



North Carolina Board of Physical Therapy Examiners NEWSLETTER

ISSUE 33

WINTER/SPRING 2005

Board Chairman's Column

Randall C. Stewart, PT, DPT



As I assume this Chair for the third (and final) time, I am reminded of the phrase, "the more things change, the more they remain the same."

During the past twenty years I have had the distinct honor and privilege of being appointed to this Board on a number of occasions. Throughout that period of time, I have been witness to a number of changes within our profession. These changes have had a significant impact upon the function of our Board.

The Board's role has evolved as a result of legislative changes including direct access to physical therapy services and licensure of other health care professions. Practice patterns in our profession have dictated change in the supervision of both licensed and non-licensed personnel. Sweeping changes involving the education of individuals entering our profession have forced our Board to respond on a number of fronts.

In the midst of these and many broad reaching changes, your Board's goal has remained the same: to protect the health, safety, and well being of the citizens of North Carolina while administering a competent and efficient process

for the licensure of those practicing our profession within the State of North Carolina.

Change has brought about much clarification regarding supervision within our profession. Change has led to a more uniform and efficient investigative process. A more streamlined and better organized licensure process is another positive product of change.

But more change is on the horizon. Continuing competence for licensees in North Carolina is at the forefront. Approximately 33 states already require mandatory continuing education units and North Carolina is proceeding at a brisk pace in that direction. Staffing shortages in many areas of the state and financial considerations have led a number of institutions to designate physical therapist assistants as directors or managers of physical therapy services. This has created a multitude of issues for your Board regarding appropriate supervision.

Aggressive and organized efforts to expand the direct access portion of our profession are continuing. Once those legislative and regulatory efforts are successful, the challenge before your Board will be to assure that our profession is equally successful in practice. Change has brought about much clarification regarding supervision within our profession. Change has led to a more uniform and efficient investigative process. A more streamlined and better organized licensure process is another positive product of change.

Entering this year, I am excited and confident that the members of your

Board and the staff of the North Carolina Board of Physical Therapy Examiners are well qualified and well prepared to deal with change which we all know is inevitable. I am proud to be working with this extremely dedicated group of individuals who are eager to deal with "change" in the "same" committed and efficient manner we have come to expect and that the citizens of North Carolina deserve.

Stewart Elected as Chairman

At its December 3, 2004 meeting, the Board elected Randall C. Stewart, PT, DPT, to serve as Chairman of the Board for 2005. Dr. Stewart is serving his second consecutive term on the Board and has served since 1999. Additionally, he served on the Board from 1979-1981 (Chairman - 1981) and from 1993-1998 (Chairman - 1994).

Dr. Stewart received his Bachelor of Science in Physical Therapy from the University of North Carolina in 1971, his Master of Science from Rocky Mountain University of Health Professions (RMU-HP) in 1999, and his Doctor of Physical Therapy from RMU-HP in 2002. He currently serves as the President of Carolina Physical Therapy Associates, Inc. in Rocky Mount, NC. He has also served as a County Commissioner in Nash County from 1990-2002. The Board is fortunate to have a member with Dr. Stewart's experience and expertise who is willing to serve as its Chairman.

Snow, Lidocaine and Physical Therapy

By John M. Silverstein, Board Attorney



On January 19, 2005, a snow event of unmonumental proportions visited the Triangle area for approximately three hours, leaving in its wake region-wide stories of motor vehicle accidents, abandoned cars, cell phone dysfunction and children forced to spend the night in schools inaccessible by vehicles or buses. Commutes that normally took minutes lasted hours, and it was not unusual for workers who had left their offices early Wednesday afternoon to finally arrive home late Wednesday night or even early Thursday morning.

On that same day, the *Raleigh News & Observer* carried a front-page article reporting the death of a 22-year-old NC State University senior from a violent reaction to the application of lidocaine prior to an appointment for laser hair removal. It was determined that she had used a 10% lidocaine cream to numb her skin prior to her appointment. The cause of death was “anoxic brain injury due to seizure and respiratory arrest, due to elevated blood lidocaine level.” Subsequent articles have contained additional details. The young lady purchased the lidocaine at the spa where the procedure was scheduled, but she did not have a prescription, despite the fact that over-the-counter sales of

lidocaine are limited to concentrations of 4% or less. The numbing cream, which is known as “10/10 Laser Gel Plus” also contained 10% tetracaine. It was compounded by a pharmacy that prepares medicines for customers who require a dosage or method of taking a drug that is not standard. Investigations are under way by the North Carolina Medical Board, the North Carolina Board of Pharmacy and the U.S. Food and Drug Administration. Presently, laser hair removal is not regulated by the North Carolina Medical Board, but hearings have been commenced to determine whether this procedure should be included in the practice of medicine.

What do these two events have to do with each other, and what do they have to do with the practice of physical therapy? After all, the snow was simply a natural event whose timing combined with communication failures to cause gridlock, frayed nerves, and anxious children and parents; and the college student’s tragic death is a reminder of the serious consequences that can occur when treatments that are beneficial when administered under appropriate screening and supervision become toxic when applied in dangerous dosages on an unsupervised basis. Still, what does all this have to do with physical therapy?

The pages of this newsletter have contained frequent references to the use of prescription medications with iontophoresis and phonophoresis. (*See Position Statements on Board’s web page*) On many occasions, the Board has warned licensees that the utilization of prescription strength hydrocortisone with these interventions must be accompanied by a prescription for the particular patient being treated. Granted, the use of hydrocortisone does not entail the same risks for the patient as does lidocaine, and it is rarely self-adminis-

tered by the patient. Nevertheless, just as one inch of unforecasted snow was able to paralyze a metropolitan area for hours, and a tube of cream improperly delivered and applied resulted in the death of the recipient, the consequences of failing to properly account for the use of hydrocortisone in interventions can lead to unanticipated problems for the licensee. Not only is there the risk of causing harm or injury to the public in violation of NCGS §90-270.36(9), but the use of hydrocortisone without a prescription could lead to prosecution for violating the NC Medical Practice Act by practicing medicine without a license, and the NC Pharmacy Practice Act by administering prescription strength medication without a prescription for the patient.

No one expected one inch of snow to have such a devastating impact, but meteorologists, elected officials, school officials and emergency planners are now all under fire. No one expected a laser hair removal client to die from the application of a numbing solution prior to the appointment, but medical spas, compounding pharmacies and electrologists are now being carefully scrutinized.

Any physical therapy department that has a supply of prescription strength hydrocortisone that is utilized with physical therapy interventions without a prescription for the patient is risking the same degree of scrutiny as in the above examples. You may not think there is much of a risk in failing to obtain a prescription for each patient whose intervention includes prescription strength hydrocortisone, but that is simply not the case. The lesson to be learned is that interventions employing prescription strength medications require a prescription and appropriate application for every individual patient. The failure to do so can result in unforeseen and adverse consequences.

North Carolina Board of Physical Therapy Examiners

Board Orders / Consent Orders / Other Board Actions
June 2004 – January 2005

MacDonald, Rhonda M., PTA, (Probation)

Location: Hampstead, NC, Pender County
License #: A-1886
Conduct: Recording false information in physical therapy records.
Discipline: Six (6) months probation. (Executed Sept. 15, 2004)

VanDyke, Billy, PTA, (Suspension)

Location: Yanceyville, NC, Caswell County
License #: A-3251
Conduct: Recording false information in physical therapy records, failing to follow the physical therapist's Plan of Care, failing to keep Board informed of his address, and failing to respond to the Board's inquiries.
Discipline: Six (6) months suspension, 30 days active and the remaining 5 months stayed with conditions. (Executed Jan. 14, 2005)

Governor Reappoints Holmes as Public Member

On December 9, 2004, Governor Michael F. Easley reappointed Avil L. Holmes to serve a second 3-year term as the Public Member for the North Carolina Board of Physical Therapy Examiners.

Ms. Holmes received her Bachelor of Arts degree in Public Policy from the University of North Carolina at Chapel Hill and is currently pursuing a degree in nursing. She resides in Durham, NC and is a Member of White Rock Baptist Church where she serves as member of the choir and a member of Young Adult Ministries. Her term will expire on December 31, 2007.

Governor Appoints Kesler to the NC Board of PT Examiners

On December 20 2004, Governor Michael F. Easley appointed Ms. Leslie P. Kesler, PT, MHA, to serve a 3-year term as a Member of the North Carolina Board of Physical Therapy Examiners. Ms. Kesler received her Bachelor of Science in Physical Therapy in 1983 from the University of North Carolina at Chapel Hill (UNC-CH) and her Master of Healthcare Administration from the School of Public Health (UNC-CH) in 1997. She resides in Wilmington, NC and currently serves as Manager of Acute Care and Out-patient Rehabilitation at New Hanover Regional Medical Center. Her term will expire on December 31, 2007.

Licensure Statistics *(As of November 22, 2004)*

	Licensed in NC	Reside in NC	Work in NC
PTs	5,172	4,010	3,438
PTAs	2,320	2,024	1,688



Note:

21 NCAC 48F .0105 CHANGE OF NAME AND ADDRESS

Each licensee must notify the Board within 30 days of a change of name or work or home address. *[History Note: Authority G.S. 90-270.27; Eff. August 1, 2002.]*

Addresses can be changed by the licensee on the Licensure Board's web page (www.ncptboard.org) or by letter, fax (919-490-5106), or call the Board's office @ 919-490-6393 or 800-800-8982.

North Carolina Board of Physical Therapy Examiners

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Summary of Fees

Renewal (PT & PTA)	\$ 80.00
Revival Fee and Renewal Fee	110.00
Application Fee PT & PTA	135.00
Exam Cost (PT & PTA)*	350.00
Exam Retake Fee	60.00
Verification/Transfer Fee	25.00
Licensee Directory	10.00
License Card	10.00
Labels of Licensees (PT or PTA)	60.00
Certificate Replacement	25.00
*plus PT or PTA Application Fee	

Calendar of Events

Mar. 08, 2005...Investigative Committee Meeting - (8:00 a.m. – 1:00 p.m., Silverstein Law Office, 900 Ridgefield Dr., Suite 250, Raleigh, NC)
 Mar. 17, 2005...Board Meeting *- (8:30 a.m. – 4:00 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC)
 *Dates are tentative / please confirm by contacting Board Office (800-800-8982).

Forum: Questions and Answers

Question: What is the scope and role of the physical therapist assistant in the performance of a Functional Capacity Evaluations?

Answer: On December 2, 2004, the Board adopted a position statement, “The Scope of Authority of the Physical Therapy Assistant to Assist the Physical Therapist with Functional Capacity Evaluation.” It is located on the Board’s web page (www.ncptboard.org).

Question: Is it legal for a PTA to apply a CPM after surgery if the patient has not been seen by the physical therapist?

Answer: No. All patients who receive physical therapy services must be evaluated by the physical therapist prior to treatment. If a patient has undergone a surgical procedure, the physical therapist must see the patient and determine that the patient is appropriate for the physical therapist assistant to treat before delegating the treatment to the physical therapist assistant.

Question: May I use my “nickname” when I sign physical therapy records?

Answer: No. The Board needs to be able to identify all licensees when reviewing records. A person can use a shortened version of his/her first name, but cannot use a different name. If you have a name change, then you should notify the Board within 30 days of the change and you should use the name that is maintained in the Board database. Furthermore, you should identify yourself as a PT or PTA as the preferred clinical designator (**not** LPT, LPTA, or RPT). If you would also like to identify yourself as an MA, MPT, MS PT, DPT, PhD, ,or MBA, these initials should follow the PT or PTA designation.

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