



Letter from the Chair

by David Reed, Chair, PT

It has truly been the honor and privilege of my career to serve on the North Carolina Board of Physical Therapy Examiners and thereby serving the public of the State of North Carolina over the last three years. This year has been exceptionally remarkable in serving as the Board's Chairman.

2016 has marked many transitions for our profession of both local and national significance.

Notably, we toasted our friend, colleague, and now former NCBPTE Executive Director, Ben F. Massey, into retirement. At the same time, we welcomed our new Executive Director, Kathy Arney, who is well-prepared to serve the post. Kathy has served as the Deputy Director for the NCBPTE for the last two years. Previously, she consulted with the Board on issues of continuing competence and professional development. Likewise, the NCBPTE welcomed Deborah Ragan as the new Deputy Director. Physical therapy professionals in North Carolina will be familiar with Debbie's prior work as the NCPTA's Executive Director. The public interest with respect to physical therapy in North Carolina is in great and capable hands as the profession moves into the future.

The questions most often asked of the Board have to do with licensure. Specifically, if one is licensed in another state, why it is necessary to jump through all of the additional and

seemingly repetitive hoops? Furthermore, licensees have consistently cited important benefits of improved public access to physical therapy expertise and services by having more portability to practice across state lines. These are important questions with fairly complicated answers. I hope to make it a little clearer, so that we can

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North Carolina Board of Physical Therapy Examiners – (through October 17, 2016)

Left to Right: Kathy O'Dwyer Arney, ED; John M. Silverstein, Attorney; Stuart W. MacRoberts; Christopher F. Dunn; Leslie P. Kesler; Eric J. Smith; Sec-Treas; Left to Right: Angela B. Hunter; David C. Reed, Chair; JoDell F. King

A very special note of appreciation to Michael Fajgenbaum, MD, Leslie Kesler, PT, and Eric Smith, PTA, for their many years of service on the Board. Also, a special welcome to our new Board members (not pictured), Stacia Britton, PT, Crystal Morris, PTA, and Paul Garcia, MD who were appointed by the Governor in October to serve on the NCBPTE.



Reflections from the Former Executive Director

Ben F. Massey, Jr., PT Executive Director from 1996 – 2016

Close your eyes, snap your fingers, and that's how quickly the last twenty years seem to have passed. In 1996, I was selected as the Executive Director for the Board to succeed the legendary Conny Peake, PT, who served as Executive Secretary for 26 years. Now it's time to pass the baton again. Kathy Arney, PT, is extremely well qualified and will do an outstanding job as Executive Director. Kudos to the Board members for their selection of Kathy and for the competitive and transparent national search process over the past nine months. Also, kudos to Kathy in her selection of Debbie Ragan, PT, as the new Deputy Director. All members of the public and licensees can relax and rest assured that they could not be better served than by Kathy and Debbie as ED and DD respectively.

I have very fond memories as I look back over the last 20 years, having served under eight (8) different Board Chairs: 1. Herman Bunch, 2. Judy White, 3. Pat Hodson, 4. Randy Stewart, 5. Paula Schrum, 6. Leslie Kesler, 7. Stu MacRoberts, and 8. David Reed. Each Board Chair brought unique perspectives, abilities, talents, and leadership qualities; however, one common thread among these Chairs and all the Board members was that they are totally committed to ensuring protection of the public. This was demonstrated time and time again at each Board Meeting. They rarely missed a meeting and they always came totally prepared to discuss the issues at hand. When there were unique questions or challenges, especially about practice, the Board would always consult with experts in the field and seek out evidence from the literature. Often, there was lively debate with differences of opinion; however, when a decision was made, the Board united to find the best way to communicate the decision to licensees and the public, or implement the change, which often meant the arduous task of changing the Board's rules.

As with most healthcare professions, physical therapy regulation, practice, and education are constantly changing. Change is often attributed to a growing emphasis on research and evidence supporting practice. Some of these changes have been especially beneficial

to the public: 1. the implementation of a comprehensive continuing competence program, 2. implementation of an organized process to address complaints with an Investigative Committee, 3. strengthening of rules related to professional boundaries and use of ancillary personnel, 4. a more global view of substantial equivalence of the education of foreign educated physical therapists and assistants, and 5. the interpretation of the **Practice Act** and Board's rules to allow physical therapists to perform procedures consistent with their education and training. As noted above, with each of these decisions, the Board thoroughly discussed the pros and cons and consistently made the final decision based on the health, safety, and welfare of the public.

In looking back over the years, one theme that has been constant is that physical therapists and assistants have consistently demonstrated that they are genuinely caring individuals who chose this profession for the right reason - to provide quality physical therapy to those in need. Currently, we have over 11,000 licensees and only receive about 30 bona fide complaints each year. Of those 30 complaints, on average, only 10 reach the level of requiring discipline. The large majority of these licensees who are disciplined readily admit their violation, are extremely remorseful, and go on to become much better therapists and assistants as a result of their discipline and remediation. The process works.

We are very fortunate in North Carolina to have independent Boards whose actions reveal that they accept full responsibility for ensuring the protection of the public. The Boards are able to make decisions related to practice, policies, staffing, and budget, which allows them to provide a high level of both customer service and consumer protection. A perfect example of an excellent decision occurred in 1977 under the leadership of Wadsworth Duane (Skip) Roy, III, when it contracted for legal services with John M. Silverstein. The Board has been extremely fortunate to have had Mr. Silverstein in this role for almost 40 years as his institutional knowledge and legal advice / counsel have been

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PED, APO and the NCBPTE

By John M. Silverstein, Board Attorney

In 2013, the North Carolina General Assembly directed its Performance Evaluation Division (“PED”), which is a unit of the General Assembly responsible for evaluating whether public services are delivered in an effective and efficient manner, to review the operations of North Carolina’s occupational licensing boards. The evaluation was to include (1) the feasibility of establishing a single state agency to oversee the operations of some or all the boards, (2) whether efficiency and cost effectiveness would be improved by consolidating administrative functions within a state agency while continuing to allow the boards to perform regulatory functions and (3) whether some boards should be consolidated or eliminated. The report was to be made to the Joint Legislative Administrative Procedures Oversight Committee (“APO”).

From the beginning, the scope and methods of the PED analysis have undergone scrutiny. For instance, there was uncertainty as to how many boards would be involved in the study because some boards are already housed in state agencies, and the responsibilities of others either do not involve licensing, or are greatly influenced by federal laws. A list of approximately 55 boards was identified in the study, but the General Assembly is not bound by that list.

To address its assignment from the General Assembly, PED developed a questionnaire that was sent to what it defined as Occupational Licensing Agencies (“OLA”), and agreed to meet with any board that wanted to further explain their responses to comment on specific operations and procedures that might not be fully reflected in the raw data collected. PED then attempted to develop a model for all OLA’s that focused on the efficiency and necessity of licensure and the process of enforcement, with an emphasis on how boards handled their finances and disciplinary processes.

This task was completed near the end of 2014 with the issuance of a report by PED that contained findings and recommendations. The findings did not support the establishment of a super agency to administer licensing regulatory because any efficiencies gained would be offset by the costs of creating and maintaining the new agency, but it did support the

establishment of a Commission to handle such administrative matters as complaint processing to provide necessary oversight and public accommodation that is currently lacking. In addition to creating the Commission, PED recommended that 12 OLA’s be eliminated and the operation of 10 others be consolidated with other boards.

On the heels of the issuance of the PED report, the decision in *FTC v. North Carolina State Board of Dental Examiners* was handed down by the United States Supreme Court, and the impact of that decision on North Carolina OLA’s was added to the responsibilities of APO as it conducted its review of those agencies. Throughout the remainder of 2015, and into 2016, APO heard presentations from interested parties and stakeholders, as well as legal analysis from its staff and other witnesses. Not satisfied with simply monitoring the process, many boards, including NCBPTE, have taken steps to address some of the deficiencies identified in the PED report, especially with respect to updating Board web sites to make the filing of complaints against licensees an exercise that can readily be completed online. Additionally, several licensing board attorneys have assisted with the preparation of legislation that would strengthen the consolidation of oversight functions without the necessity of creating a new and unnecessary Commission to serve that purpose.

One factor that could have an impact on the APO would be the November elections. We already know that one co-chair, Senator Fletcher Hartsell, is retiring. Even though the membership of the committee may change, it is still possible to make predictions, which I must stress are my own, and not any official position of the NCBPTE. For example, I believe the health care licensing boards will not be slated for elimination, but some of them may be considered for consolidation with other boards with similar responsibilities, which I believe is not only a possibility, but a probability, and that NCBPTE could be involved in those discussions.

This is an ongoing discussion, and the Board will continue to update licensees on the progress and recommendations of APO.

Letter from the Chair *(continued from page 1)*

together be excited for some of the developments on the near horizon.

First, it is important to understand that interstate compacts, though the name alone sounds complex, are not a new concept. In fact you likely participate in at least one currently that is if you have a drivers' license! Interstate compacts are, simply put, agreements between states to permit certain very specific practices within agreed upon limitations. Nursing and physician groups are also actively pursuing and revising similar compacts. The first step is to have the legislation passed in the state legislature and signed into law.

At present, four states have successfully passed the Physical Therapy Licensure Compact (PTLC): Arizona, Missouri, Oregon, and Tennessee. The PTLC becomes active after it is successfully signed into law in 10 states. Moreover, being one of the first ten states to pass the PTLC affords those states the privilege of being a part of the Compact Commission – the group who will set up the formal rules governing the compact affecting all future states that will join. Due to North Carolina legislation rules, 2017 session is the earliest the PTLC could be introduced in North Carolina. At least 17 additional states plan to introduce the PTLC in 2017, so we need to work diligently in the upcoming months in order to be one of the first 10 states to pass this legislation!

Having practiced in both rural areas of western North Carolina as well as in the more urban Charlotte area, I know first-hand the benefits the PTLC

would bring to the residents of our great state. Folks in rural communities, like in Mitchell and Yancey counties bordering Tennessee, would potentially have better and easier access to the physical therapy services they need. In larger cities, like Charlotte with the metropolitan area spanning into South Carolina, both private and corporate physical therapy providers routinely have practices spanning the states' borders. This requires providers to be licensed in each state separately adding to cost, but rarely to benefit.

Finally, enacting the PTLC would not only provide the benefits to providers as we've discussed. It would also provide greater transparency to practice, directly benefitting the public. At present the Federation of State Boards of Physical Therapy (FSBPT) maintains a central disciplinary database (ELDD). Though participation is not presently mandatory, most states do participate actively as many PTs and PTAs move and travel and are thus licensed in multiple states. Participation thereby directly serves to protect the public in each participating state. The PTLC, however, would mandate participation in the ELDD providing ensured insight into clinicians' privilege to practice in each state, thus having a direct positive impact on public health and safety

These are exciting times for the profession of physical therapy and our practice in North Carolina. My deepest appreciation goes to the staff at the NCBPTE for making our licensure process the model for other boards around the country. They will, no doubt, lead the way into the Physical Therapy Licensure Compact as well.

Reflections from the Former Executive Director *(continued from page 2)*

invaluable to the Board. I quickly learned to appreciate how lucky I was to have John as our attorney. He kept me centered within our statutory authority and focused on public protection. Nobody does it better. Obviously, the legal profession also realizes this as he was recently elected as Vice President of the prestigious NC State BAR, the regulatory Board for attorneys.

In closing, I would like to thank the Board for giving me this opportunity to serve. It has been an honor, privilege, and pleasure. I have been very fortunate to have been surrounded by extremely dedicated and committed staff members who take their jobs very seriously. It has been a team effort and I could not have had a better team. What I will miss most are the relationships that I've developed over the years and the dialogue that has ensued about our wonderful profession that we all love so dearly. Best wishes for happiness and success to all of you, and whatever you do, by all means "know and understand the **Practice Act** and Board's rules!"



Continuing Competence – Process in Evolution

by Deborah Ragan, PT, Deputy Director

The mission of the North Carolina Board of Physical Therapy Examiners is to establish and maintain minimum standards for the practice of physical therapy to protect the safety and welfare of the citizens of North Carolina. ‘The Board insures the minimum level of competence by establishing entry requirements for applicants for licensure, and by exercising its disciplinary authority over licensees when their competence has been demonstrated to have fallen below the minimum level necessary to protect the public’. A tool to support this goal has been the development, as approved by the board, of continuing education and competence standards and responsibilities. North Carolina, as well as 47 other states, has been engaged in demonstrating competence in physical therapy through educational measures as opposed to requiring a system of taking board exams on a routine basis. The formation and evolution of continuing competence allows PT/PTAs to explore and remain abreast of the latest evidence based research and interventions, as well as revisiting existing treatment options.

In 2007, according to FSBPT statistics, 37 jurisdictions required continuing education. Fast forward to the present, and in 2016, 48 states now require continuing education in some form or fashion. Of those, the FSBPT indicates that North Carolina is one of the top 10 states (California, Connecticut, Georgia, Indiana, Kentucky, New Hampshire, North Carolina, Tennessee, Texas, and Wisconsin) that have the most varied options to satisfy the continuing competence requirements for each reporting period. North Carolina also includes and gives credit for professional self-assessment for those licensees who choose to participate in an approved Reflective Exercise. According to Board Rule .0109 (h), ‘this exercise shall be approved if it is a process for a licensee to evaluate current professional practice abilities, to establish goals to improve those abilities, to develop a plan to meet those goals, and to document that the objectives are being accomplished’.

The FSBPT and North Carolina have made great strides in the past decade to establish models that promote value, diversity, engagement and professional self-assessment opportunities. The NCBPTE has updated the Board rules three times to date regarding continuing competence, based on feedback from licensees.

Routine random audits are conducted to make sure licensees comply with the current standards for licensure renewal. This is now a fully integrated online process in concert with license renewal. The Board office handles hundreds of calls

and emails each year from licensees inquiring about credit for activities related to our ever expanding scope of practice.

It would be impossible to quantify the many positive attributes of continuing competence in protecting the public when a negative outcome is avoided. For example, how many lives have

QUESTION:

In the clinical setting, PTs are supposed to evaluate, re-evaluate, and adjust treatment programs accordingly. How do we do that with the CC process?

ANSWER:

The CC process is routinely evaluated by the Board during review of the Board’s rules, and in response to public comments and legislative changes.

been saved by seat belts? We don't know, but we know it happens. How many patient experiences have been enhanced by our competence requirements? We can quantify the number of PTs in NC and can document the continuing competence activities they have reported to maintain our standards in promoting our message and mission of protecting the citizens of North Carolina. It is up to each and every licensee to ensure the activities they choose to take to maintain their professional competence level are evidence-based, relevant and quality activities.

Fortunately, as Continuing Competence for Physical Therapy has become established, there are options for completing the requirements that are not unduly expensive, such as AHEC programs. Further, many employers have provided opportunities for employees to attend courses, or have even sponsored activities. Licensees have formed study groups and have taken advantage of online opportunities.

QUESTION:

Has the effectiveness of the CC program ever been audited?

ANSWER:

Since actual implementation of the NC CC Program, audits have been done on both licensees and providers, both randomly and in response to complaints.

Fortunately for NC, most physical therapy licensees do the right thing and are compliant with the current continuing competence requirements.

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Continuing Competence *(continued from page 5)*

Zubin Austin, BSc.PhM, PhD, in a keynote address at the FSBPT Annual Meeting September 9, 2006: ***Rounding Square Pegs and Squaring Round Holes: The Challenge of Continuing Competence*** stated:

“The challenge is to understand what ‘competence’ means from multiple perspectives - then developing standards to measure it’.

Look at the significant strides the NCBPTE has made in the past decade in developing, reviewing, revising your continuing competence program, which continues to be a model for other states. We welcome your feedback regarding this evolving process. Let us hear from you about:

- What does Continuing Competence mean to you?
- How is it best measured?
- What will it look like a decade from now?
(An exam, required self-assessment, patient outcomes measures, other markers???)

We welcome your input in helping to continue to support the NCBPTE’s mission of ensuring public safety and public protection.

“Food for Thought”:

<https://www.fsbpt.org/FreeResources/ContinuingCompetence/ContinuingCompetenceArticlesResources/StugglingWiththeNotionofCompetency.aspx>

QUESTION:

CC courses are not cheap and often do not pertain to what we are practicing. Sometimes courses are just taken to fill requirements, not to benefit practice or skills.

ANSWER:

To have a license is a privilege and it comes with the responsibility to protect public health/safety/wellness. The NC CC program is broad-based and flexible. It offers a multi-faceted approach for engagement and professional development.

QUESTION:

How can I give feedback about the NC Continuing Competence Process?

ANSWER:

With rule changes come mandatory public comment periods and hearings. They are posted on the NCBPTE website www.ncptboard.org. You can also email the NCBPTE at dragan@ncptboard.org with comments and/or feedback.



HINT: The following PT Practice Act statute and Board Rules might be helpful!

GS 90-270.35. (5)- Unlawful Practice. Aid, abet, or assist any unlicensed person to practice physical therapy

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.

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.

Q: ***What would YOU do as a PT or PTA licensee in NC in the following scenario???***

A home health company is currently undergoing staffing issues. A PTA is helping out ‘prn’ and suddenly realizes the PT is no longer working with the company. What should the PTA do and what are the responsibilities of the PT who left the home health company’s employment?

- A:**
- The PTA must be supervised by a PT to engage in treatment.
 - The supervising PT must have first-hand knowledge of the patient.
 - Since the PTA cannot work without proper supervision, the PTA cannot continue treatment until a new PT becomes familiar with the patient.
 - The PT, before leaving employment, should complete all required documentation and notify the PTA that a new supervising PT will have to be assigned for patient treatment to continue.

Announcements



Kathy Arney

The North Carolina Board of Physical Therapy Examiners, named Kathleen O'Dwyer Arney, PT, MA, as its new Executive Director, effective August 17, 2016. Ms. Arney is succeeding Ben F. Massey, Jr., PT, MA, who retired after 20 years of dedicated service to the NCBPTE. Ms. Arney has worked for the Board since 2008 in the capacities of Continuing Competence Consultant, Director of Professional Standards, and most recently served in the capacity as

Deputy Director. She has been instrumental in the development, implementation of the NCBPTE Continuing Competency program. She served on the Continuing Competence committee and Minimum Data Set Task Force for the Federation of State Boards of Physical Therapy, and has spoken in NC and nationally on various topics related to physical therapy. The NCBPTE is pleased to benefit from Kathy's experience, leadership, and professionalism in her role as NCBPTE Executive Director.



Deborah J. Ragan

The North Carolina Board of Physical Therapy Examiners (NCBPTe) is pleased to announce Deborah J. Ragan, PT, DPT, accepted the position of Deputy Director effective July 1, 2016. Debbie's primary duties include responsibility for assisting the Executive Director with a variety of professional standards issues, office management, and oversight of the continuing competence program. She will also assist

the Board with development of Board rules, Task Force, Committee and special project work.

Debbie was a NCBPTE Board Member from 2007 until 2010 when she became Executive Director of the North Carolina Physical Therapy Association (NCPTA), a position she held until June 30, 2016. She received her Master of Science degree in Physical Therapy from Duke University in 1982 and her transitional Doctor of Physical Therapy degree from Utica College in 2014.

North Carolina Board of Physical Therapy Examiners

Board Orders / Consent Orders / Other Board Actions Nov 2015 – Oct 2016

Howell, Jethro Jackson, PTA (Warning)

Location: Albemarle, NC, Stanly County

License #: A2278

Conduct: Documenting and billing for more time than licensee was in the facility.

Discipline: Warning and reimburse the Board for the cost of the investigation. (Effective date– Dec 9, 2015)

Harvin, Dawn April, PTA (Suspension)

Location: Asheville, NC, Buncombe County

License #: A5360

Conduct: Documenting and billing for two (2) treatments that were not performed.

Discipline: Suspension for 1 year, the imposition of which would be stayed so long as she complies with several conditions. In addition, she must reimburse the Board for the cost of the investigation. (Effective date– March 23, 2016)

Williams, Angela Belinda, PTA (Warning)

Location: Windsor, Bertie County

License #: A4479

Conduct: Abuse of a resident in a nursing home.

Discipline: Warning and reimburse the Board for the cost of the investigation. (Effective date– May 2, 2016)

Holcombe, Amy M., PT (Suspension)

Location: Charlotte, Mecklenburg County

License #: P2189

Conduct: Failure to complete documentation in a timely manner.

Discipline: Suspension for 2 years, 21 days active and the remaining period stayed with conditions. In addition, she must reimburse the Board for the cost of the investigation. (Executed – May 3, 2016)

Pashley, Emilie E. (Probation)

Location: Charlotte, Mecklenburg County

License #: P15695

Conduct: Failure to complete documentation in a timely manner.

Discipline: Probation for 1 year with conditions. In addition, she must reimburse the Board for the cost of the investigation. (Executed – June 29, 2016)

The Board staff members are hard at work helping to support the mission of public safety and public protection in North Carolina.

So who's on the other end of the phone (919-490-6393) when you call the Board office and have a question about:

Licensing/ Verification/Transfers/Revivals/Endorsements/Renewals:

- Cindy Kiely, Director of Administration- (with NCBPTE since 1992) cindy@ncptboard.org
- Angela Carter, Senior Licensing Specialist- (with NCBPTE since 2004) angela@ncptboard.org
- Qiana Robertson, Licensing Specialist, Office Coordination Responsibilities- (with NCBPTE since 2013) qiana@ncptboard.org
- Kimberly Marousky, Licensing Specialist, Technology Responsibilities (with NCBPTE since 2016) kimberly@ncptboard.org



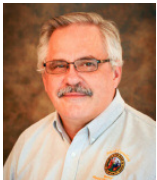
Left to right: Cindy, Angela, Qiana, Kimberly, Debbie, Kathy

Scope of Practice

- Kathy O. Arney, PT, MA, NCBPTE Executive Director (with NCBPTE since 2008) karney@ncptboard.org

Continuing Competence

- Debbie Ragan, PT, DPT, NCBPTE Deputy Director (with NCBPTE since 2016) dragan@ncptboard.org



Website issues

- Working diligently 'behind the scenes' to keep the Board website and office technology optimal and current is Gregg Seipp (with NCBPTE since 2008). He is OUR 'go to' expert if you are having any website issues. You would direct those questions to Kimberly kimberly@ncptboard.org.

Gregg Seipp

2016 NCBPTE Holiday Schedule

Board Office will be closed	Day(s) of Week	Date(s)
Christmas	Fri, Mon, and Tues	December 23, 26, & 27, 2016

2017 NCBPTE Holiday Schedule

Board Office will be closed	Day(s) of Week	Date(s)
New Year's Day	Monday	January 2, 2017
Martin Luther King's Day	Monday	January 16, 2017
Good Friday	Friday	April 14, 2017
Memorial Day	Monday	May 29, 2017
Independence Day	Tuesday	July 4, 2017
Labor Day	Monday	September 4, 2017
Veteran's Day	Friday	November 10, 2017
Thanksgiving Day	Thurs & Fri	November 23 & 24, 2017
Christmas	Mon, Tues, and Wed	December 25, 26, & 27, 2017



The Government Records Section of the State Archives of NC has requested that the NCBPTE participate in a project to simplify State agency records schedules because of our expertise in the area of monitoring and compliance.



DID YOU KNOW...

Telehealth

Currently, there are no references to “telehealth” in either the NC Physical Therapy Practice Act or Board’s rules. Earlier this year, the Board convened a “Telehealth Task Force”. The Task Force determined that because telehealth is a method of delivery of physical therapy services and it is in an early stage of development and evolution, no changes in the Practice Act or Board’s rules would be recommended to the board at this time. **Services provided via telehealth are required to comply with the same standards as in-person service delivery outlined in the Practice Act and Board’s rules.** Services delivered by this method are defined as taking place where the patient is located, thus one must have a NC PT license to provide services to a patient in NC. As mentioned in the article by David Reed, PT, Board Chair, the Federation of State Boards of Physical Therapy has developed model language for states to join a compact that provides for more flexibility in dealing with telehealth. The Board takes its responsibility to protect the public seriously, and would be reluctant to limit access to quality care. Questions about telehealth are reviewed on a case-by-case basis by the Board. Please direct any questions on this topic to the NCBPTE Executive Director Kathy O. Arney, PT, MA, at karney@ncptboard.org.

NCBPTE has a 5 star rating



The NCBPTE is one of 10 states that as of 4/1/2016 has a 5 star rating for the consistency, timeliness, and completeness of the information submitted to the FSBPT Exam, Licensure and Disciplinary Database (ELDD). The maintenance and integration of the information submitted and compiled in this database helps each jurisdiction further their mission of public protection and safety. 5 star state boards are those that report information accurately, timely, and consistently.

Social Media Abuse

WARNING!! The Board has been advised that false and misleading information regarding discipline allegedly imposed on a recent licensee was posted on social media by a former classmate. Defaming a licensee on social media is not professional or ethical, and could be grounds for disciplinary action. Anyone who becomes aware of the intentional dissemination of false and misleading information regarding a physical therapist’s licensure status or disciplinary record should immediately report that information to the Board.

Inadequate Documentation

According to Board Rule 21 NCAC 48G .0601, the following behaviors can result in disciplinary action:

- recording false or misleading data, measurements, or notes regarding a patient,
- failing to record patient data within a reasonable period of time following evaluation, assessment, or intervention,
- Failing to maintain legible patient records



DID YOU KNOW...

Physical Therapy and Medication Management

The NCBPTE has a position statement on the Physical Therapist's Role in Managing and Recording Medications Adopted – June 28, 1999, Revised – September 23, 2010, June 17, 2015. It states:

Gathering information on the medication a patient is taking and the patient's ability to take the proper dosage would be considered within the scope of practice for a physical therapist. It would also be appropriate for a physical therapist to provide basic information on medications that may have an impact on the PT plan of care; however, to provide an educational intervention, especially on medications unrelated to the PT plan of care, would not be considered within the scope of practice for a physical therapist.

It is also appropriate for a PTA to document medication changes if all the PTA is doing is simply recording changes in medication orders from the physician, PA, or nurse practitioner, but it is not appropriate for the PTA to make any interpretations or recommendations regarding medications. However, if a PTA believes that a medication change could result in harm or injury to the patient, the PTA should immediately notify the PT, who will then contact the referring practitioner.

If a PT identifies a discrepancy between the discharge medication order and the prescription on the bottle or the amount that the patient says he/she is taking, it is the physical therapist's responsibility to contact the appropriate health care practitioner to let him / her know of the discrepancy. As always, the PT should document the conversation or correspondence.

Any change in medication should be forwarded to the home health nurse. The health care practitioner can ask the PT to confirm with the patient the medications that the patient is taking and there are no changes in the dosages, etc.

It would not be a violation of the North Carolina Physical Therapy Practice Act or Board's rules for a PT to advise a patient as to what PRN standing orders involving the medications exist.

NCALB files lawsuit against NCBPTE

In September 2015, the NC Acupuncture Licensing Board (NCALB) filed a lawsuit against the North Carolina Board of Physical Therapy Examiners (NCBPTE). The NCBPTE has retained the law firm of Ellis & Winters LLP to defend the Board in this case.

PTA performance of vaginal and rectal (internally) electrical stimulation and biofeedback

The NCBPTE has determined it would not be a violation of the NC Physical therapy Practice Act or Board's rules for a PTA to perform these procedures, provided that the PTA is trained and competent in performing these procedures, and is also appropriately supervised by a PT.

**North Carolina
Board of Physical
Therapy Examiners**

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Deborah Ragan, PT, DPT
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Qiana Robertson
*Licensing Specialist
Office Coordination
Responsibilities*

Kimberly Morousky
*Licensing Specialist
Technology Responsibilities*

Legal Counsel

John M. Silverstein, Esquire

**North Carolina
Board of Physical
Therapy Examiners**

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Calendar of Events

** Dates are tentative / please confirm by contacting the Board office (800-800-8982)*

Dec 8, 2016 (Thurs)	Investigative Committee Meeting *- (08:00 a.m. – 1:00 p.m., Satsky and Silverstein Law Firm, Raleigh, NC, www.satskysilverstein.com).
Dec 14, 2016 (Wed)	Board Meeting *- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/).
Dec 2016	Newsletter will be posted on the Board website.
Jan 19, 2017 (Thurs)	Investigative Committee Meeting *- (08:00 a.m. – 1:00 p.m., Satsky and Silverstein Law Firm, Raleigh, NC, www.satskysilverstein.com).
Jan 31, 2017 (Tues)	Final Deadline for license renewal.
Feb 1, 2017 (Wed)	Lapse of licenses not renewed.
Mar 15, 2017 (Wed)	Board Meeting *- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/).
June 14, 2017 (Wed)	Board Meeting *- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/).
Sept 14, 2017 (Thurs)	Board Meeting *- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/).
Dec 13, 2017 (Wed)	Board Meeting *- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/).

Summary of Fees

Renewal (PT & PTA)	\$ 100.00	Verification/Transfer Fee	30.00
Revival Fee and Renewal Fee	130.00	License Card	10.00
Application Fee PT & PTA	150.00	List of Licensees (PT or PTA)	60.00
Exam Cost (PT & PTA)* (01-01-15)	400.00	Certificate Replacement	30.00
Exam Retake Fee	60.00	* Plus PT or PTA Application Fee	

21 NCAC 48G .0112 Costs for Continuing Competence Activities
(Effective January 1, 2009)

- (a) There is no cost for approval of continuing competence activities offered by approved sponsors.
- (b) For a non-Approved provider seeking approval of a continuing competence activity offered to licensees in this State, the cost is one hundred fifty dollars (\$150.00) per activity.
- (c) For a licensee seeking approval of a continuing competence activity that is not offered by an approved sponsor, the cost is twenty-five dollars (\$25.00).

N.C. Licensure Statistics

(As of November 18, 2016)

	Licensed	Reside	Work
PTs	8,215	6,890	6,719
PTAs	3,706	3,292	3,129

21 NCAC 48F .0105 CHANGE OF NAME AND ADDRESS REQUIRED



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.

ANNOUNCING: The Ben F. Massey, Jr. Student Scholarship



This scholarship was created by the NCBPTE, in collaboration with NCPTA Scholarship and Loan, to honor the years of service Ben F. Massey, Jr. devoted to the profession of physical therapy and to public protection. All proceeds will go directly and in full to support the educational needs of North Carolina PT and PTA students. Click [here](#) to read the Proclamation in honor of Ben Massey, Jr. on the Occasion of his Retirement from the North Carolina Board of Physical Therapy Examiners.

To donate, please click here <https://squareup.com/store/ncpta-s-and-l-fund/>

If donating by cash or check, please direct contributions to:

Randall Lazicki, PT, DPT
Board of Directors, Treasurer
NCPTA Scholarship and Loan Fund, Inc.
238 Joseph Alexander Drive
Fuquay Varina, NC 27526