



NCBPTTE Updates

#6 | January 2024

THE NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

PTBoard@NCPTBoard.org



Regulatory Spotlight

Scope of Practice Questions concerning use of Musculoskeletal Ultrasound and the physical therapy practice of cupping

Is Musculoskeletal Ultrasound within the NC PT Scope of Practice? Can it be used to guide needle placement with dry needling?

Both the Public Protection Task Force (PPTF) and the Board, at their respective June 2023 meetings, reconsidered the Board response in 2019 to the musculoskeletal ultrasound scope of practice questions. The Board attorney, NC PT subject matter experts, and CAPTE accredited DPT programs in NC were consulted. Musculoskeletal ultrasound (MSK US) scholarly sources were also reviewed.

The Board review highlighted the broad nature of the term MSK US. The term, "ultrasound imaging," synonymous with MSK US, was found to be the most descriptive when considering practical application in physical therapy practice. Scholarly sources suggested MSK US be further divided into either two general categories: procedural and diagnostic; or four descriptive categories: diagnostic, rehabilitative, interventional, and research.

Board review also emphasized distinct differences in MSK US and "therapeutic ultrasound;" the latter term referring to the more traditional, decades-old physical therapy treatment technique involving the heating of soft tissue. MSK US, on the other hand, is emerging as a physical therapy evaluation and treatment imaging tool. Consequently, there is extensive variability in the understanding, education, and implementation of MSK US in physical therapy practice.

As stated in the 2019 response, the Board reviews and makes determinations regarding scope of practice questions for licensees based, first and foremost, on Board Rule **21 NCAC 48C .0101 PERMITTED PRACTICE**. According to this rule (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."

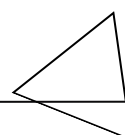
The Board must consider training and practice throughout the state for consistency which allows the Board to meet its legislative mandate of protecting the safety and welfare of the citizens of NC and establishing minimum standards for physical therapy practice. In summary, research by the Board determined only one of the six CAPTE accredited DPT programs in NC that responded to the Board inquiry offer instruction beyond "introducing" or "mentioning" MSK US in their curriculum. None of the six offers MSK hands-on lab training.

Additionally, the FSBPT 2022 Practice Analysis Report from HumRRO determined ultrasound imaging of the musculoskeletal system (and other systems as well) be "selected for omission from the NPTE Content Outline." Results from the 2022 Practice Analysis Report were "very similar" to the 2016 report. Lastly, while musculoskeletal ultrasound can be found in continuing education offerings, it is often not the primary subject matter taught.

While the Board acknowledges MSK US has promising research to support its use in physical therapy practice, none of the information gleaned from extensive review provides evidence to support a change in the 2019 Board response. While MSK US categorization was considered in the Board scope of practice review, the categorization creates additional complexity and variance.

Therefore, the use of Musculoskeletal Ultrasound for diagnostic purposes or guiding needle placement during dry needling is not currently within the scope of physical therapy practice in North Carolina. Further, clients receiving this technique should not be advised or led to believe they are receiving physical therapy.

(continued on next page)



Regulatory Spotlight:

Cupping in physical therapy practice

The Board received recent scope of practice inquiries concerning the use of cupping in physical therapy practice by NC PT/PTA licensees. Given the most recent Board response was September 2016, the Board reviewed scope of practice evidence surrounding cupping at its meeting in September 2023.

When evaluating scope of practice questions, the Board first considers the NC PT Practice Act and Board rules, with special emphasis on Board rule **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.



In consideration of cupping, the Board also consulted with NC DPT and PTA educational programs across the state, FSBPT staff and resources, and scholarly sources. After

review and discussion, the Board determined that cupping satisfies criteria to be included within the scope of physical therapy practice in NC because it is being taught or introduced in entry level physical therapy education, taught routinely in continuing education programs, and performed routinely in physical therapy practice.

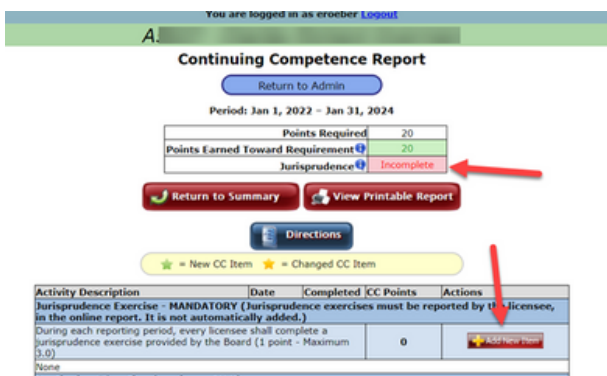
As with any physical therapy treatment technique, it is each NC PT/PTA licensee's responsibility to ascertain they have the appropriate education and training to be competent to perform cupping. Additionally, PTAs always work under the supervision of a PT. Should the supervising PT delegate cupping to a PTA, the supervising PT is responsible for determining the PTA's competence to perform cupping, must deem cupping is safe and effective for the patient, and must include cupping within the PT patient care plan.

Finally, licensed NC PTs and PTAs are reminded that cupping is also within the scope of practice of many other healthcare professionals. As such, the public receiving cupping as part of a physical therapy plan of care should understand they are receiving physical therapy treatment provided or supervised by a licensed physical therapist.

Frequently Asked Questions about Continuing Competence

I completed my jurisprudence exercise and the required 20 points (PTA) or 30 points (PT). Why am I not able to renew?

You must record completion of your jurisprudence exercise into your continuing competence report so the system recognizes completion of the activity. At least one jurisprudence exercise is required to be completed each reporting period. See below.



What category and section do I add the credits from my transcript that I have accumulated through work from my CE courses?

The best reference/resource is Board rule 21 NCAC 48G .0109 accessed through this [LINK](#). Most activities completed in courses through work belong in one of the Workplace Education categories: clinical practice if the subject matter relates to PT clinical practice OR general patient safety, emergency procedures, or governmental regulatory requirements if the subject matter, like CPR, does not directly relate to clinical practice.

These activities could also be recorded in the Continuing Education category, "Attendance or participation in an activity related to physical therapy for which no assessment is received."

Remember to retain the necessary documentation for each activity as outlined in the referenced Board rule [workplace education is 21 NCAC 48G .0109 (i)(1-2) and attendance or participation in an activity related to PT is 21 NCAC 48G .0109 (a)(3)].

License Renewal ends
January 31, 2024
5 pm (EST)

Did you know?

Questions about accessing your continuing competence report summary and recording your completed activities are addressed in this short video.



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.