



INFORMATION BROCHURE

North Carolina Board of Physical Therapy Examiners

8300 Health Park, Suite 233, Raleigh, NC 27615

919-490-6393 / 1-800-800-8982

Fax 919-490-5106

Email karney@ncptboard.org

Website <https://www.ncptboard.org>

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PURPOSE OF THE BOARD

The North Carolina Board of Physical Therapy Examiners was created in 1951 by the General Assembly to establish and maintain minimum standards for the practice of physical therapy to protect the safety and welfare of the citizens of North Carolina; to license physical therapists and physical therapist assistants to practice physical therapy in the State; to investigate complaints regarding unauthorized practice of physical therapy in the State and acts of licensees that violate the Practice Act and to issue interpretation of questions arising from the Physical Therapy Practice Act.

* This brochure is intended only as a Guide. The practice of physical therapy in North Carolina is governed by the Physical Therapy Practice Act and the Board's Rules, which take precedence over the statements in this brochure.

COMPOSITION OF THE BOARD

The Governor appoints the eight-member Board to administer the North Carolina Physical Therapy Practice Act.

- Four members are licensed physical therapists,
- Two are licensed physical therapist assistants,
- One member represents the public sector,
- One member is a licensed medical doctor.

Members are appointed to serve three-year terms, or until their successors are appointed.

BOARD MEETINGS

Usually four - six meetings are held each year. Special meetings may be called at the discretion of the Chair.

BOARD OFFICE

The Board employs an Executive Director and office staff to manage the ongoing functions of the Board. In addition, the Board retains an Attorney to provide legal counsel and an Investigator for disciplinary actions. All Board correspondence should be sent to the Executive Director, N.C. Board of Physical Therapy Examiners, 8300 Health Park, #233, Raleigh, NC 27615 (919/490-6393). FAX (919/490-5106). E-mail karney@ncptboard.org

WEBSITE <https://www.ncptboard.org>

The Board Office maintains a current website. Included on the website is the following information:

- General information about the Board
- Important Announcements from the Board
- North Carolina Physical Therapy Practice Act
- Board Rules
- Continuing Competence Reporting

- Disciplinary Actions
- Position Statements
- List of the Board Members
- List of PT & PTA schools in NC
- Online services
- Complaints/consumer protection

Licensees are encouraged to visit the website on a monthly basis to review all new information.

LICENSURE

All persons must hold a current North Carolina license PRIOR to practicing in the State. **There is no temporary licensure in North Carolina.**

TYPES OF LICENSURE

Licenses are granted on the basis of either examination or endorsement of an active license in another state or territory if the individual's qualifications were at the time of licensure substantially equal to the requirements under the North Carolina Physical Therapy Practice Act.

PHYSICAL THERAPY LICENSURE COMPACT- The NCBPTE began issuing privileges on July 1, 2019.

The North Carolina General Assembly enacted legislation that was signed by Governor Roy Cooper on June 8, 2017, which allows North Carolina to become a member of the Physical Therapy Licensure Compact (PTLC). The PTLC has formed a Commission, which in the coming months will develop by-laws and rules to govern the implementation of the Compact in each participating state/jurisdiction. The purpose of the compact is to increase consumer access to physical therapy services by reducing regulatory barriers to interstate mobility and intrastate practice.

A PT licensee will need to have a Compact Privilege to work in any state in the Compact that is not the licensee's home state. In addition to being licensed in the home state, a licensee must meet other eligibility criteria such as having no disciplinary action on record for at least two years. When eligibility is verified and all fees are paid, the licensee receives the Compact Privilege and may begin legally working in the other "remote" state.

To read more, go to <https://ptcompact.org>.

REQUIREMENTS FOR LICENSURE

All persons must be of good moral character; be graduated from an accredited physical therapy or physical therapist assistant educational program; have examination scores that meet the North Carolina passing level; and complete a NC Jurisprudence Exercise (<https://www.ncptboard.org>). In addition:

Beginning on May 30, 2019, submission of FBI Criminal Background Check results is now required **PRIOR** to determination of NPTE eligibility for any exam Applicant and prior to licensure for any endorsement applicant. Applicants can find detailed instructions for completing the Online Application, which can be found on the Board website at <https://www.ncptboard.org>. Please call 919-490-6393 or email cbc.licensing@ncptboard.org with any questions or concerns.

Therapists licensed in another state must hold a current active license in the other state at the time the application for a North Carolina license is filed.

Internationally Educated (Foreign-Trained) Physical Therapists & Physical Therapist Assistants: See link on website to FEPT.

APPLICATION PROCEDURE

The application can be found on the Board's website at <https://www.ncptboard.org>. Click the "Apply for a PT/PTA

License Online” button on the home page.

* FBI Criminal Background Check – applicants are responsible for cost of fingerprints and CBC report.

EXAMINATION

North Carolina uses computer testing. Applications must be submitted to the Board at least ninety (90) days prior to applicant's preferred date to sit for the examination. Examinations are administered for the Board by the FSBPT at Sylvan/Prometric Technology Centers across the country.

ACCOMMODATIONS

In compliance with the Americans With Disabilities Act (ADA), the Board may grant accommodations to individuals who demonstrate and can document special needs. Accommodation Forms are available upon request. Requests for accommodations should be submitted to the Board ninety (90) days prior to the applicant’s preferred date to sit for the examination.

RENEWAL OF LICENSE

All licensees shall apply to the Board each year, prior to January 31, for a renewal of licensure and pay the prescribed fee. Licenses not renewed will lapse on February 1 and the therapist or assistant may not continue to perform physical therapy in the State. It is recommended that licenses be renewed by January 15.

CONTINUING COMPETENCE

Rules that apply to the requirements for continuing competence became effective on January 1, 2009, amended effective February 1, 2015, can be located on the Board’s website, www.ncptboard.org.

REVIVAL OF LAPSED LICENSE - 21 NCAC 48G .0203

- (a) A licensee that has been lapsed less than one year may be reviewed by payment of the revival of lapsed license fee and the current year’s renewal fee and by completion of the revival form.
- (b) A license that has lapsed more than one year but less than five years may be revived by completion of the revival form, and:
- (1) completing 30 units (if reviving a physical therapist license) or 20 units (if reviving a physical therapist assistant license) of continuing competence as provided in the Rules in this Subchapter,
 - (2) payment of the revival of lapsed license fee, and
 - (3) payment of the current year’s renewal fee.
- (c) A license that has lapsed more than five years may be revived by completion of the application forms; and
- (1) passing the “PT exam” (if trained as a physical therapist) or the “PTA exam” (if trained as a physical therapist assistant);
 - (2) compiling at least 500 hours within the period of one year in the following manner: between 50 and 200 class hours of course work (i.e., refresher course, continuing education, pertinent college courses) approved by the Board as designed to demonstrate proficiency in current physical therapy theory and practice, and the remaining hours working as an aide under the supervision of a licensed physical therapist; or
 - (3) endorsement of a current license in another state as provided by 21 NCAC 48B .0102.

*History Note: Authority G.S. 90-270.92; 90-270.99; 90-270.100
Eff. February 1, 1976; Readopted Eff. September 30, 1977; Amended Eff. January 1, 2009;
August 1, 1998; August 1, 1991; October 1, 1989; April 1, 1989; May 1, 1988.*

BOARD RULES

All rules are submitted to the Rules Review Commission and the Office of Administrative Hearings as required by the Administrative Procedures Act for review and filing. Public hearings are held in accordance with this Act prior to the

adoption of rules by the Board. The current Rules are available on the website <https://www.ncptboard.org>.

COMPLAINTS [Anonymous complaints may not be investigated.]

To file a complaint with the Board, a person should send the following information in writing to the Executive Director, **OR** by clicking on the blue **File a Complaint Online** button on the Board's homepage <https://www.ncptboard.org> a complaint can be filled out online or a PDF downloaded as well:

1. name and address of person alleged to have violated the Practice Act,
2. succinct statement of conduct violating Act,
3. names and addresses of persons who can and will testify regarding unlawful contact,
4. name and address of complainant.

The Board will investigate complaints. If the matter cannot be resolved informally, an administrative hearing may be held.

DISCIPLINARY ACTION

A licensee or person, firm, or corporation engaging in practice prohibited by G.S. 90-270.102 shall be guilty of a misdemeanor. Grounds for disciplinary action are listed in G.S. 90-270.103. Actions taken against an applicant or a licensee may include denial of license, suspension, revocation of a license, probation for a period of time not greater than three years or a warning. A hearing will be granted in any case of disciplinary action. Disciplinary actions are printed in the Board Newsletter and published on the website <https://www.ncptboard.org>.

SCOPE OF PHYSICAL THERAPY [See Below]

Physical Therapists:

1. Determine the patient care plan;
2. May delegate patient treatments to competent persons being supervised;
3. Should be present in the facility when supervising an aide.

Physical Therapists may NOT:

1. Employ acts, tests, procedures, treatments and modalities in patient treatments that are beyond the scope of physical therapy practice.
2. Allow anyone being supervised to engage in acts beyond the scope allowed by the Practice Act.
3. Use roentgen rays, radioactive materials or order radiologic examinations. *(However, a physical therapist may request a radiologic consultation and review X-rays.)*
4. Perform surgery, chiropractic, or make a medical diagnosis of disease.

Physical Therapist Assistants:

1. Assist in treatments to the extent allowed by the supervising PT and within the scope of the law;
2. May make modifications of treatment programs consistent with established patient care plan.

Physical Therapist Assistants may NOT engage in:

1. Practice requiring skills and knowledge of a physical therapist;
2. Acts beyond the scope of practice delegated by the supervising physical therapist;
3. Interpret and implement referrals of medical doctors or dentists;
4. Perform evaluations;
5. Make major modifications of treatment programs.

Physical Therapy Aides perform only the acts delegated by a licensed physical therapist or physical therapist assistant. The supervising physical therapist or physical therapist assistant must be present in the facility during treatment. The aide shall not engage in the independent performance of physical therapy practice.

USE OF TITLES

Only persons licensed by the North Carolina Board of Physical Therapy Examiners may use the title physical therapist or physical therapist assistant or any other words, letters, numerical codes or insignia indicating or implying a person is a physical therapist or physical therapist assistant or advertise the provisions of physical therapy service.

A physical therapist should not mislead or misrepresent himself / herself to patients or the general public. It does not matter whether it is intentional or unintentional, it is the responsibility of the physical therapist to make sure that the patient clearly understands that he/she is not a medical doctor. To the extent that a physical therapist can distinguish the doctoral degree in physical therapy when communicating with others, that is permitted. However, if the manner in which the DPT is currently introducing himself / herself or writing correspondence to patients or the general public is confusing, that is a problem. The DPT needs to choose his/her words carefully to clarify that he/she is not a medical doctor.

CLINICAL DESIGNATORS

The preferred clinical designator for a physical therapist is “PT” and the preferred clinical designator for a physical therapist assistant is “PTA”.

DOCUMENTATION REQUIREMENTS – See Board’s rules (21 NCAC 48C .0102 and 21 NCAC 48C .0201)

FEES

- (1) Each application for licensure\$150.00
- (2) License renewal\$120.00
- (3) Transfer/verification/replace certificate\$30.00
- (4) Examination retake\$60.00
- (5) Licensure revival (in addition to renewal)\$30.00
- (6) Directory\$10.00
- (8) Licensee lists or labels\$60.00

SUBCHAPTER 48C - SCOPE OF PHYSICAL THERAPY PRACTICE / SECTION .0100 - PHYSICAL THERAPISTS

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.
- (b) A physical therapist who employs acts, tests, procedures, modalities, treatments, or interventions in which professional training has been received through education or experience is considered to be engaged in the practice of physical therapy.
- (c) A physical therapist must supervise physical therapist assistants, physical therapy aides, PT students and PTA students to the extent required under the Physical Therapy Practice Act and the Rules in this Chapter. Physical therapy aides include all non-licensed individuals aiding in the provision of physical therapy services.
- (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, orthotic and prosthetic fit and function, sensation and sensory perception, reflexes and muscle tone, and sensorimotor and other skilled performances; treatment procedures such as hydrotherapy, shortwave or microwave diathermy, ultrasound, infra-red and ultraviolet radiation, cryotherapy, electrical stimulation including transcutaneous electrical neuromuscular stimulation, massage, debridement, intermittent vascular compression, iontophoresis, machine and manual traction of the cervical and lumbar spine, joint mobilization, machine and manual therapeutic exercise including isokinetics

and biofeedback; and training in the use of orthotic, prosthetic and other assistive devices including crutches, canes and wheelchairs. Physical therapy further includes:

- (1) examining (history, system review and tests and measures) individuals in order to determine a diagnosis, prognosis, and intervention within the physical therapist's scope of practice. Tests and measures include the following:
 - (A) aerobic capacity and endurance;
 - (B) anthropometric characteristics;
 - (C) arousal, attention, and cognition;
 - (D) assistive and adaptive devices;
 - (E) community and work (job/school/play) integration or reintegration;
 - (F) cranial nerve integrity;
 - (G) environmental, home, and work (job/school/play) barriers;
 - (H) ergonomics and body mechanics;
 - (I) gait, locomotion, and balance;
 - (J) integumentary integrity;
 - (K) joint integrity and mobility;
 - (L) motor function;
 - (M) muscle performance;
 - (N) neuromotor development and sensory integration;
 - (O) orthotic, protective and supportive devices;
 - (P) pain;
 - (Q) posture;
 - (R) prosthetic requirements;
 - (S) range of motion;
 - (T) reflex integrity;
 - (U) self-care and home management;
 - (V) sensory integrity; and
 - (W) ventilation, respiration, and circulation.
- (2) alleviating impairment and functional limitation by designing, implementing, and modifying therapeutic interventions that include the following:
 - (A) coordination, communication and documentation;
 - (B) patient/client-related instruction;
 - (C) therapeutic exercise (including aerobic conditioning);
 - (D) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living);
 - (E) functional training in community and work (jobs/school/play) integration or reintegration activities (including instrumental activities of daily living, work hardening, and work conditioning);
 - (F) manual therapy techniques (including mobilization and manipulation);
 - (G) prescription, application, and fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment that is within the scope of practice of physical therapy;
 - (H) airway clearance techniques;
 - (I) wound management;
 - (J) electrotherapeutic modalities; and
 - (K) physical agents and mechanical modalities.
- (3) preventing injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and quality of life in all age populations.

History Note: Authority G.S. 90-270.90; 90-270.92; Eff. December 30, 1985; Amended Eff. December 1, 2006; April 1, 2003; August 1, 2002; August 1, 1998; December 1, 1990; October 1, 1989; April 1, 1989.