



NCBPTE Updates

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THE NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

PTBoard@NCPTBoard.org



Regulatory Spotlight

As a PTA, if I can't assess a patient, then how can I apply an effective treatment? Don't I need to constantly monitor the patient's response to my intervention?

At its March 8, 2023 meeting, the NCBPTE considered 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 that the word "assessment" has different meanings depending on the context. "Assessment" utilized during patient treatment is different than "assessment" based upon a physical therapist's evaluation or re-evaluation that results in establishing 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 PTA's education and training when delegating treatment interventions per NC G.S. Chapter 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)).

Complexity, both of the patient and of patient settings, is one of many factors the PT should consider when delegating treatment intervention.

Additionally, there is one other resource the Board considered concerning the role of PTAs in clinical practice. While researching scope of practice questions presented by licensees, the Board considers CAPTE program requirements. One recent response from Sharon Zirges,

CAPTE Manager of PTA programs, the Board found helpful in creating a framework when considering a PTA's scope of practice. Zirges responded specifically to a question concerning ECG interpretation, but the answer can be extrapolated into other areas of practice:

According to Zirges, "the CAPTE standards and required elements relate to the education of the physical therapist 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.

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- 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.”



There are several Board rules and position statements included on the Board website that address topics relevant to the PTA's scope of practice, and more specifically, to the PTA role in patient assessment. These serve as references for review and consideration.

Did you know?

If you need to add your middle name to your license for credentialing purposes, send an email to PTBoard.org with "NAME CHANGE" in the subject line. Include a scan of your driver's license, and we'll update our records. Other name changes require supporting legal documentation attached as a PDF.

Does this course meet NC Continuing Competence Requirements?

To determine if a course meets NC statutory and Board Rule requirements for PT/PTA licensees, follow the 2-step process outlined below.

First, licensees should review Board Rule 21 NCAC 48G .0107 STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES ([Click here](#)). If the course does not meet these standards, then it is not approved for the NC continuing competence requirement.

Once the course is determined to meet these standards, licensees should then choose the category for reporting based on whether the course is delivered from an approved provider. Board Rule 21 NCAC 48G .0108 (c) states: The following organizations are approved providers: (1) Any agency or board responsible for licensing individuals to practice physical therapy in the United States or Canada; (2) The American Physical Therapy Association (APTA), including any Sections, credentialed residencies and fellowships and its accrediting subsidiary; (3) State Chapters of APTA; (4) The Federation of State Boards of Physical Therapy (FSBPT), and any accrediting subsidiary; (5) The International Association for Continuing Education and Training (IACET); (6) Any providers approved or accredited by the agencies or organizations listed in Subparagraphs (1) through (5) of this Paragraph; (7) Physical therapist and physical therapist assistant programs approved by an agency recognized by either the U.S. Department of Education or the Council on Postsecondary Accreditation; and (8) The North Carolina Department of Public Instruction, North Carolina Division of Public Health and North Carolina Area Health Education Centers with regard to activities directly related to physical therapy.

It is the licensee's responsibility to contact the course provider (or review the course provider's CEU information) to determine if the course is approved in NC by virtue of being approved by any of the entities referenced in 21 NCAC 48G .0108. If the course is approved, then the course can be recorded in categories defined by "approved provider." If the course is not approved, then the course can still be counted toward the continuing competence requirement; however, it should be recorded in categories not labeled "approved provider." If the course is not approved, licensees may choose to apply for approval. Since the APTA-NC is recognized by Board Rules as being an approved provider, licensees can seek approval directly from the APTA-NC ([Click here](#)).

The NC Board of PT Examiners also has a process for course approval outlined on the Board website.

Here is an example of the process in response to a licensee question of whether a Schroth-Barcelona Institute course is recognized for CEUs in NC. On the [site](#) (now BSPTS-North America), beneath the Resources tab, then Course CEUs, is a tab indicating that the courses BASE COURSE, LEVEL 1 COURSE, and LEVEL 2 COURSE are approved by APTA Wisconsin. Since NC PT Board Rules recognize any state APTA chapter as being an "approved provider," these courses are approved in NC for PT/PTA licensees.

Board office staff hours are 7:30 am – 4 pm, Monday–Friday, to respond to calls and email inquiries. Please schedule office appointments in advance, Tuesday through Thursday, 10 am – 2 pm, by emailing PTBoard@NCPTBoard.org. Provide name, email address, best contact number, and a brief description of appointment needs.