performance – Operations**

**Outreach and Education – External Communications**

**Physical Therapy Practice and Licensure**

**Board Performance – Fiduciary Responsibilities**

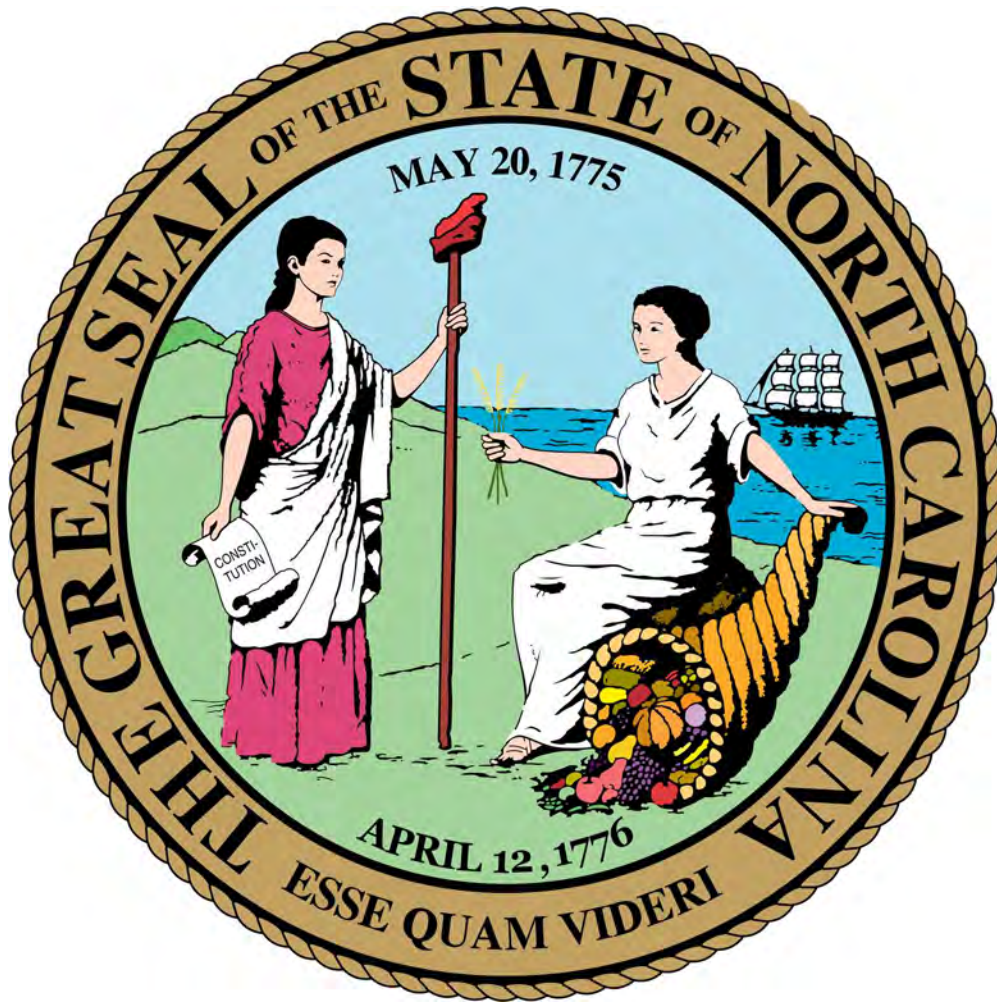
### Objectives / Initiatives

- IT to move to Cloud based infrastructure to optimize security systems and associated IT Department reorganization
- Complete programming for all application paperless processes, uploads
- Develop automated office annual calendar(s)
- Add soft phones
- Documentation of office processes for adequate training, orientation and accountability

- Improve website engagement through increased public information, informational videos, communication with educational programs, other Boards, FSBPT, APTANC
- Establish webinar library on website
- Improve communication with new licensees
- Maintain current information on a real-time primary source website
- Evaluate public communications through social media sources
- Evaluate and update newsletter frequency

- Continue to analyze and provide information regarding risks and harms in PT practice creating /updating standards through the PPTF and Board
- Streamline administration of PT Compact processes
- Consider Practice Act and Board Rules review for necessary changes.
- Consistent and transparent licensing for public safety per Board laws and regulations.

- Operate by fiduciary policies established by the Board
- Continue prudent use of reserves, maintaining at least one year of reserves
- Complete budget process in a timely manner
- Consider necessity of legislative fees- change ; consider updating compact fees
- Office Space- review lease and necessity of any changes

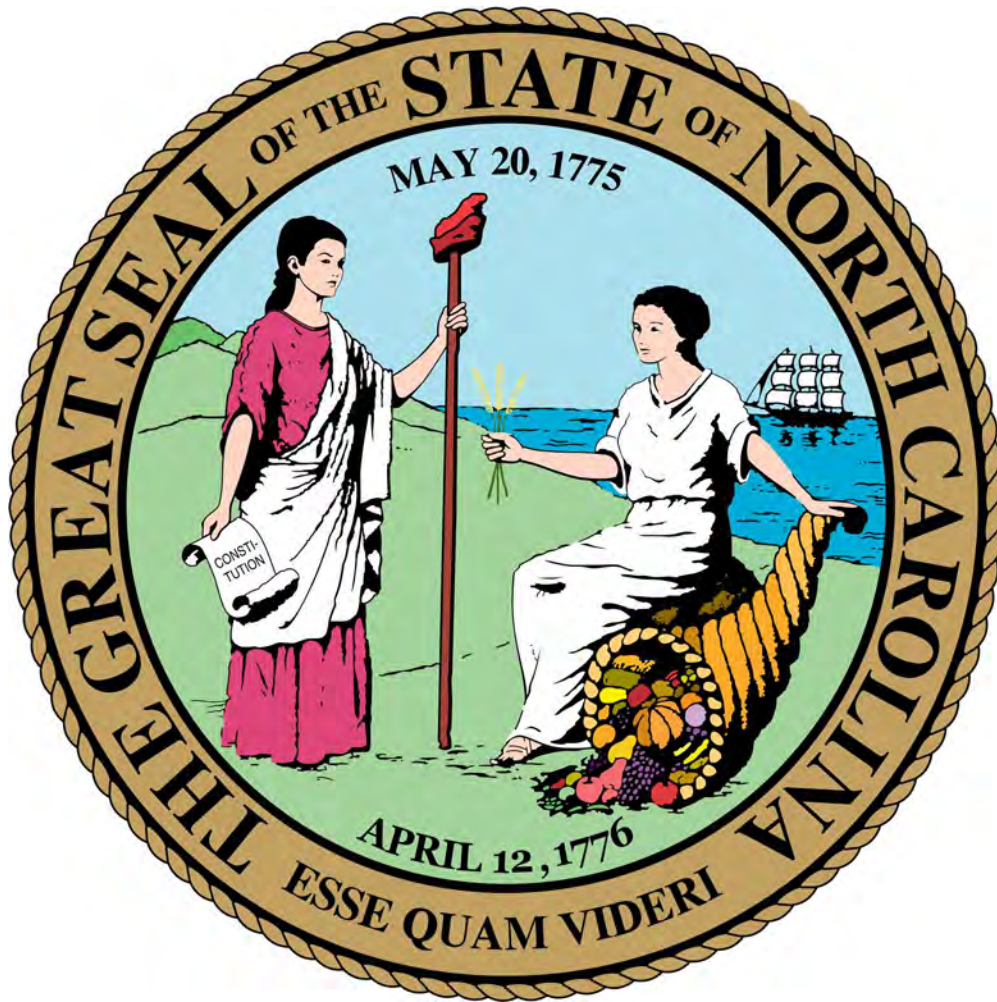


Attachment X

**NC Board of PT Examiners  
Profit and Loss  
Comparison to Prior Year**

	2021 - 2022 Actuals	2022 - 2023 FY Estimate
<b>Income</b>		
PT - Compact	9,350	14,050
PT - Exam	65,250	67,450
PT - Endorsement	63,270	73,200
PT - Renewal	1,138,839	1,174,325
PT Revival Fees	14,550	19,950
<b>Total PT Income</b>	<b>1,291,259</b>	<b>1,348,975</b>
PTA - Compact	1,850	2,350
PTA - Exam	23,700	21,150
PTA - Endorsement	14,100	15,450
PTA - Renewal	481,080	484,920
PTA Revival Fee	9,450	10,350
<b>Total PTA Income</b>	<b>530,180</b>	<b>534,220</b>
Background Check Fees	46,099	48,996
Credit Card Processing Fee	71,074	97,083
Interest Income	5,950	14,020
Other Income	30,743	8,087
<b>Total Income</b>	<b>1,975,305</b>	<b>2,051,380</b>
<b>Expenses</b>		
Staff Wages	856,122	834,499
Retirement Contribution	46,827	47,539
Insurance	153,124	137,945
Payroll Taxes	62,755	64,708
Other Employee Benefits / Expense	11,430	26,536
<b>Total Employee Cost</b>	<b>1,130,258</b>	<b>1,111,226</b>
Contractors	219,392	120,720
Professional Fees	7,500	81,513
Accounting Fees	16,240	14,886
Legal Fees	84,741	76,847
<b>Total Professional Expense</b>	<b>327,873</b>	<b>293,966</b>
Total Board Expense	13,338	33,451
Investigations Expense	20,924	25,015
Telephone Expense	13,208	9,745
Computer License & Services	26,233	30,519
DP Equipment Depreciation	30,943	28,855
Total IT Expense	<b>70,384</b>	<b>69,119</b>
SBI - Background Fees	43,510	48,996
Office Rent	103,137	110,500
Office & Facilities Expense	31,991	33,521
Office Insurance	15,765	30,305
Bank & Credit Card Fees	80,934	115,997
Other Expense	981	-
<b>Total Expenses</b>	<b>1,839,095</b>	<b>1,872,098</b>
Operating Income / Loss	<b>136,210</b>	<b>179,283</b>

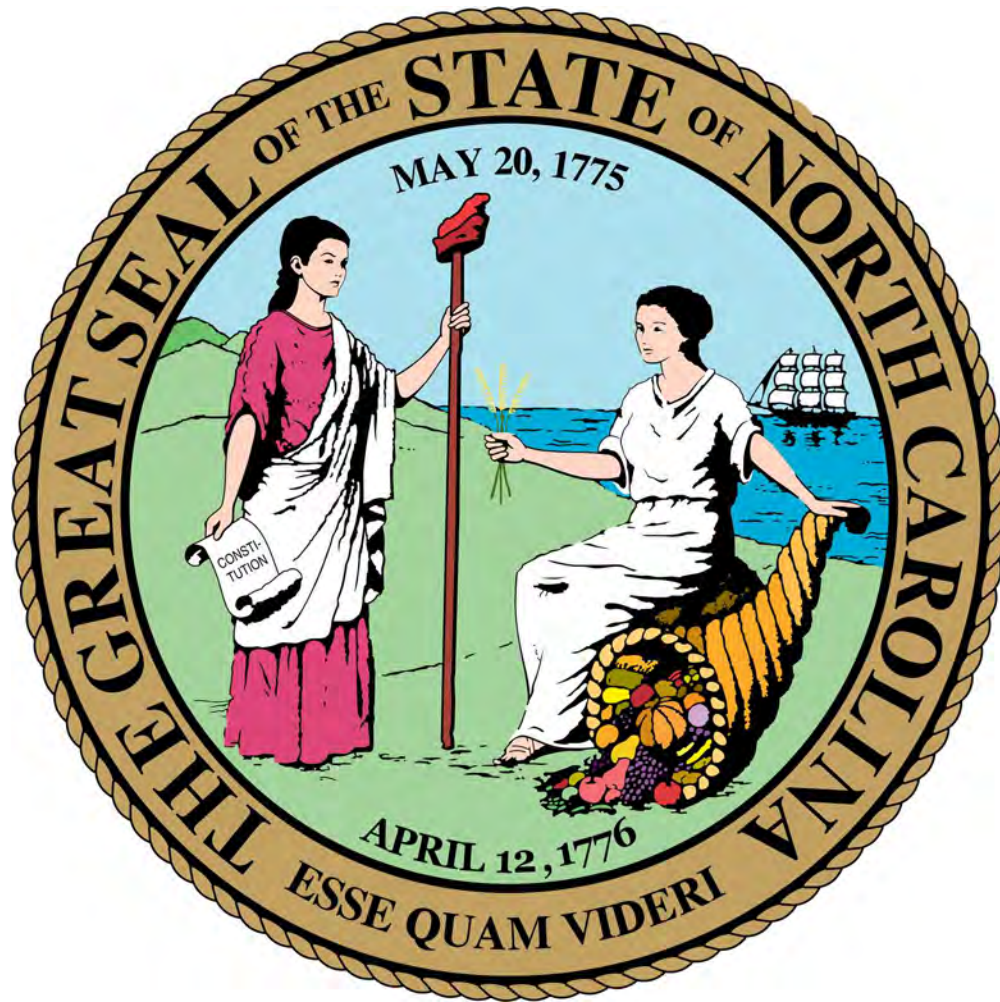




Attachment XI

**NC Board of PT Examiners**  
**Balance Sheet**  
As of March 31

	2022	2023
<b>ASSETS</b>		
Bank Accounts	3,612,204	3,839,521
Prepaid Rent	6,560	-
Prepaid Warranty	571	-
Prepaid Expenses	27,550	24,886
Furniture & Fixtures	305,577	273,725
Accumulated Depreciation	(187,265)	(201,196)
Net Assets	118,312	72,529
Lease Payment Asset	527,114	451,812
<b>Total Assets</b>	<b>4,292,312</b>	<b>4,388,747</b>
<b>Liabilities</b>		
Accounts Payable	10,970	20,115
Payroll Liability	(30,934)	(940)
Accrued Vacatio Payable	89,670	79,033
Lease Liability	527,114	471,880
<b>Total Liabilities</b>	<b>596,819</b>	<b>570,088</b>
<b>Equity</b>		
Investment In Assets	81,537	-
Replacement Of Property & Equip	100,000	200,000
Reserve For Building Acquisitio	735,000	-
Unanticipated Litigation Costs	800,000	1,250,000
Information Technology Reserve	450,000	425,000
Continuing Education Reserve	50,000	50,000
Payroll Reserve	290,000	600,000
Retained Earnings	564,178	659,432
Net Income	624,777	634,227
<b>Total Equity</b>	<b>3,695,492</b>	<b>3,818,659</b>
<b>Total Liabilities And Equity</b>	<b>4,292,312</b>	<b>4,388,747</b>



Attachment XII



## Board Meeting – June 7, 2023

### **K. Report from Deputy Director**

**Submitted by Ellen Roeber, PT, DPT, NCBPTE Deputy Director**

When I last reported, I was ~3 months into my journey in my role here in the Board office. Now, 6 months in, I couldn't be more excited to provide an update. I am learning each day that regulation has ignited a new passion for me as a physical therapist. I am grateful to each of you for entrusting me to assist in doing this good work here in NC.

#### **Continuing Competence:**

- 10 course approvals for CY 2023.
- 30 active exemptions for over 65 and no new hardship requests since the last meeting; no changes in this data.
- Continue to answer numerous questions regarding continuing competence via email and voicemail from licensees; as a result, will schedule interactive webinar for this CY prior to the opening of renewal season in effort to provide education and resource for licensees.
- Random audit for continuing competence reporting period Jan 1, 2021-Jan 31, 2023, is underway. 175 total licensees audited (100 PTs and 75 PTAs). Of this number, 45 PTAs are complete, 56 PTs are complete, 7 have 30-day extensions granted by ED, 9 have been reviewed and are waiting on required updates, and 50 are in-office awaiting review. 167/175 are accounted for as of 5/24/2023. DD will review at close of initial audit period, 5/30/2023, and contact any licensee who has not corresponded.
- Along with ED, met with APTA-NC representatives regarding APTA-NC process change for continuing competence approval (change in provider approval and additional of study group approval) as this process change impacted correspondence from the public regarding approval.

#### **Webinar Development:**

- Goals related to webinar development:
  - 1) Create a library of on demand resources for licensees to educate licensees and improve efficiency of office staff (i.e., can direct licensees to these resources).
  - 2) Create webinar for "major topics" based on license applicants and/or licensee needs. Currently, the following are completed or planned: a) PT and PTA License Renewal; b) PT and PTA License Revival; c) Continuing Competence; and d) Applying for NC PT or PTA License.
  - 3) Other Board staff is assisting DD with exploring alternatives for topic of "Licensure Application" using short videos rather than a webinar.
  - 4) Based on licensee questions and interaction, another important webinar topic has been identified: "PTA Practice." DD will contact both PTA board members to either assist with this content or recommend another practicing PTA to assist with this content.
- Since last Board meeting, office administrator assisted DD in production of "course certificates" for the live participants. These will be implemented for the next live webinar.

- Expect to move forward with the development/scheduling of 1-2 more before September's Board meeting.

#### **Revivals:**

- Based on the number of questions from revival applicants, the updated process seems to be meeting all the goals established at time of process review and update. (See below)  
Goals of this project as follows:
  - 1) Improve efficiency (particularly of time from initial application OR submission of first supporting document to revival).
  - 2) Prevent errors during the revival process.
  - 3) Prevent loss of original application data in admin tool.
  - 4) Improve communication with revival applicants.
  - 5) Improve consistency of revival process amongst all team members.
  - 6) Prepare revival process for next phase in moving fully electronic.
- Since March 8, 2023, 36 additional revival applicants have been revived using the updated process.
- Eager to work with IT to transition revival process to electronic.

#### **Outreach:**

- Continued communication with all accredited NC PT and PTA program chairs regarding educational content when related to scope of practice questions. Getting ~75% response from PT programs and ~30% response from PTA programs (this could be b/c recently the questions relate more to PT practice).
- Began interaction with both PT and PTA students in their final year of study via a presentation (by DD and LS member-also included LS manager for most dates) 4/11/2023. Excellent response overall and positive feedback. Will take at least this licensing cycle for NC new graduates to realize any improvements in efficiency because of the education and engagement. Of the 10 PT programs, all have either participated (6), are on the schedule to participate (1), or have plans to get on the schedule to participate (2) except for (1). Of the PTA programs, (2) have participated, (1) is on the schedule to participate, and (3) are in the process of scheduling. DD will reach out to programs that have not responded individually (target known faculty members) once the summer cycle concludes.
- Student/program engagement is proving beneficial in many ways. Some are listed below.
  - 1) Building rapport between the Board and the students/programs.
  - 2) Identifying areas of confusion or knowledge related to especially to licensure but other Board resources as well.
  - 3) Updating the Board records to better understand graduation dates and program requirements thus promoting the opportunity to better engage at the most opportune time regarding licensure.
  - 4) Establishing contacts within each program that assist the student with licensure.
  - 5) Encouraging students to utilize the Board as a profession-long resource.
  - 6) Establishing a focus group of new and early licensees to improve all aspects of Board communication.

**Public Protection Task Force:**

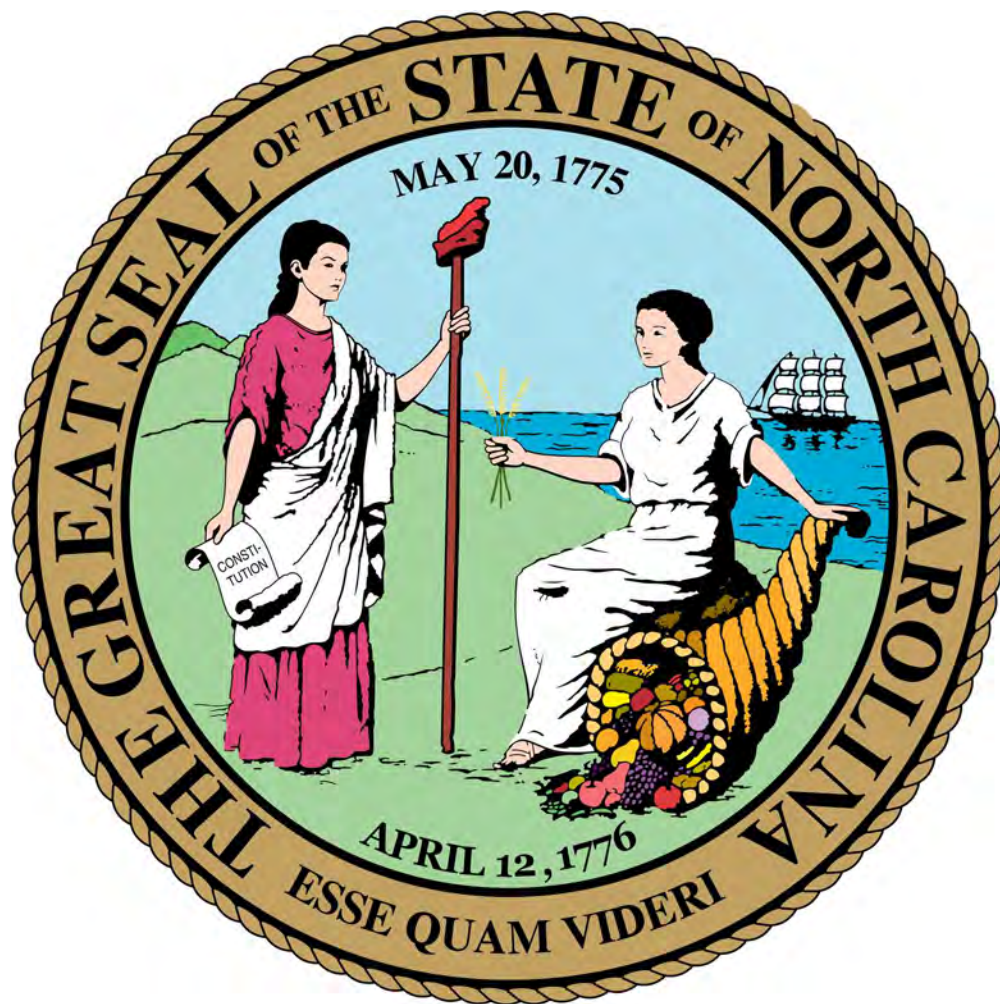
- DD working on improving personal knowledge and competence in Board policies and procedures to be primary contact for PPTF members. Responsibilities include preparation of meeting agenda and supporting documents as well as responding to action items. Since the last Board meeting, DD comfortable that this role is being established.
- Have conducted 2 meetings as primary contact and the next is scheduled June 29, 2023.
- Task force will be working on important practice topics over the next several meetings which will include informed consent, dry needling, advanced practice skills, etc.

**Records Retention**

- Scheduled to begin additional training with former DD and current ED.
- Attended another virtual workshop related to Records Retention. Subscribe to the State Archives of NC email and blog to regularly engage in primary source record retention information.
- Will review both previous workshops attended to further improve working knowledge of the process.
- Goal remains to assume one of NCBPTE primary roles in record retention.

**Other Responsibilities:**

- Pursuing opportunities to become an active member of FSBPT.
  - Participated in Regulatory Workshop March 10-12, 2023.
  - Engaging with FSBPT contacts and other Board administrators via FSBPT resources.
  - Becoming familiar with the extensive resources offered by FSBPT.
- Pursuing opportunities to become more knowledgeable regarding rules to assume primary responsibility for Rules Making Committee
  - Attending Rules Review Commission (RRC) meetings virtually
  - Attended Rulemaking 101 workshop March 3, 2023
  - Corresponding with other major NC healthcare provider boards rule-making coordinators to learn processes and identify trends and resources.
  - Tracking both NC House and Senate bills that may influence PT regulatory practice.



Attachment XIII

# NCPT IT Update

June 7, 2023

## Completed Projects

**Webinar Library** – Portion of our website which houses previously recorded webinars for external reference.

**Board Member Email Address Transition** – Completed transition of all Board members to their Board-issued email address. All usage agreements have been signed and filed.

**Azure AD Re-Synchronization** – The connection between our on premises Active Directory environment and the Azure (cloud) Active Directory environment has been re-synced. This adds additional security to Microsoft 365 and eliminates redundant sign-ins for end users.

## Current Projects

**Person Project** - Nearing completion. The goals of the person project are to make things simpler for licensees:

- Unify all IDs a person has into one ID (Licenses, Permits, Compacts, Applications)
- Provide a Dashboard where people can interact with each ID (renew license, create a new application, see payment history).
- Add tighter security on the SSNs.

## **Planning for Cloud move**

- Benefits of cloud migration
  - o Enhanced security
  - o Improved Business Continuity and stability
  - o 24x7 monitoring
- Evaluating services offered by Surya Technologies
  - o Moving all web servers and supporting infrastructure to the Cloud
  - o Moving desktop security to Office 365.
  - o Moving desktop and other support to 3rd party
- Evaluating similar offerings by NCDIT and other companies

**Softphone Integration Planning** – This is dependent upon the current plan to migrate to the cloud. Currently we plan to upgrade our current Microsoft 365 license, which would enable the built-in softphone in Teams. Once this is done, we would port or service over from Spectrum.

**Linux Server Build** – We are currently in the process of building out a Linux server to test the benefits of using it to support our web servers in the cloud. This would eliminate the need to use expensive Windows licenses for these servers.

**SharePoint Review and Improvement** – We are partnering with the Licensing Staff to review, document, and improve upon the current processes used when processing within SharePoint.

## **Updates to ELDD for Person Project and greater functionality**

### **Projects in Planning Phase**

**Admin Tool Enhancements** – Upgrade its technology and security in preparation to move the Website and Admin Tool to the cloud.

**Online Revival** – Bring Revivals online.

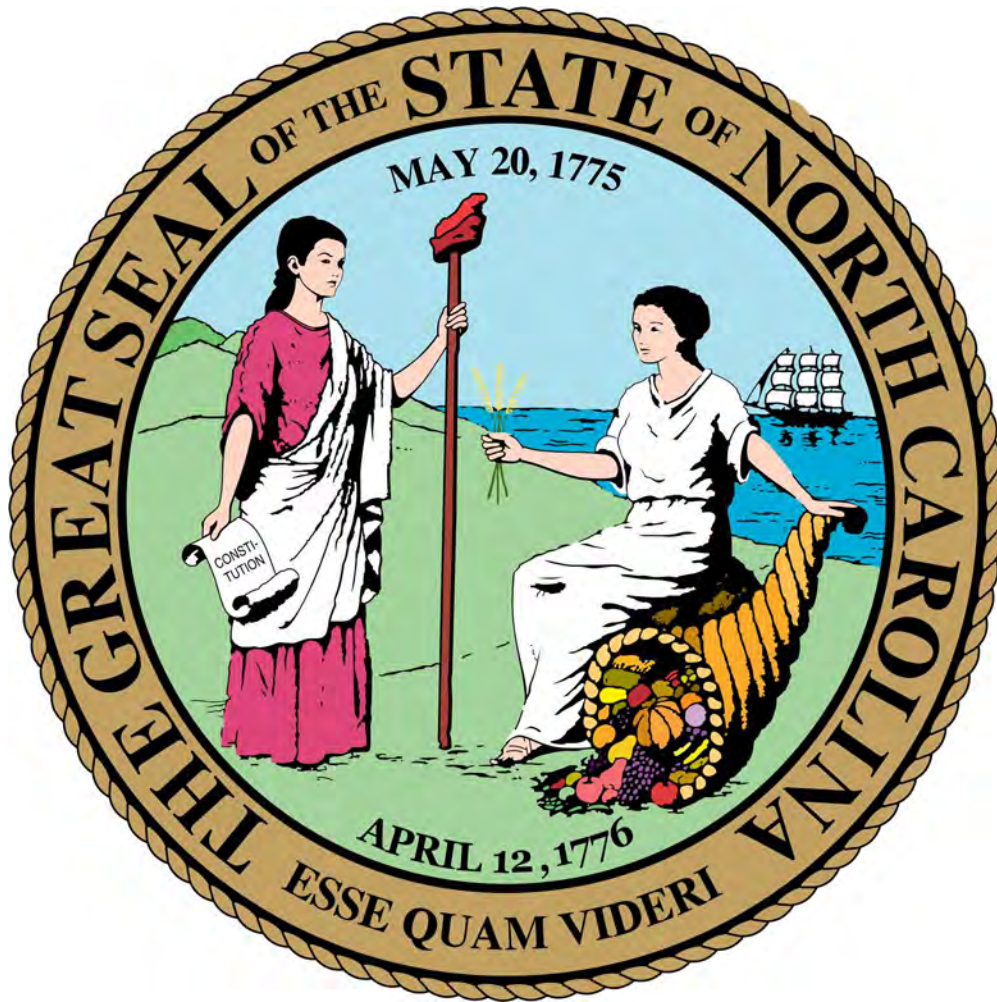
**Physical Inventory Review** – Partnering with Finance Manager to confirm current IT inventory and make any adjustments.

### **Reoccurring Projects**

Continual functional updates to both the website and Admin Tool.

Continual technical support to our Board, staff, and applicants/licensees.

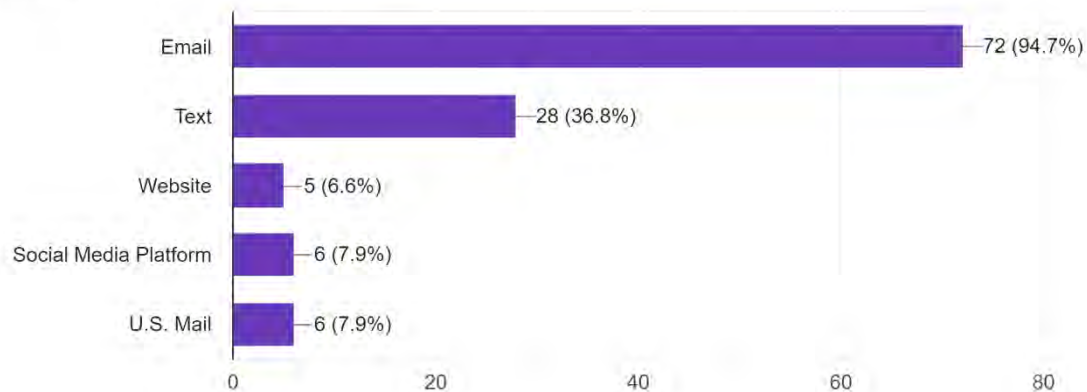
Review and Improve Business Continuity Plan.



Attachment XIV

What is your preferred method of receiving important announcements, reminders, or other information concerning your upcoming PT/PTA licensure or organization where you have responsibilities?

76 responses



At a minimum, how often do you want to receive up-to-date regulatory information about the physical therapy profession?

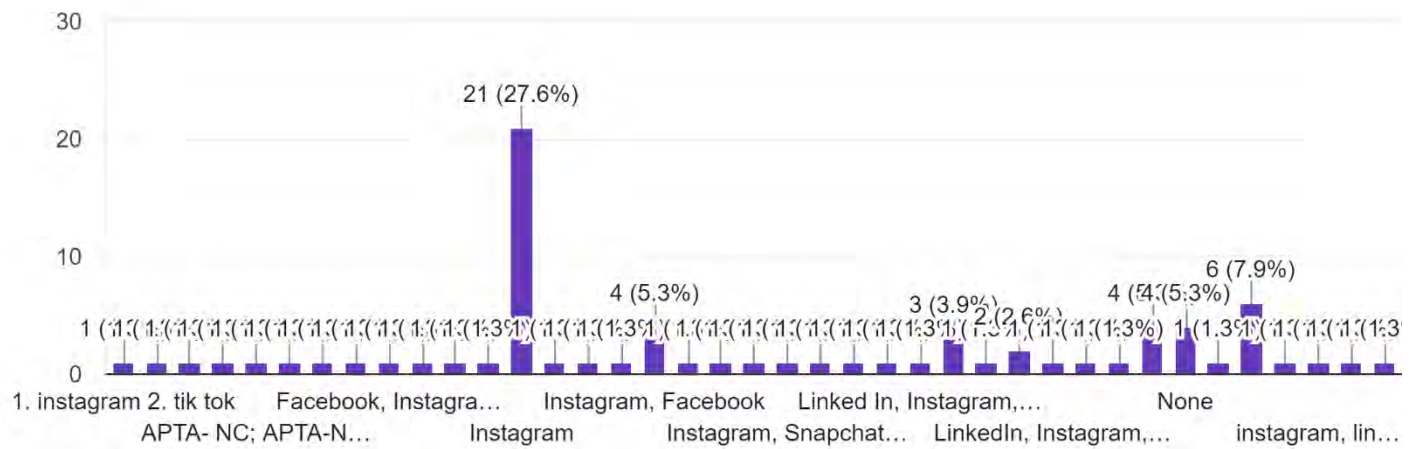
76 responses





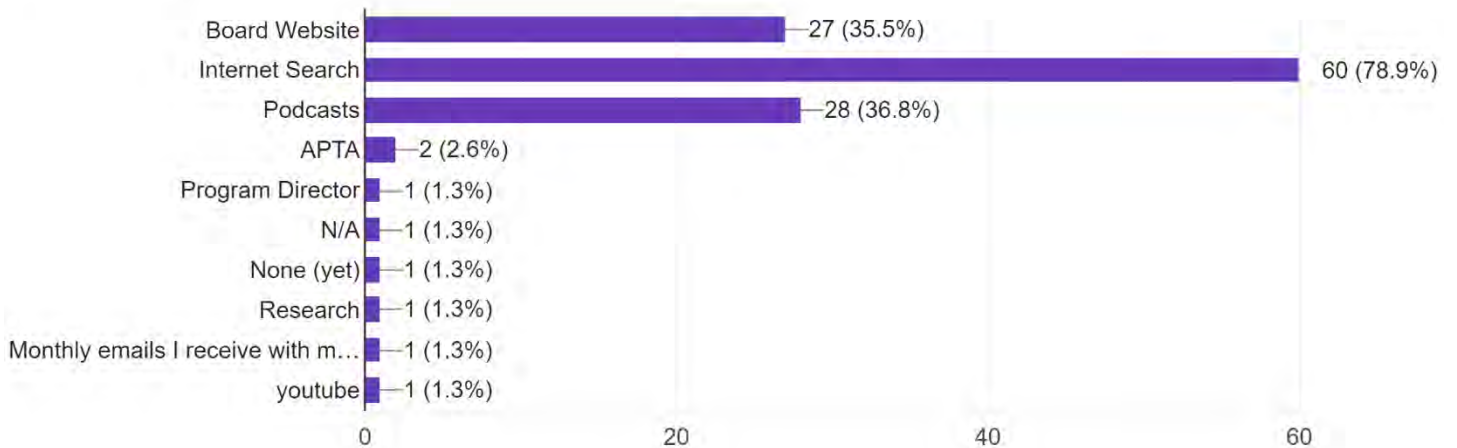
What social media platforms do you use to search for or follow news or other events/information concerning the physical therapy profession? Please list in rank order.

76 responses



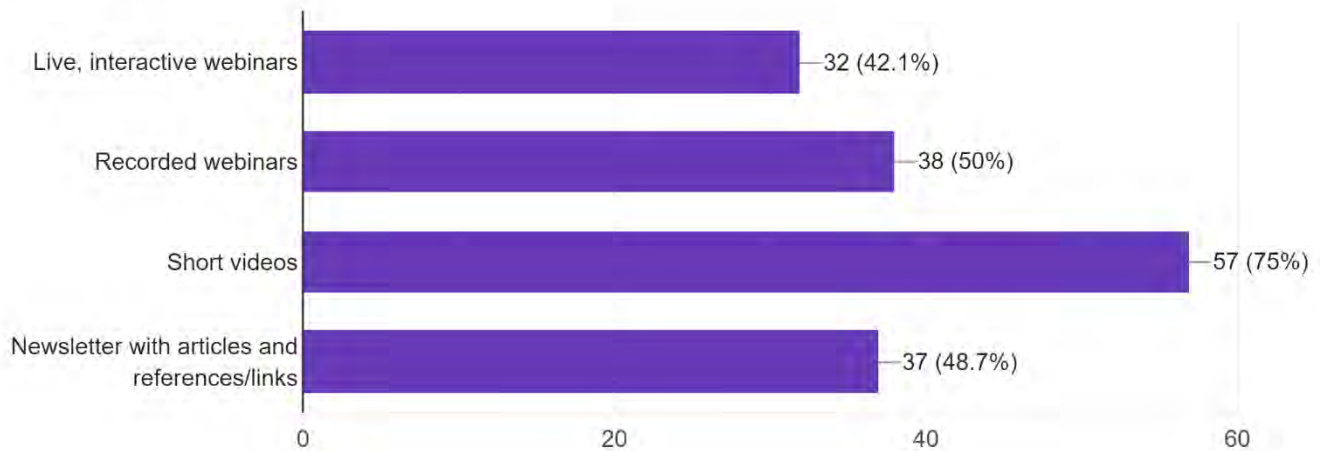
How else do you search for or follow news or other events/information concerning the physical therapy profession?

76 responses



The NCBPTE offers various resources about topics that regulate the practice of physical therapy -- from initial licensure to new and expanding treatment methods of delivery work best for your learning style?

76 responses



**What other ways of communication would you suggest to the NCBPTE?** 76 responses

- N/A
- N/a
- None
- Podcast
- tik tok
- FAQ page, presentations in local PT schools, how to videos
- none
- It would be nice to have a page on the website with step by step instructions on what to do to obtain the license. The website is a little chaotic and hard to navigate at the moment.
- email and posting on the APTA website is best
- None - this sounds great
- Not exactly sure
- n/a
- emails
- A comprehensive page snapshot of a scope of practice topic or instructions on renewing license, CEUs etc. Having information in one place/compiled is very helpful.
- Possibly zoom calls during lunch and learn times? It's always easier for me to pay attention to new information face to face vs prerecorded content.
- Text updates
- podcast
- NA
- N/A
- short videos would be helpful and sent out during quarterly updates
- Mailing letters, live YouTube or Facebook videos.
- Podcasts

Newsletter with links to current/new topics

social media

Social Media

Being active on social media such as instagram

Na

I think you covered all of them!

None

On-site at school or in clinic

Instagram posts

Not sure

social media

Twitter

email

Through work places.

Texts

None, all of these seem adequate

None that I know of.

email, recorded webinars, short videos

these are all good!

Email is usually best for me, or short Instagram stories with links

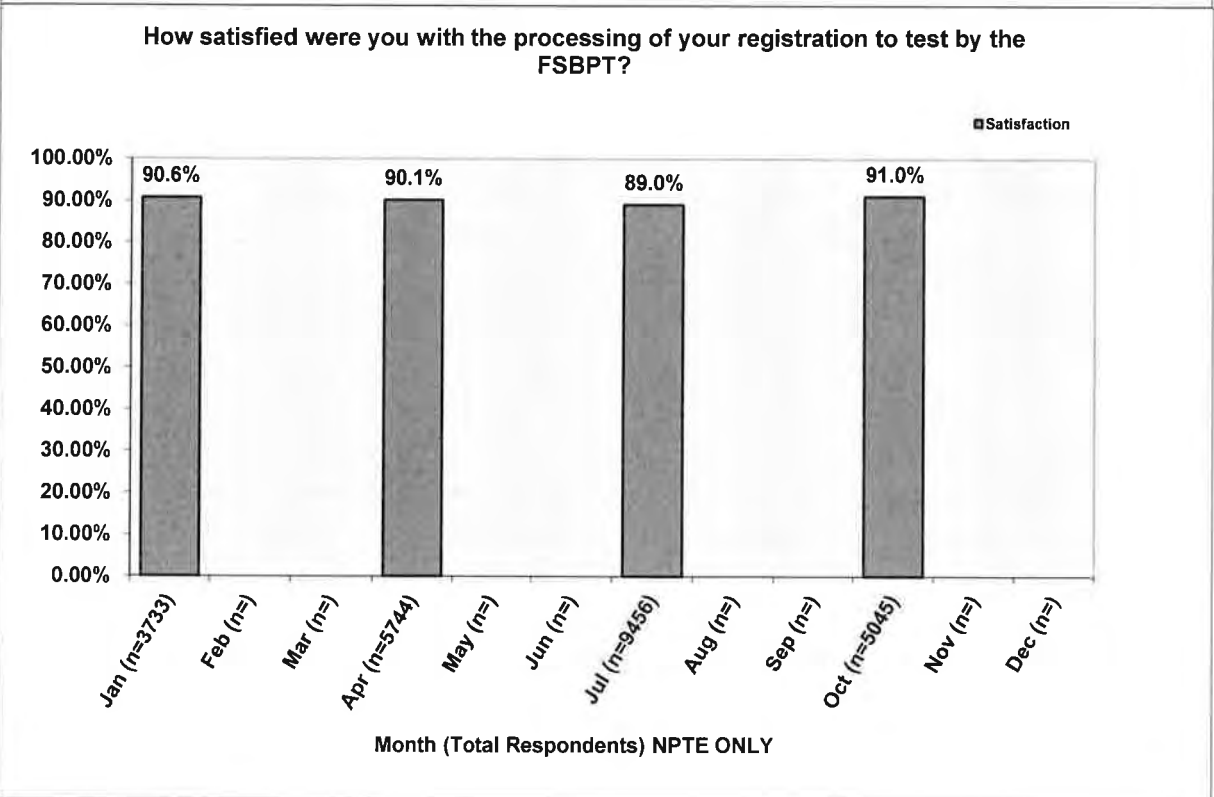
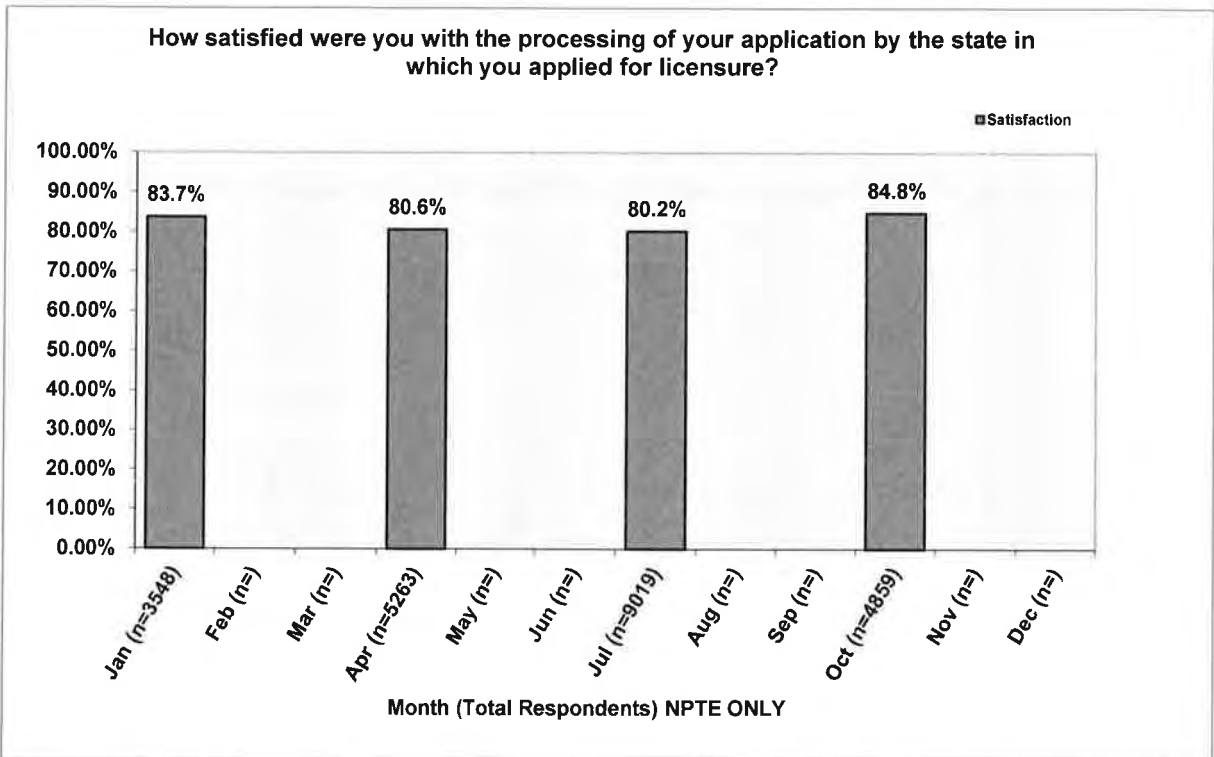
Unsure. I like the method of a newsletter subscription via email.

In-person seminars

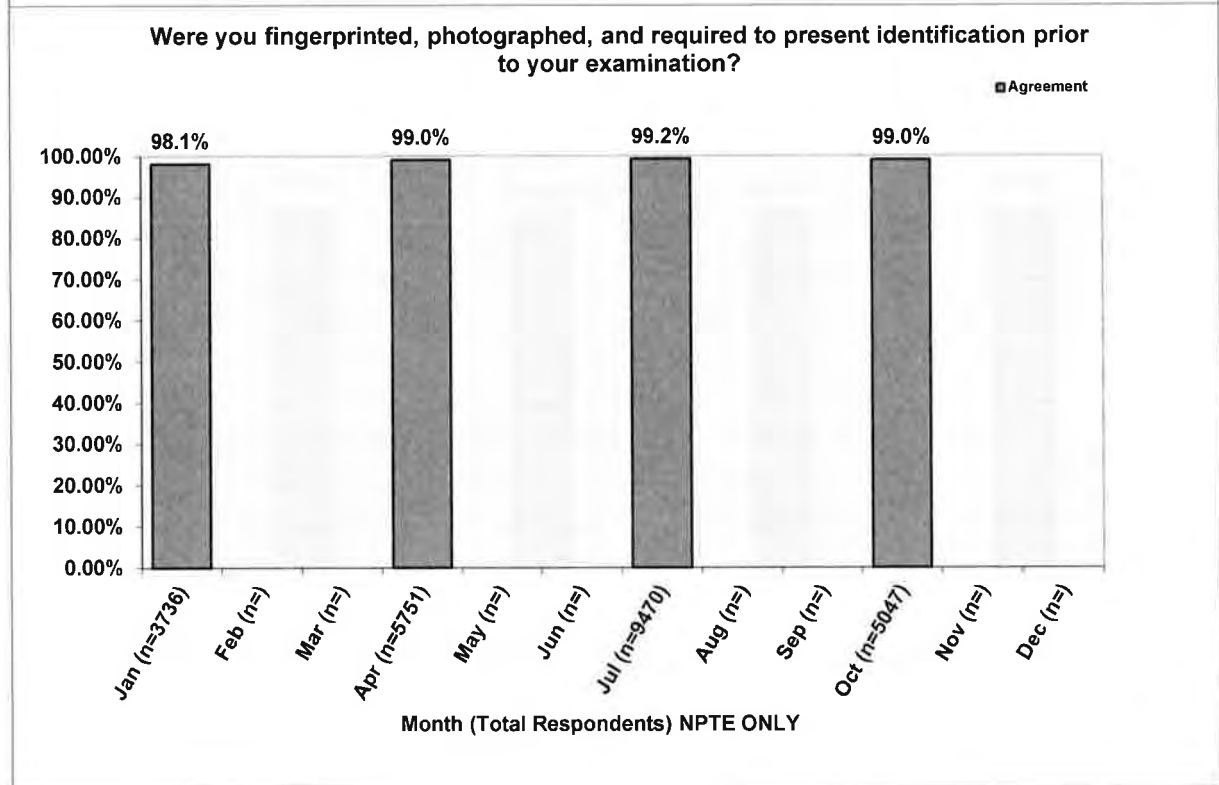
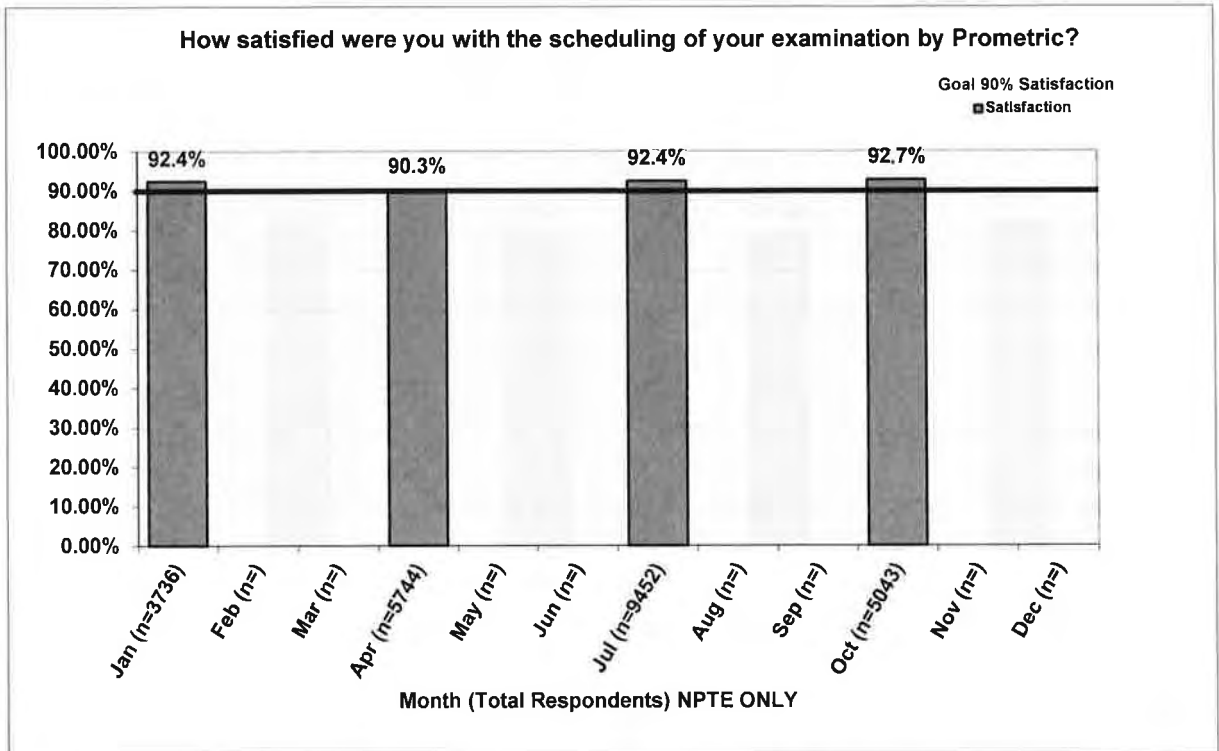
Email usually works best, with easy to read, quick main points

Open to any

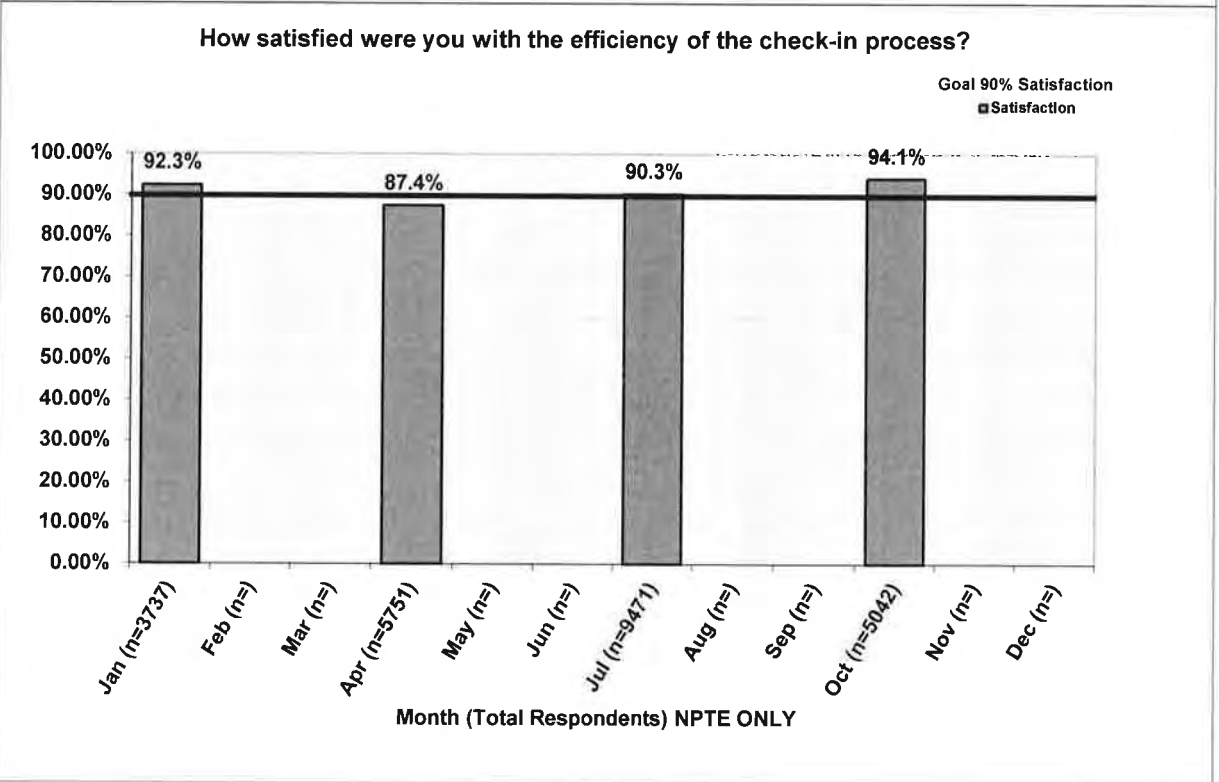
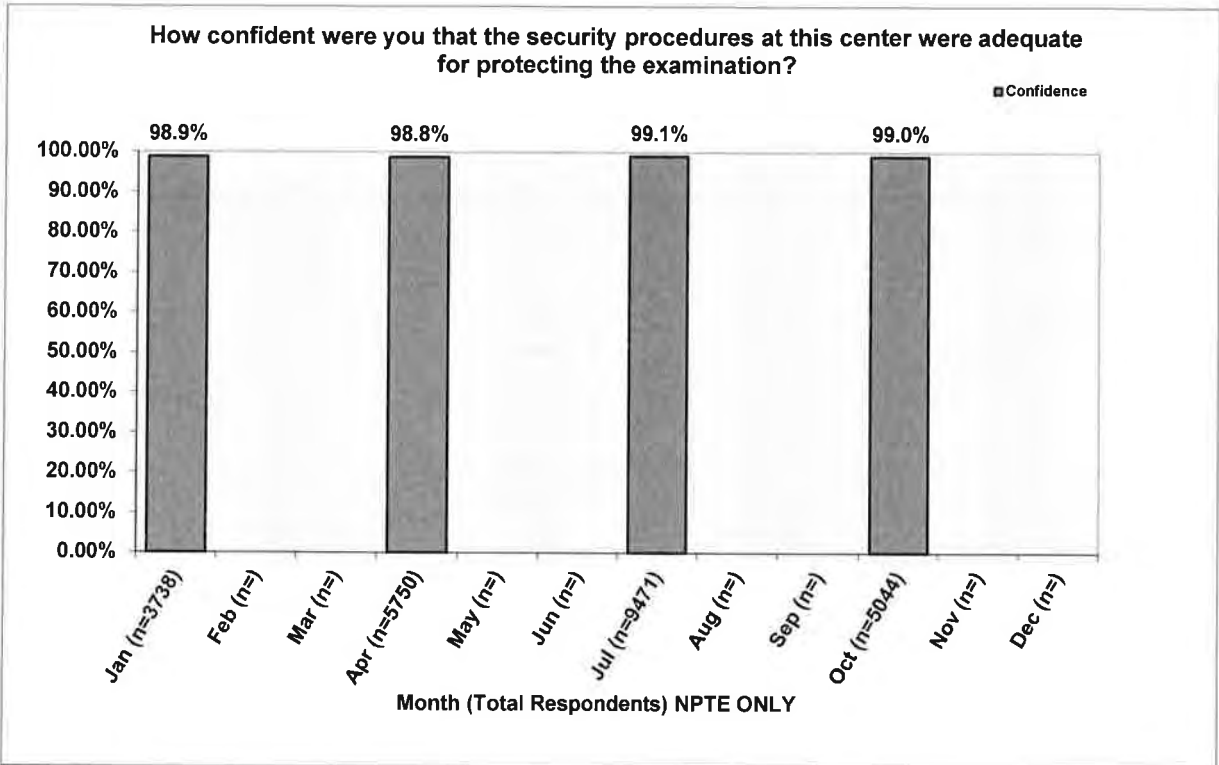
NPTE Survey Satisfaction By Month



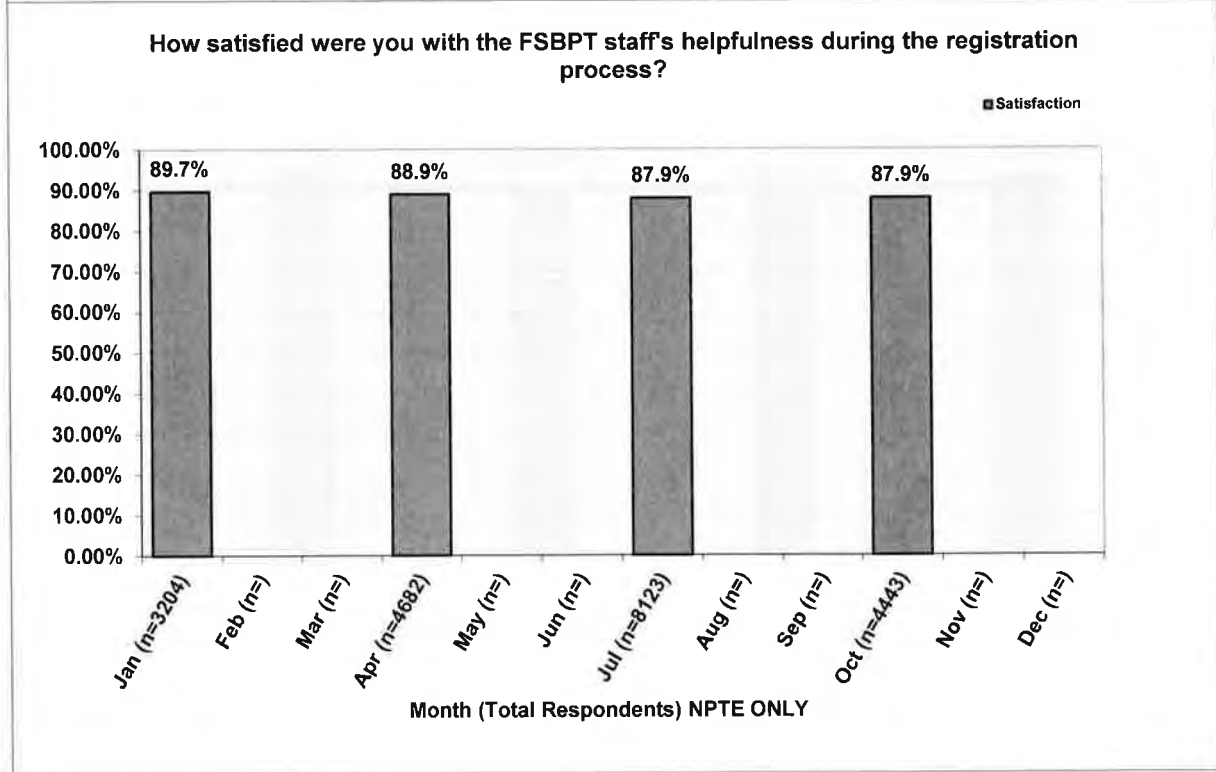
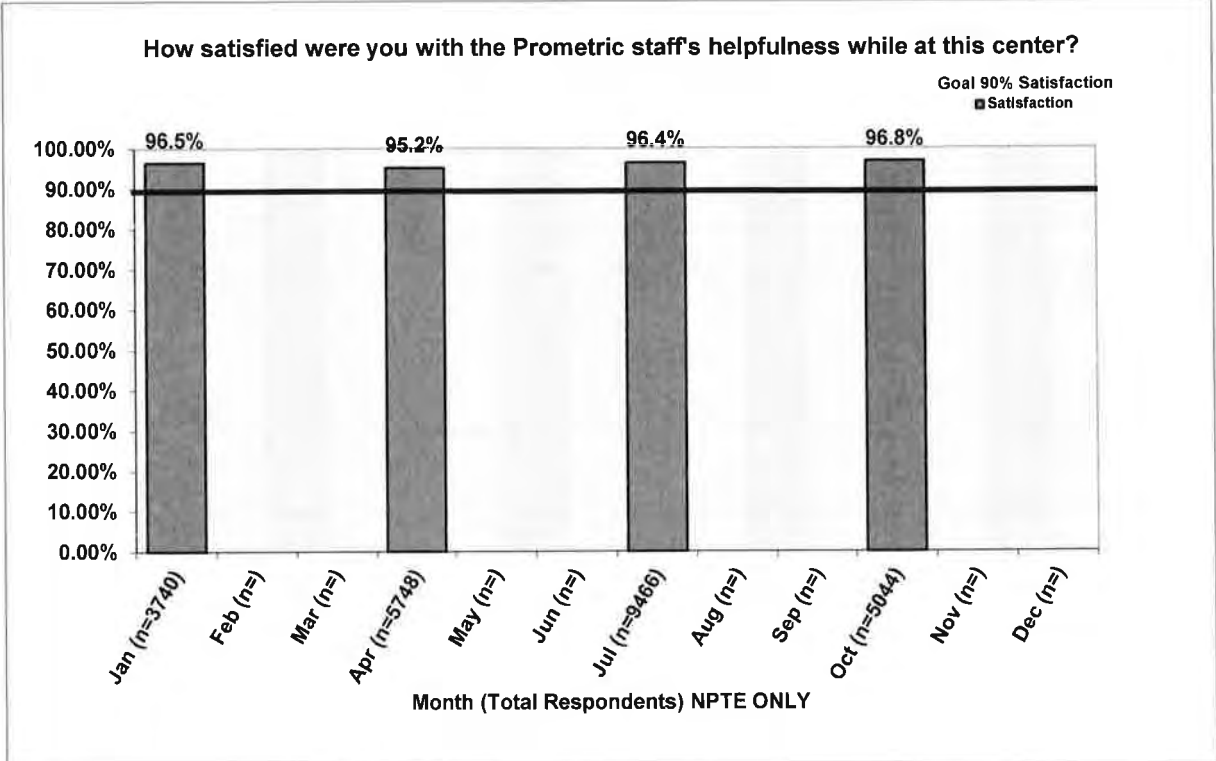
NPTE Survey Satisfaction By Month



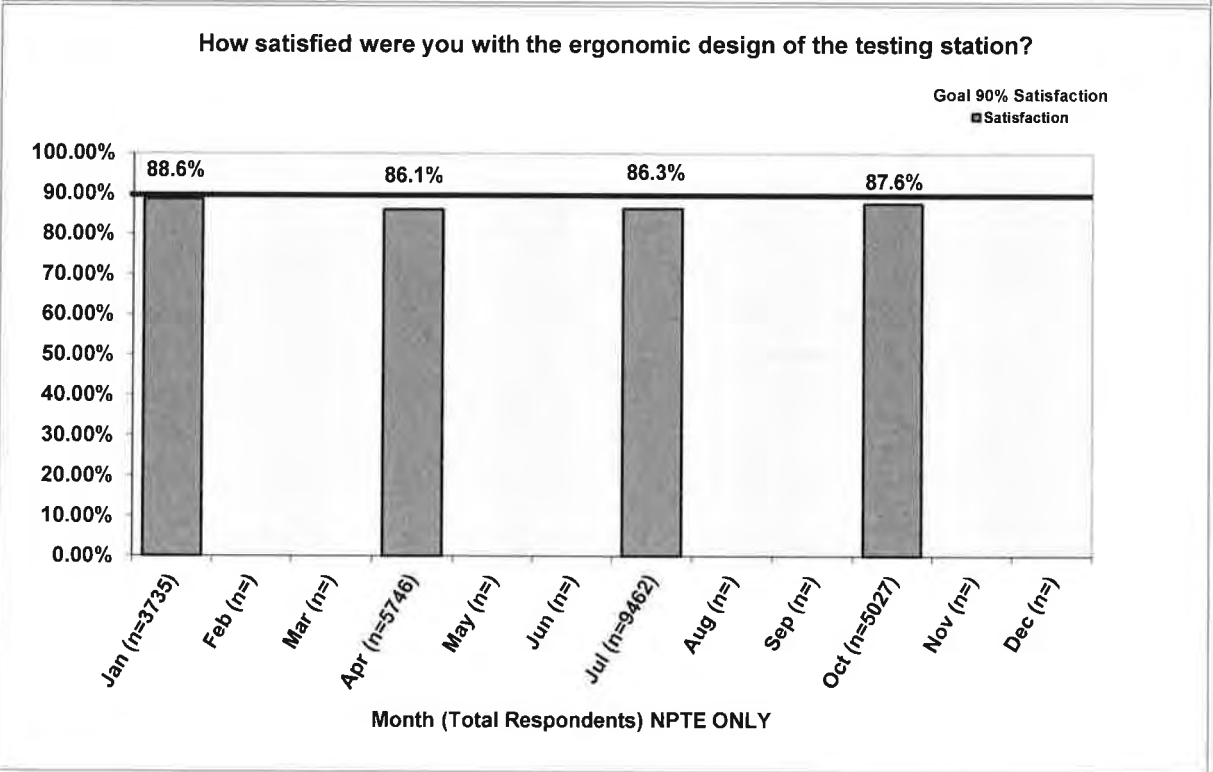
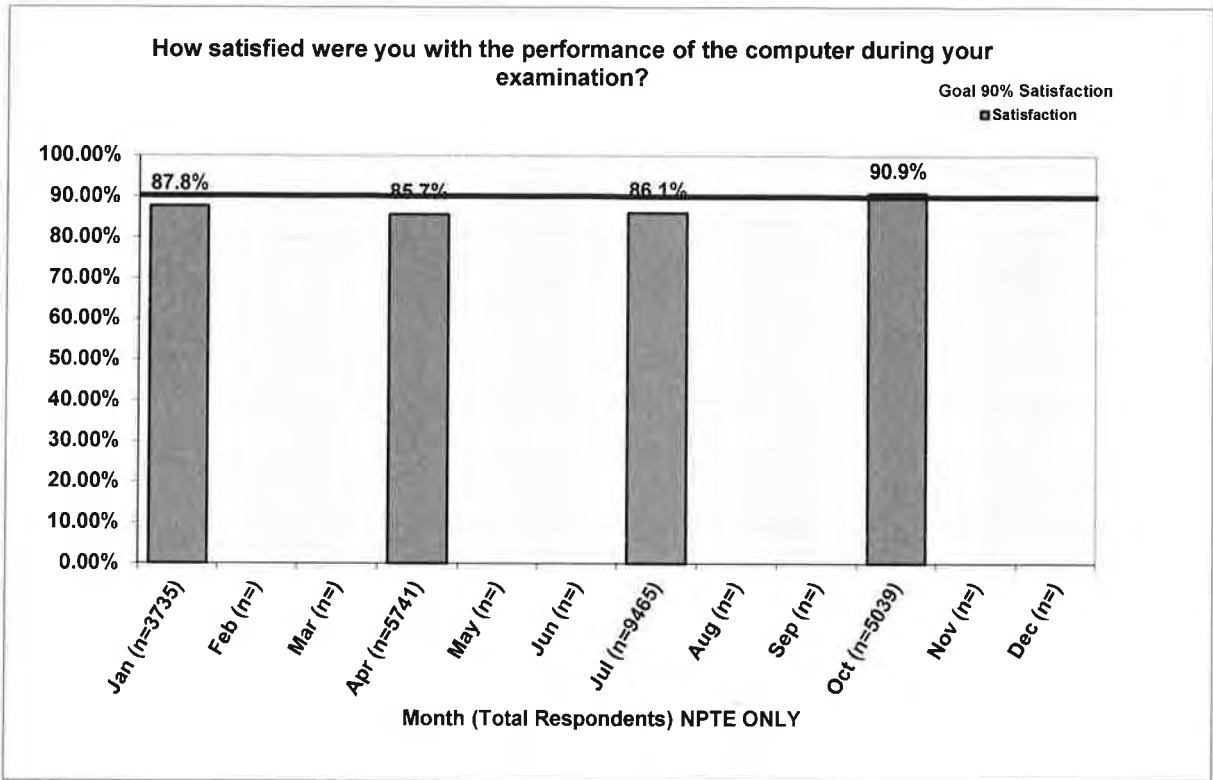
NPTE Survey Satisfaction By Month



NPTE Survey Satisfaction By Month

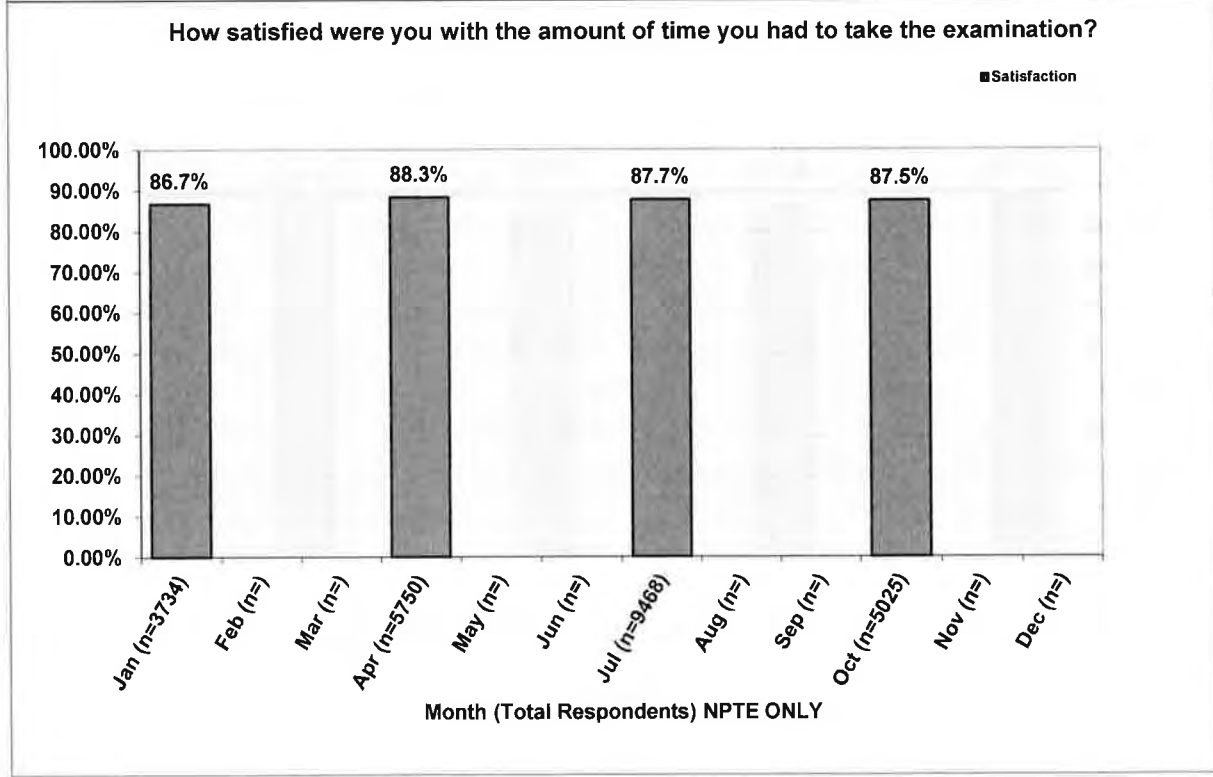
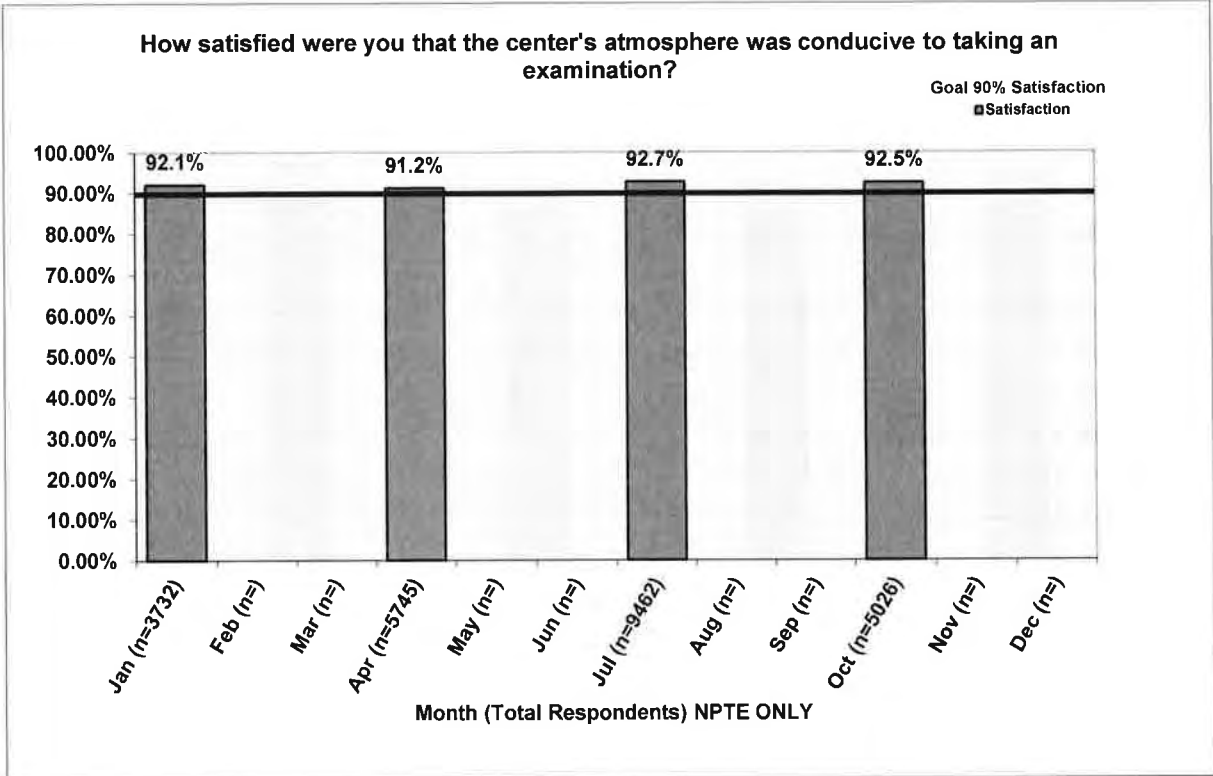


NPTE Survey Satisfaction By Month

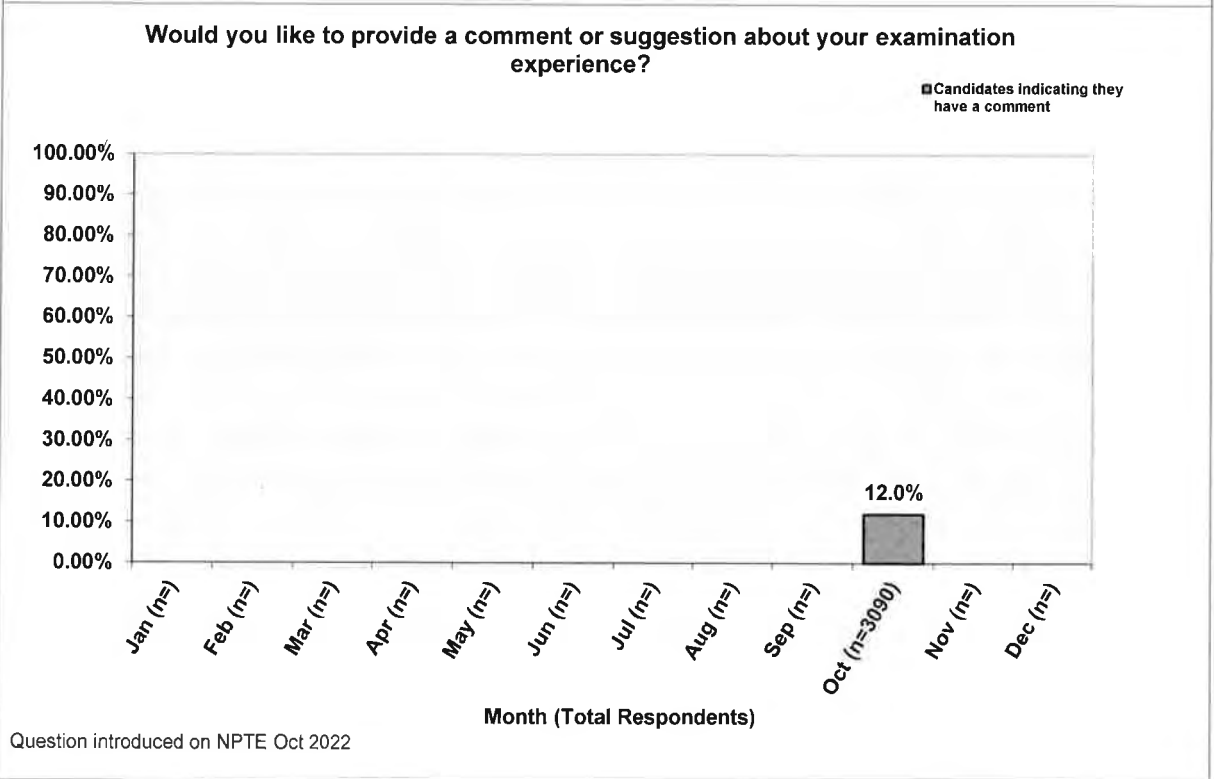
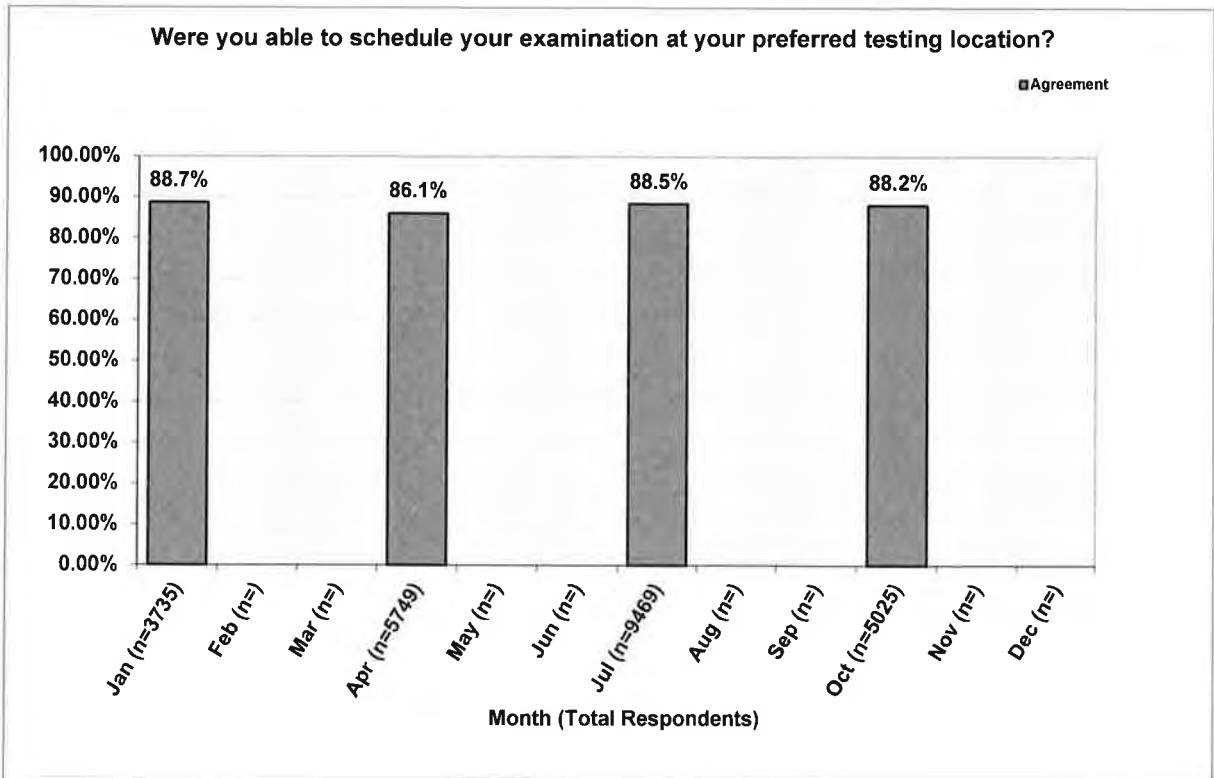




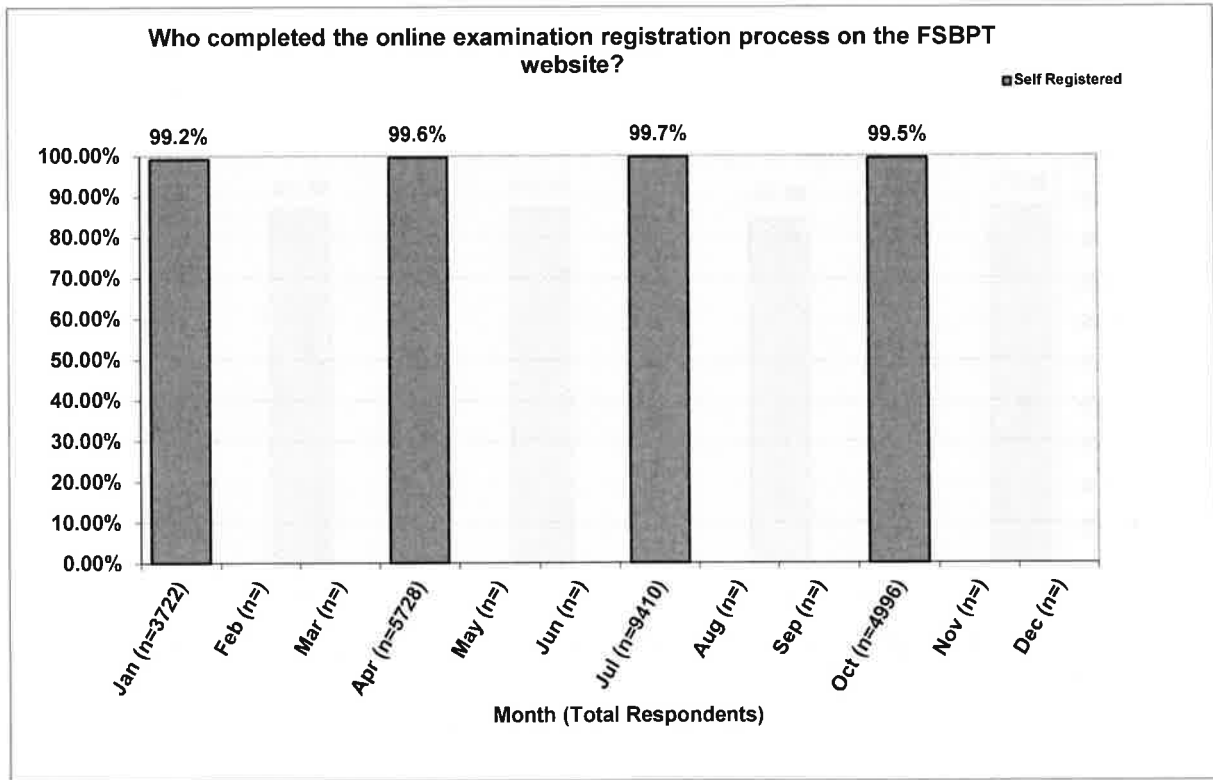
NPTE Survey Satisfaction By Month



NPTE Survey Satisfaction By Month



NPTE Survey Satisfaction By Month



## Satisfaction with Application Processing by State 2022

Through December 31, 2022, **22,689** candidates completed the post-examination survey. The overall satisfaction rating for all jurisdictions on the question “How satisfied were you with the processing of your application by the state in which you applied for licensure?” is **82.33%**

The table below shows the satisfaction percentage by quarter for your jurisdiction on this question.

### Satisfaction with Jurisdiction Registration Processing: NC

Quarter	Very Satisfied		Satisfied		Uncertain		Dissatisfied		Very Dissatisfied		I have not yet applied to my state/have not interacted with my state		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Q1 2022	28	20.14%	66	47.48%	21	15.11%	11	7.91%	2	1.44%	11	7.91%	139	100.00%
Q2 2022	50	25.38%	104	52.79%	24	12.18%	6	3.05%		0.00%	13	6.60%	197	100.00%
Q3 2022	71	25.27%	132	46.98%	42	14.95%	22	7.83%	6	2.14%	8	2.85%	281	100.00%
Q4 2022	24	26.09%	53	57.61%	7	7.61%	4	4.35%		0.00%	4	4.35%	92	100.00%

**Federation of State Boards of Physical Therapy**

124 West Street South, 3rd Floor, Alexandria, Virginia, 22314

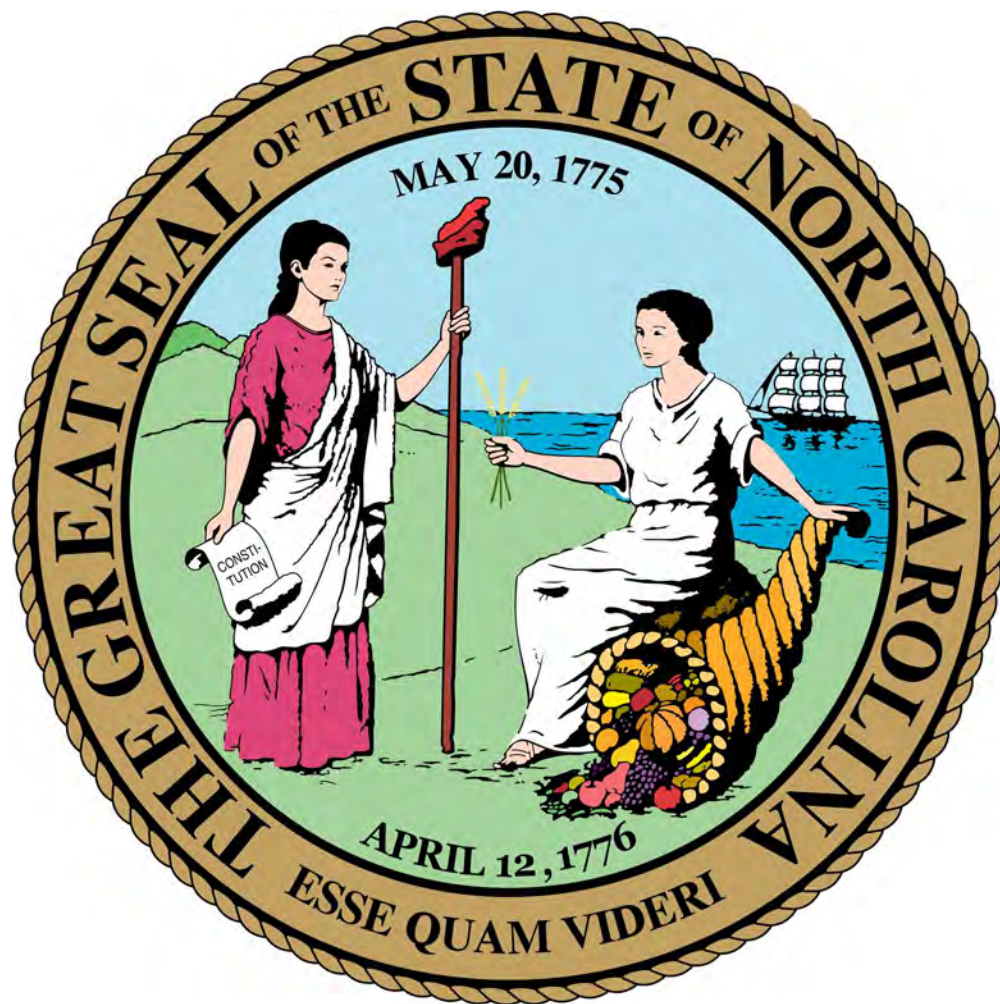
Phone: 703.299.3100 Fax: 703.299.3110

Website: www.fsbpt.org

## Candidate Comments Report: October 2022 NPTE

**Candidates Seeking Licensure In: North Carolina**

<b>Licensure State</b>	<b>Test Center: City, State, Country</b>	<b>Exam Type</b>	<b>Candidate Name (Last, First)</b>	<b>Candidate Response</b>
NC	1618: GREENVILLE, NC, USA	PT	METCALF, BAILEY	Much better experience than first exam as I didn't experience any technical difficulties with buffering to the next question.
NC	58: GREENSBORO, NC, USA	PTA	FERGUSON, MARIAH	Room temperature very low and cold, colder than other testing centers
NC	45: CHARLOTTE, NC, USA	PTA	SEVERANCE, MICHAEL	it was unclear that a secondary SIGNED photo ID was required. previous testing with prometric did not require this
NC	27: RALEIGH, NC, USA	PTA	IBRAHIM, TATI-ANNA	The proctors for the exam were talking outside of the testing room, even though I was wearing ear plugs I was distracted several times during the exam. The lumbar section of the chair is not comfortable and I found myself having to sit up to not lean on the bar on the back of the chair.
NC	49: COLUMBIA, SC, USA	PT	FOWLER, NATALIE	increased time to complete to allow for extra time taken needed for frequent rest breaks that took time out of exam. had to limit my anxiety reducing strategies and coping mechanisms because it would have taken up too much exam time. this was my second time taking this test. first time approved for frequent breaks during sessions to take meds, use the restroom frequently as a side effect of my diuretics, etc. the time it took for me to get up and do all that just once per session i think hurt my exam due to completely rushing the second half of exam. ability to get up and move my body to practice anxiety reducing strategies and take pills use restroom etc would have been good. also bunch of stuff spelled wrong on my exam with occasional screen freezing taking up extra time I didnt even get to finish completing my exam and i didnt even get to fill in blank answers with guesses
NC	5170: FLORENCE, SC, USA	PT	KIMREY, TAMMY	The facility was fine overall, however during the exam very loud conversations could be heard from the building directly adjoining the facility. This made it extremely difficult to concentrate on the exam questions while such loud conversations (laughter, talking, etc) were being had.
NC	1608: ASHEVILLE, NC, USA	PT	MCNAMARA, KELLY	There was about a 2-3 second lag between each question which I think ate up some of my time. I still had some time leftover but it was definitely close. Also I would prefer paper and pencil for my notes over whiteboard and marker.
NC	58: GREENSBORO, NC, USA	PT	DENNER, NICOLE	continue to improve lag time. Especially as the test continues (later sections) there was a severe second to 2 second delay between screens. Which all add up and can negatively affect my ability to take test within a certain time frame
NC	45: CHARLOTTE, NC, USA	PT	COOK, ANNA	The people helping took 10 min to bring me more paper to write on, the dry erase markers didnt work and the chairs hurt my back



Attachment XV

# Compliance Report

**Board**

Physical Therapy Examiners, Board of ▼

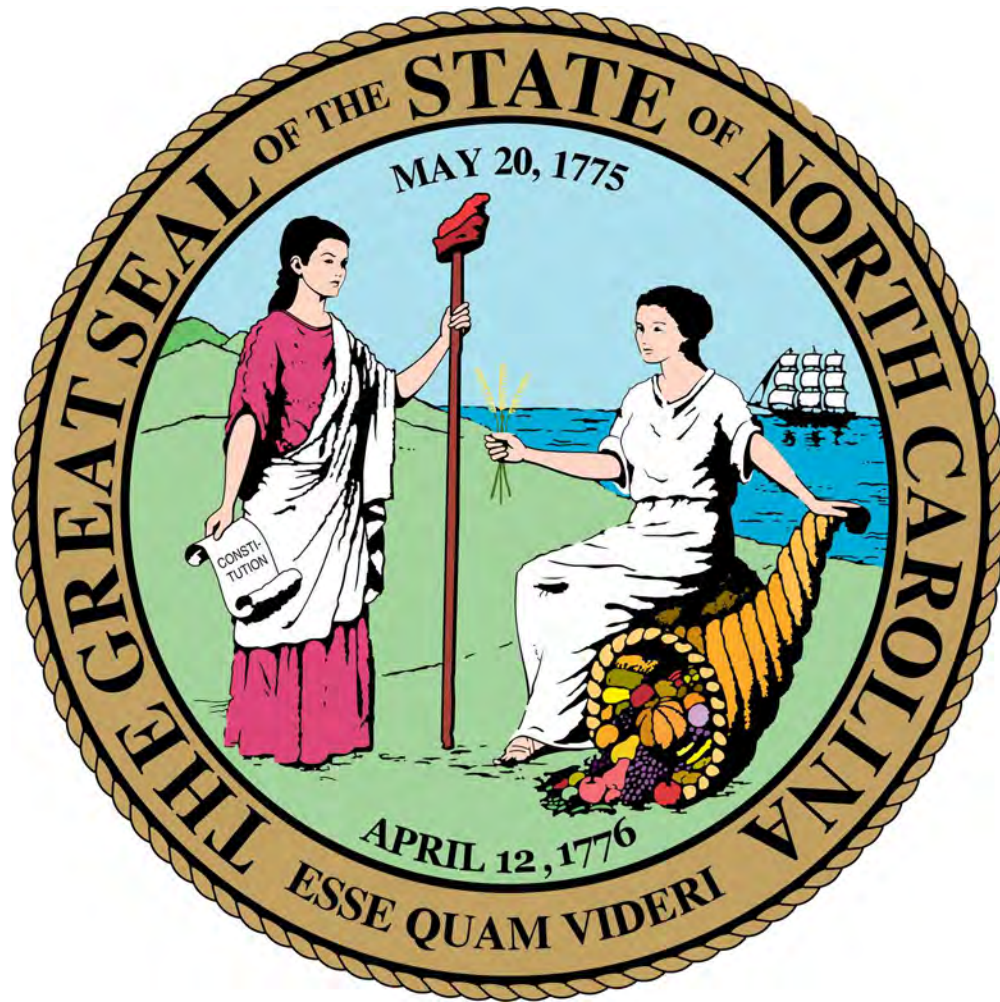
Submit

[Export list to .CSV](#)

<u>Full Name</u>	<u>Appointment Start Date</u>	<u>Appointment End Date</u>	<u>Last SEI Received Date</u>	<u>Last Education Received Date</u>	<u>Next Education Due Date</u>
Kathleen Arney(EL)				04/20/2022	04/20/2024
Teresa Hale	01/24/2018	12/31/2023	03/07/2023	03/08/2022	03/08/2024
Charlie Edwards	01/24/2018	12/31/2023	04/11/2023	03/17/2022	03/17/2024
Megan Wentz	12/10/2021	12/31/2023	04/19/2022	03/10/2022	03/10/2024
Stephanie Bernard	01/01/2022	12/31/2024	03/08/2023	06/13/2022	06/13/2024
Angela Diaz	01/03/2023	12/31/2025	04/12/2023	04/12/2023	04/12/2025
Renuka Kasula	03/28/2023	12/31/2025	03/27/2023		09/28/2023
Leslie Kesler	01/15/2019	12/31/2024	02/20/2023	01/01/2023	01/01/2025

1 - 8 Of 8 Records Pg  Of 1

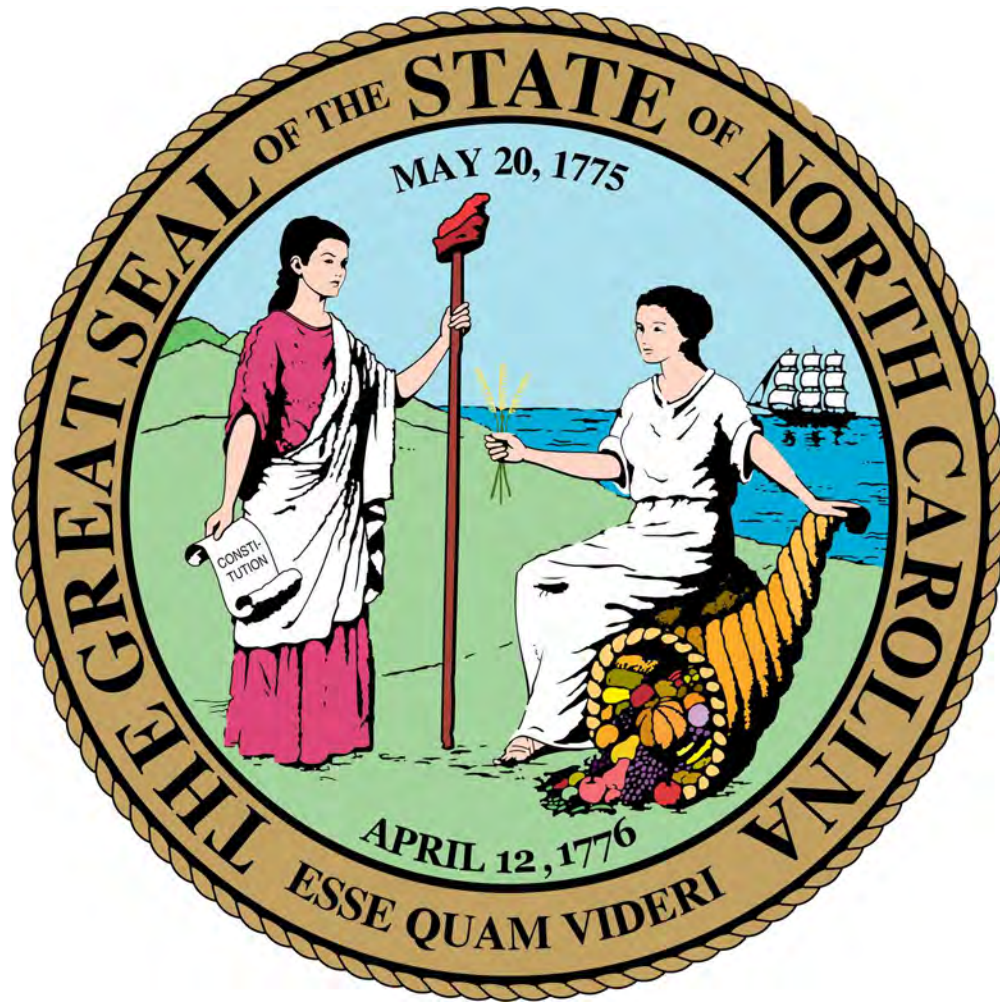




Attachment XVI



State	(1)Weekly Data Sharing	(2) # of DA Reported	(4)DA Reporting Finalized	(5)Encumbrance Reporting	(6)# Flagged Under Investigation	(7)% of DAs Flagged as Under Investigation	(8)FSBPT ID Usage	2 Years Since Enactment	Time Left to Meet FSBPT ID	Date Bill Signed	Date Law Effective	CP Go Live Date	Notes
NC	100%	0	N/A	0	0	N/A	YES	6/8/2019	9/23/2020	6/8/2017	6/8/2017	7/1/2019	

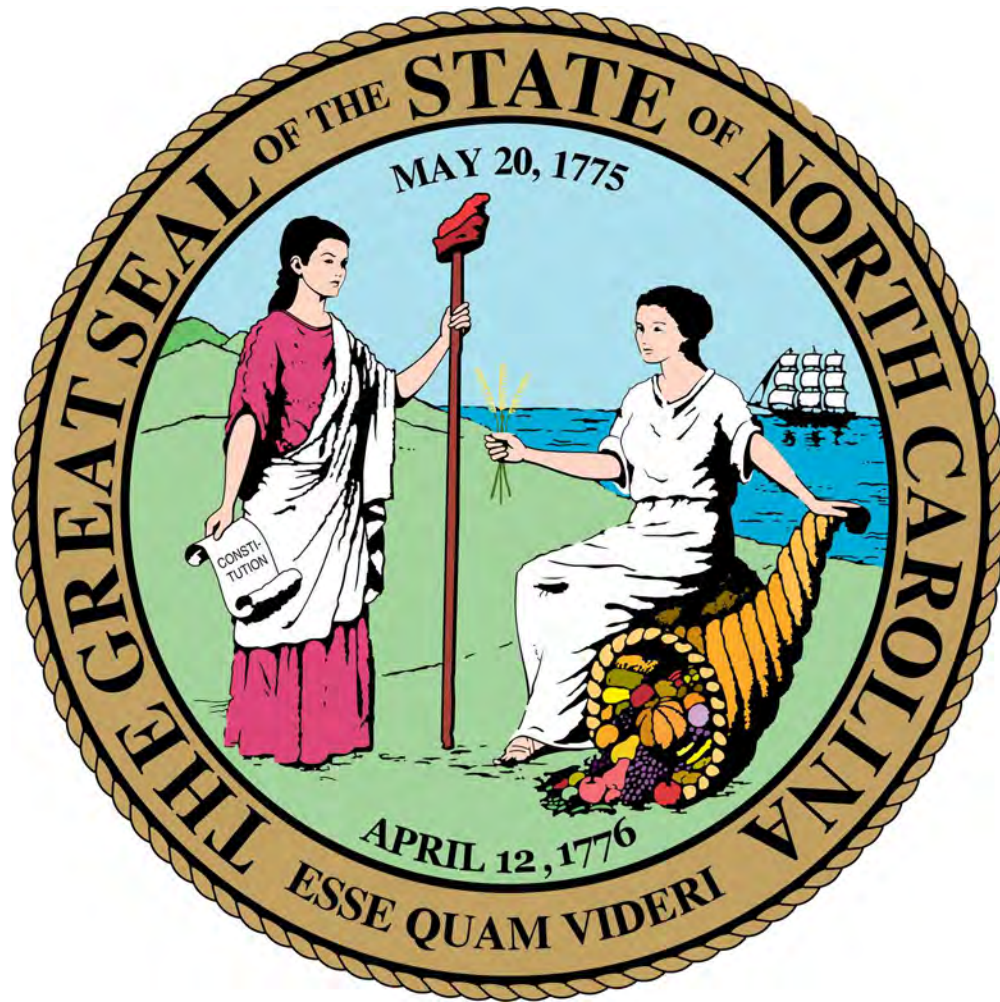


Attachment XVII

# NC Board of Physical Therapy Examiners



Division or Board/Commission	Account Code	Account Title	Number Collected - This Fee Code	Amount Collected - This Fee Code	Fee Type	Fee Title	Check Date / Fee should be collected	Check Box if Fee is Paid (Yes/No/Not Paid)	Fee - Lowest Rate	Fee - Highest Rate	Fee is Paid	Frequency	Date Last Changed	Statutory Authority	Administrative Authority	Comments
NC Board of Physical Therapy Examiners	43070	Sale of Publications	0	0.00	Fee of Goods or Publications	License List for PT & PTA			\$95.00	\$95.00	Item	per occurrence	06/15/08	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Certification Fees	1,113	\$95,050.00	Certification Fee	Application Fee (Physical Therapist and Physical Therapist Assistant)			\$175.00	\$175.00	Item	per occurrence	05/05/07	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Certification Fees	3	\$150.00	Certification Fee	Candidate Reapplication			\$150.00	\$150.00	Item	per occurrence	05/05/07	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Certification Fees	184	\$1,200.00	Certification Fee	Compact PTA Reg. Application Fee PTA & PTA			\$15.00	\$15.00	Item	per occurrence	07/04/19	GS 15071-139 1108	PT Compact Commission Rule 2.0	
NC Board of Physical Therapy Examiners	43090	Certification Fees	33,668	\$1,870,200.00	Certification Fee	Renewal Fees			\$175.00	\$175.00	Item	year	07/05/08	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Certification Fees	0	0.00	Certification Fee	Renewal Examinations			\$150.00	\$150.00	Item	per occurrence	07/05/08	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Certification Fees	161	\$24,150.00	Certification Fee	Renewal Fees			\$150.00	\$150.00	Item	per occurrence	06/15/08	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Certification Fees	679	\$31,500.00	Certification Fee	Special Fees			\$150.00	\$150.00	Item	per occurrence	05/05/07	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Other Licenses, Fees and Penalties	75	\$375.00	Other Licenses, Fees and Penalties	License Continuing Compliance Courses			\$5.00	\$5.00	Item	per occurrence	05/05/08	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Other Licenses, Fees and Penalties	3	\$450.00	Other Licenses, Fees and Penalties	License Continuing Compliance Courses			\$150.00	\$150.00	Item	per occurrence	05/05/08	GS 15071-139	21 NCAC 0402-0102	
NC Board of Physical Therapy Examiners	43090	Other Licenses, Fees and Penalties	0	0.00	Other Licenses, Fees and Penalties	Processing Fee for Renewal Checks			\$25.00	\$25.00	Item	per occurrence	06/15/08	GS 15071-139	21 NCAC 0402-0102	



Attachment XVIII

# 2023 Annual Survey of Public Employment & Payroll E-1: State Agencies

[Main Menu](#)

[FAQs](#)

[About Survey](#)

[Instructions](#)

[Print/Review PDF](#)

[Attach Data](#)

[Logout](#)

Website: [Survey of Public Employment & Payroll](#)  
Telephone: 1-800-832-2839 weekdays, 8AM to 5PM ET

## Submission Confirmation

Thank you for completing the 2023 Annual Survey of Public Employment & Payroll!

The U.S. Census Bureau has received your data and appreciates your time and participation. Please keep a copy of this confirmation for your records.

**Agency Name:** NORTH CAROLINA BOARD OF PHYSICAL THERAPY  
EXAMINERS

**User ID:** 232346

**Submission Date & Time:** Thursday April 06, 2023, 01:56:53 PM EDT

Would you like a PDF of the worksheet with your answers?



[Print Confirmation Screen](#)





U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

Worksheet  
**E-1** (12-14-2022)

**2023 ANNUAL  
SURVEY OF PUBLIC EMPLOYMENT & PAYROLL  
March 2023 – State Agencies**

OMB No. 0607-0585: Approval Expires 07/31/2024

**DUE DATE:**

**May 11, 2023**

**Need help or have questions?**

- **Visit**  
https://portal.census.gov
- **Call**  
1-800-832-2839 weekdays,  
8AM to 5PM ET

**WORKSHEET**

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online.

Return to <https://portal.census.gov> when you are ready to report online.

232346

NORTH CAROLINA BOARD OF PHYSICAL THERAPY  
EXAMINERS

NC BOARD OF PHYSICAL THERAPY EXAMINERS

8300 HEALTH PARK

SUITE 233

RALEIGH

NC 27615 - 4731

Title 13, United States Code, Sections 161 and 182 authorizes the Census Bureau to conduct this collection and to request your voluntary assistance. These data are subject to provisions of Title 13, United States Code, Section 9(b) exempting data that are customarily provided in public records from rules of confidentiality.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0585 and appears at the upper right of this page. Without this approval we could not conduct this survey.

We estimate this survey will take an average of 20 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**1 Enter correct information for any errors in the mailing address below:**

Addressee Title or Department

ATTN: NC BOARD OF PHYSICAL THERAPY EXAMINERS

Street 1

8300 HEALTH PARK

Street 2

SUITE 233

City

RALEIGH

State

NC

Zip Code

27615

4731

Report Online - Do Not Return

Report Online - Do Not Return

Please continue on the next page



**PART 1 - EMPLOYEES AND PAYROLL - (Continued)**

**Include**

**Employees**

- Current employees in paid leave status whether paid from the general, special, or Federal grant funds
- All elected or appointed officials paid any amount of pay or stipend (even small amounts of \$25 per meeting or \$100 annually) or paid on salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semi-annually, or annually
- Temporary or seasonal employees working the number of hours that represent full-time employment should be reported as full-time employees
- Temporary or seasonal employees working less than the regular, full-time workweek should be reported as part-time employees

**Payroll**

- Salaries, wages, fees or commissions, as well as overtime, premium, and night differential pay
- Bonuses and incentive payments that are paid at regular pay periods
- Amounts withheld for taxes, employee contributions to retirement systems, etc.

**Exclude**

**Employees**

- Employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees

**Payroll**

- Lump sum payments and the value of living quarters and subsistence allowances furnished to employees

**Do not report**

- Cumulative salaries since the beginning of the calendar or fiscal year
- Payroll amounts from last fiscal year
- Employer costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.

**Payroll Codes**

W = Weekly; B = Bi-Weekly; T = Twice a Month; M = Monthly; Q = Quarterly; S = Semi-Annually; A = Annually

**A. Full-time employees and gross payroll for the pay period that includes March 12, 2023**

Full-time Payroll Code	Number of Full-time Employees	Gross Payroll for Full-time Employees			
		\$Bil.	Mil.	Thou.	Dol.
B	9		28605		

**B. Part-time employees and gross payroll for the pay period that includes March 12, 2023**

Part-time Payroll Code	Number of Part-time Employees	Gross Payroll for Part-time Employees			
		\$Bil.	Mil.	Thou.	Dol.
B	3		2759		

Report Online - Do Not Return

Report Online - Do Not Return