

# North Carolina Board of Physical Therapy Examiners

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## FROM THE BOARD CHAIR

It was the 11th hour of the 11th day of the 11th month in 1918 when World War I was over following a ceasefire with Germany. That "Armistice Day" sent thousands of soldiers home and triggered a second wave of the great 1918 Flu pandemic.

Closing our clinic for four weeks in March 2020 seemed like the best option to protect our patients and staff from a new frightening worldwide pandemic but little did I know that twenty months later we'd still be living with Covid precautions. As we strive to find normalcy in our lives and grieve the loss of over 18,000 North Carolinians, I appreciate the words of Carl Bard, "Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending."

Being the Board chair for the NCPTE is much like navigating life with Covid. The 3W's coupled with our Practice Act and Board rules will guide our decisions. Read below the multitude of "Scope of Practice" questions and think about your own practice. Each of us must strive to be our best.

## The North Carolina Board of Physical Therapy Examiners has launched a new website!

The URL remains [www.ncptboard.org](http://www.ncptboard.org). This updated website has a streamlined look and information and services at the user's fingertips from the home page.

**IMPORTANT:** If you access the Board website through a bookmark or other saved link, delete any cached website links as they will no longer work. Re-save any bookmarks or links after logging in to the new website.

We take your input seriously and anticipate users will want to share their feedback about the new website. Email us at: [Feedback@ncptboard.org](mailto:Feedback@ncptboard.org).

*Reminder: Annual license renewals begin November 1, 2021 on the new website. A reminder will be emailed to the address you have on file at the Board office.*

## GOVERNOR-APPOINTED MEMBERS OF THE NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS - 2021

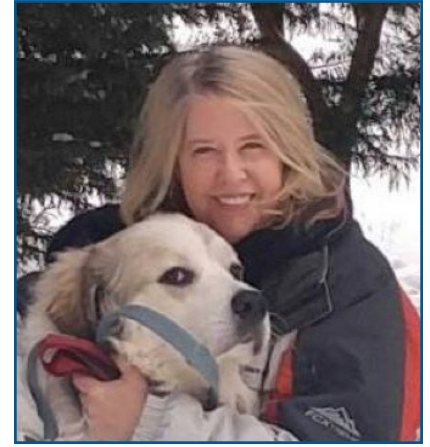


Top row: Teresa F. Hale, C. David Edwards, Crystal D. Ostlind, Paul Garcia.

Bottom row: Rosa M. Gonzalez, Leslie P. Kesler, Jamie L. Miner, Pearl L. Rhone.

# BEGINNING A NEW CHAPTER AFTER A 29 YEAR TENURE WITH THE BOARD

This ol' girl is finally retiring after 29 years. It has been a ride, and the changes I have seen over the last twenty-nine years are many. Old-school workplace policies have been transformed as a result of changing technology: using typewriters and entering license information on index cards, keeping hard copies of all applications, to entering them into newfangled computers with internal floppy disk, to desk and personal laptops; hand writing wall certificates to computer-generated certificates; mailing written letters to sending email; the National Exam (NPTE) moved from paper and pencil to computerized exams; students eagerly waiting to receive exam scores by mail now receive scores online; mailed paper applications, to online applications; Board staff increased from two to ten. It was exciting to have experienced all these changes.



I have truly enjoyed working at the NC Board of PT Examiners, and I appreciate the opportunities the Board has given me throughout the years. I had the pleasure of working under three accomplished Executive Directors, Constance Peak, Ben Massey and Kathleen Arney, as well as working closely with Board Members, and fantastic Staff; well, by now, they are like family and I am truly going to miss all of them.

As I move towards the next exciting chapter in my life, I will fondly look back, and be proud that I was a part of the NC Board of Physical Therapy Examiners team.

*With gratitude, Cindy*

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## IS THAT IN THE SCOPE OF PRACTICE? ACTIVITIES OUTSIDE THE SCOPE OF PT PRACTICE

*BY KATHY ARNEY, EXECUTIVE DIRECTOR*



One of the primary responsibilities of the Executive Director of the NC Board of PT Examiners is to communicate to the public regarding the practice of physical therapy in North Carolina. The Board is tasked by the NC General Assembly with establishing and maintaining minimum standards of practice in order to protect the safety and welfare of the citizens of North Carolina. In order to do this, inquiries receive information based on responses by the Board.

The Executive Director receives questions submitted primarily via email and determines if the question has been previously answered, the current response requires a review, or the question is new and must be addressed by the Board. The Board considers the question in context of standards in the NC PT Practice Act and Board rules. Additionally, supporting resources including routine education, training and PT clinical practice standards, scientific evidence, and risk to the public help shape the response.

During the pandemic many questions the Board has not previously considered have arisen. A sampling of questions answered by the Board are below:

- Can PT licensees perform COVID-19 vaccinations? Can PT/PTA students?
- Is telehealth within the scope of physical therapy practice?
- Can PTs perform IV removal?
- What is the Board policy on PT licensees assisting with “proning” patients?
- Can PT licensees sell CBD products?
- Is it within the PT scope of practice to order labs?
- What role does the PTA play in medication reconciliation?

It is critical that the public, of which licensees are members, understand the answers to these questions for the public to receive safe and effective physical therapy services in North Carolina. In addition to responding directly to the person who asked the question, the Board has posted the

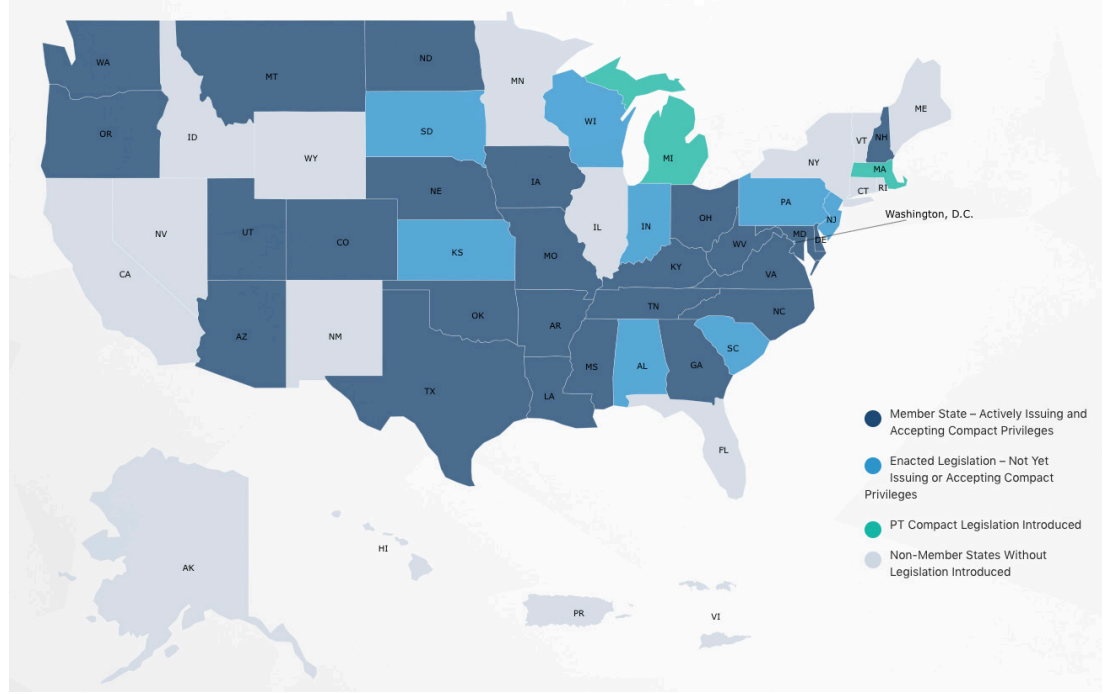
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# PT COMPACT PRIVILEGES UPDATE

Since NC has begun issuing Compact Privileges on July 1, 2019, the NC Board of PT Examiners has issued the following privileges, as of October 5, 2021:

These compact privilege holders come from the following states:

Home State	PT	PTA	Home State	PT	PTA
AR	4	2	NE	2	2
AZ	6	0	NH	4	1
CO	12	3	OH	2	1
GA	8	0	OK	1	0
IA	3	1	OR	4	0
LA	4	0	TN	22	7
KY	2	0	TX	27	4
MD	1	1	UT	1	0
MO	9	2	VA	31	23
MS	2	0	WA	4	0
NC	4	2	WV	2	2
ND	1	0			



“The Physical Therapy Compact is an agreement between member states to improve access to physical therapy services for the public by increasing the mobility of eligible physical therapy providers to work in multiple states.” ([www.ptcompact.org](http://www.ptcompact.org))

## Frequent Questions Regarding Compact Privileges and the Home State Definition

**If I live in North Carolina, can I use a compact privilege to practice physical therapy in North Carolina?**

No. If your home state is North Carolina, you must have an active license issued by NCBPTE to practice physical therapy in North Carolina.

**What does home state mean in terms of the compact privilege?**

As defined in Rule 1.1, a licensee’s home state means the person’s true, fixed, and permanent home and is the place where the person intends to remain indefinitely, and to which the person expects to return if absent without intending to establish domicile elsewhere.

**What if I decide to move to another state besides NC and have other state compact privileges?**

All compact privilege holders must notify the Compact Commission ([www.ptcompact.org](http://www.ptcompact.org)) of a change in home state address within thirty (30) days of the change since any changes may affect the status of compact privileges.

**Active duty military members and military spouses can learn more about alternatives to the home state definition at <http://ptcompact.org/resources-tools>.**

**NCBPTE OFFICE IS CLOSED TO THE PUBLIC DURING THE NC STATE OF EMERGENCY**

Staff are working remotely. Leaving multiple messages by phone or email may result in a delayed response.

To contact the Board office send email to: [PTBoard@ncptboard.org](mailto:PTBoard@ncptboard.org).

Address or contact information can be updated on the Board website.

**Name changes** must be verified using personal information. Email the Board office and include: a specific time slot to call between 11 am and 4 pm. (This process will only take a few minutes.) You will receive a phone response within 2-3 days.

# IS THAT IN THE SCOPE OF PRACTICE? ACTIVITIES OUTSIDE THE SCOPE OF PT PRACTICE *continued*

responses to these questions and others on the new Board website, accessible from the home page under the "Scope of Practice Questions and Answers" button. In the case of the questions listed above, many are not considered part of the scope of physical therapy practice because they are not, "...routinely taught in educational programs or in continuing education programs for physical therapists and routinely performed in practice settings" per Board rule 21 NCAC 48C .0101. This does not always mean a PT is not allowed to perform these activities.

In some cases employers are requesting licensees to perform activities such as obtaining finger blood specimens or performing urine specimen collection which a PT licensee may be able to be educated and trained in the performance of those activities; however, the PT licensee should not represent the activities as physical therapy or themselves as a physical therapist licensee while performing those activities. Public perception is important in understanding the role of the physical therapist and to minimize confusion as the activities performed by a licensed PT or PTA.

If you have a question regarding the scope of practice, email us at: [PTBoard@ncptboard.org](mailto:PTBoard@ncptboard.org).

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## LICENSE REVIVALS FOR 2021

North Carolina law does not provide a "hold" or "inactive" status for NC PT/PTA licenses. If someone chooses not to renew his/her license by January 31 of each year, it will lapse. If the licensee wants to revive the lapsed license, there are several methods as illustrated below.

### *Reviving a Lapsed License*

[Home](#) » [Licensing](#) » [Reviving a Lapsed License](#)

#### **21 NCAC 48G .0203 REVIVAL OF LAPSED LICENSE**

- a. A license that has been lapsed less than one year may be revived 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 (ie, 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.

As of October 5, 2021, the NC Board of PT Examiners has revived licenses as follows:

Totals by PT/PTA Category:

By payment: 32

By exam: 1

PT: 80

By continuing competence: 36

By course work and clinical supervision  
as an aide: 0

PTA: 33

By endorsement: 44

# NATIONAL PHYSICAL THERAPY EXAM (NPTE) ELIGIBILITY AND THE ALTERNATE APPROVAL PATHWAY (AAP)

NC Session Law 2020-3 was enacted on May 4, 2020 and authorized Occupational Licensing Boards to take various steps to protect the economic well-being of the citizens of the state in light of the COVID-19 pandemic. On September 25, 2020, The NC Board of PT Examiners Board originally adopted the following as temporary rules to exercise regulatory flexibility to ease barriers during this time. Subsequently they became permanent rules effective August 1, 2021.

21 NCAC 48D .0107 Persons Refused Examination Permission

21 NCAC 48D .0109 Retaking Examination

21 NCAC 48D .0111 Applicants with Special Needs

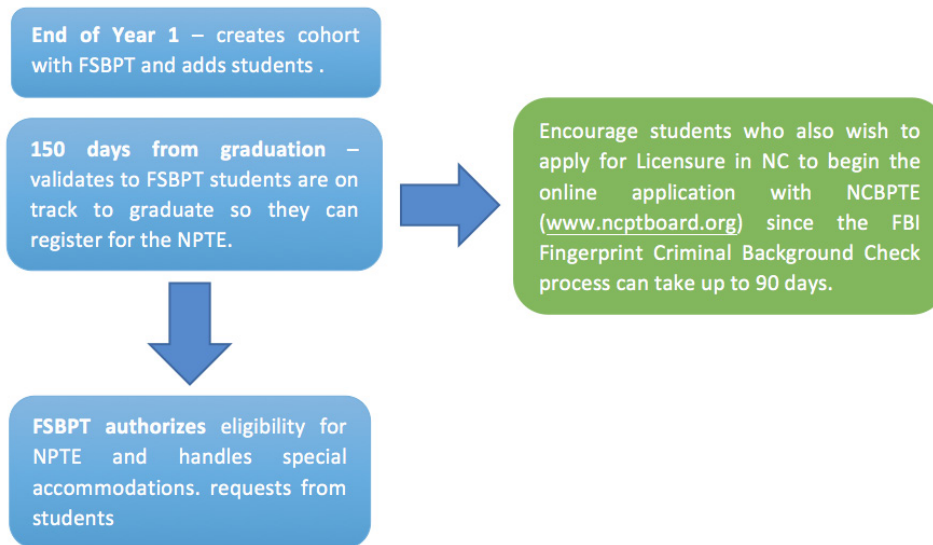
21 NCAC 48E .0101 Filing Application and Board Determination of Eligibility

The amendments in these rules make the rules consistent with current practice and policy by the NCBPTE, and is an exercise of regulatory flexibility for the benefit of licensees.

These rules enabled the NCBPTE to join the FSBPT Alternative Approval Pathway (AAP) on September 25, 2020. To all PT/PTA Program Directors and graduating students, we say thank you so much for your input and patience as the Board transitioned through the change for exam eligibility over the past year.

For schools in North Carolina that are CAPTE accredited, the FSBPT now determines who is eligible to sit for the National Physical Therapy Exam (NPTE) as well as handles all requests for special accommodations. Here's a recap of what that means for physical therapy academic programs and their students who are seeking PT/PTA licensure in North Carolina.

## NPTE Process for Program Directors



## Students applying for licensure in North Carolina

Create an account and complete application at [www.ncptboard.org](http://www.ncptboard.org). Application fee and charge for the criminal background check is paid online.

The application is good for one (1) year.

**Additional required documents** (links provided after completing application):  
Two character references and FBI/SBI fingerprint criminal background check (processing can take up to 90 days).

## UPON or AFTER Graduation

Student or Program Director requests that the Registrar sends an official copy of education transcripts with degree earned, graduation date, and stamped with official seal.

(Emailed transcripts must have official school seal visible on copy.)

## NPTE Scores and Licensure

Completed applications (passing score, final transcripts, and ALL required documents) are forwarded to a Board member for review. After it is reviewed by the Board, the turnaround time is 5-10 business days for licensure to be completed.

Email Debbie Ragan, Deputy Director, at [dragan@ncptboard.org](mailto:dragan@ncptboard.org) with questions or concerns.

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# CBD AND THE PRACTICE OF PHYSICAL THERAPY

BY DAVID GADD, BOARD ATTORNEY



In recent months, the North Carolina Board of Physical Therapy Examiners (“Board”) has received numerous inquiries about the legalities of marketing and selling cannabidiol (“CBD”) products in physical therapy clinics. The increase in the number of inquiries is believed to be related to the prevalence of CBD products available on the market today. CBD can be purchased in oils, creams, gummies, vapes and capsules. To understand why CBD products are so common, it is helpful to know how CBD has been regulated by the federal government and how the laws have recently changed.

The 1970 Federal Controlled Substances Act banned all types of cannabis, including hemp, and listed cannabis as a Schedule I controlled substance. Schedule I substances were defined as having a “high potential for abuse” and “no accepted medical use”. All forms of cannabis remained a Schedule I substance until 2018 when the 2018 Farm Bill (“Farm Bill”) modified the definition of cannabis, excluding hemp from the Schedule of controlled substances. In order to be excluded, hemp must contain no more than 0.3 percent

tetrahydrocannabinol (THC). Any cannabis plant containing more than 0.3 percent THC would be categorized as marijuana and prohibited by the Controlled Substances Act. The Farm Bill does not specifically legalize CBD, but rather allows any chemical compound (including CBD) derived from hemp to be produced, if the hemp is produced by a licensed grower and is compliant with the Farm Bill and state regulations. The Farm Bill puts no restrictions on the sale, transport or possession of hemp products, including CBD, so long as they are produced in a manner consistent with the Farm Bill. As an aside, the Farm Bill has no effect on the federal law as it relates to State programs which have legalized marijuana. All of those programs remain illegal under federal law.

The Farm Bill provided that the U.S. Food and Drug Administration (“FDA”) oversee the regulation of CBD products, including, therapeutic claims, labeling, and its use as a food additive. Currently, the FDA has stated that CBD products cannot be added to food or beverages and cannot be marketed as a dietary supplement. In addition, CBD products cannot be marketed to prevent, diagnose, mitigate, treat or cure various diseases because those substances would be deemed drugs by the FDA, which require prior FDA approval.

The laws of the State of North Carolina mirror the federal law. While one must obtain a license to possess seed or living hemp plants, North Carolina does not require a license or registration of any kind to sell or market CBD products.

## **Is Selling CBD within the Physical Therapy Scope of Practice?**

When the Board is faced with scope of practice questions, it must apply the specific facts to the Board Rules and the Physical Therapy Practice Act. North Carolina General Statutes Chapter 90-270.90 defines Physical Therapy as follows:

(4) “Physical therapy” means the evaluation or treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes the performance of specialized tests of neuromuscular function, administration of specialized therapeutic procedures, interpretation and implementation of referrals from licensed medical doctors or dentists, and establishment and modification of physical therapy programs for patients. Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. Physical therapy education and training shall include study of the skeletal manifestations of systemic disease. Physical therapy does not include the application of roentgen rays or radioactive materials, surgery, the practice of chiropractic, as defined by G.S. 90-143, or medical diagnosis of disease.

In addition, the North Carolina Administrative Code, Title 21 Chapter 48C .0101 defines the practice of physical therapy as follows:

(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 has recognized that the application, use and promotion of CBD products has not been routinely taught in educational programs or in continuing education programs and is not routinely performed in physical therapy practice settings. As a result, it is outside the scope of physical therapy practice. Further inquiry has been made about whether the products can be sold in a clinic setting from a kiosk or stand with no direct involvement of the therapist. There are a variety of legal and ethical issues to consider, which are very fact specific. Among other things, the therapist should consider what is perceived by the patient. Does the patient think the CBD products purchased at the clinic are a part of a physical therapy treatment plan? Does the fact the sale occurs at the clinic in and of itself create a reasonable belief that the use of CBD is within the scope of

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practice? While these questions depend on the totality of the circumstances, the patient’s perception is important, and would be important to the Board if a complaint is filed.

Other issues related to the sale of CBD products that should be considered include:

- a. Determining whether manufacturers of products being sold have product purity standards;
- b. Keeping track of constantly changing regulations, both state and federal;
- c. Ensuring the products comply with federal law related to THC concentration;
- d. Understanding what product is being sold and whether it is Full Spectrum CBD, Broad Spectrum CBD or CBD isolate;
- e. Potential risks and side effects associated with CBD products.

Since the Farm Bill was passed, there has been a flood of CBD products introduced to the market and the FDA has received numerous requests to approve new products. To date, the FDA has not approved a CBD marketing application for the treatment of any disease or condition and cites the need for additional studies to prove efficacy and safety. Given the increased availability and interest in CBD products in the last few years, the legal framework regulating the industry will continue to change, which will require ongoing monitoring by the Board.

## CONTINUING COMPETENCE AND COVID-19

We have been receiving numerous questions about how to get continuing competence credit during the current COVID-19 pandemic. Here are some pointers about online continuing competence activities. The Board’s continuing competence rules establish maximum points (contact hours), not minimum. Live, in person, activities are not required. The Board built in flexibility when developing the continuing competence categories, so licensees can earn points that best meet their learning style and clinical/professional needs.

Continued Competence points may be obtained electronically as described below:

### 21 NCAC 48G .0109 CONTINUING COMPETENCE ACTIVITIES (a) Continuing Education activities are eligible for points as follows:

(1) ...The maximum number of points allowed during any reporting period for an interactive course offered through electronic media shall be 15. (Live webinars are appropriate for categories indicated by purple arrows.)

(4) For registered participation in a non-interactive course offered by an approved provider by videotape, satellite transmission, webcast, DVD, or other electronic media, one hour of participation earns one point. The maximum number of points allowed during any reporting period shall be 10. (Recorded webinars are appropriate for categories indicated by red arrows.)

(8) For completion of a home study physical therapy program furnished by an approved provider, one hour of home study earns one point. The maximum number of points during any one reporting period allowed shall be 10. These can also be online/recorded electronic/live electronic.

There are also many other ways to earn points during this challenging time.

If you have questions or need more information, contact Debbie Ragan, Deputy Director, [dragan@ncptboard.org](mailto:dragan@ncptboard.org).

Activity Description	Date	Completed	CC Points	Actions
<b>Jurisprudence Exercise - MANDATORY</b> (Jurisprudence exercises must be reported by the licensee, in the online report. It is not automatically added.)				
During each reporting period, every licensee shall complete a jurisprudence exercise provided by the Board ( 1 point - Maximum 3.0)			0	+ Add New Item
None				
<b>Continuing Education(maximum 29.0)</b>				
Registered attendance at a Course or conference offered live, in real time by approved provider ( 1 point for each contact hour - Maximum 29.0)			0	+ Add New Item
None				
★ Registered attendance at a Course or conference offered live, in real time by approved provider - electronic media ( 1 point for each contact hour - Maximum 15.0)			0	+ Add New Item
None				
Academic course offered in an approved provider, post-baccalaureate program ( 1 point for each class hour, 1 semester/credit hour=15 contact hours - Maximum 29.0)			0	+ Add New Item
None				
Attendance or participation in an activity related to physical therapy for which no assessment is received ( 1 point for two contact hours - Maximum 5.0)			0	+ Add New Item
None				
★ A Course offered by an approved provider by non-interactive electronic media ( 1 point for one hour of participation - Maximum 10.0)			0	+ Add New Item
None				
★ Study group consisting of at least 3 licensees ( 1 point for two hours of participation - Maximum 10.0)			0	+ Add New Item
None				
★ Self-designed home study program ( 1 point for three hours of home study - Maximum 5.0)			0	+ Add New Item
None				
Continuing education required by credentialed residencies and fellowships ( 1 point for each contact hour - Maximum 29.0)			0	+ Add New Item
None				
★ Home study program by an approved provider ( 1 point for each contact hour - Maximum 10.0)			0	+ Add New Item

# HOW DO I CLAIM MY CARRY OVER POINTS?

To see if you have carry over points, go to your continuing competence summary report and Get Carry Over that will bring up a screen similar to the one below.

From Period: Jan 1, 2018 - Jan 31, 2020	
Summary	
Your CC requirement:	30
Rule allows up to 10 points carry over. Carry over available, based on your entries:	10
Carry Over you have claimed to date:	0

Activities that cannot be counted as carry over points are the jurisprudence exercises, clinical work hours, and self-reflective practice exercises. Otherwise, you can choose from the categories used during the prior reporting period to claim whatever carryover points you earned. [Click here](#) for detailed instructions.

## ADDRESSING PUBIC PROTECTION QUESTIONS

As an occupational licensing board, the North Carolina Board of Physical Therapy Examiners is enabled by the legislature to establish and maintain minimum standards for the practice of physical therapy to protect the safety and welfare of the citizens of North Carolina. In other words, the Board exists, in part, to establish rules, processes and systems to protect the public in the practice of physical therapy.

Recent trends in some types of complaints to the Board, scope of practice questions involving newer technologies and techniques, or Board rule changes and requests for expansion of the practice of physical therapy, represent the variety of potential regulatory questions faced by NCBPTE as a regulatory board. Often, these issues require more extensive research and careful consideration than time allows at quarterly Board meetings. At its June 2021 Board meeting, the Public Protection Task Force was created to examine current physical therapy issues with regard to public protection and return recommendations to the Board for how to address various facets of our ever-evolving physical therapy scope of practice.

Current issues and requests for the Board to address include:

- Imaging ordering by physical therapists
- Reinstatement of Board rules for Temporary Permits for Recent Graduates
- Issues of informed consent
- Sexual Boundary violations
- Injuries to patients during clinical practice
- Falsification of documents or medical record and billing documentation

The Public Protection Task Force is comprised of Board Members and staff, along with representatives of stakeholder groups and external subject matter experts. This group may consider topics as a whole and establish methodologies for the Board to address these and similar issues as they arise, as well as offer recommendations on ways to manage, mitigate, or eliminate potential problems.

The Board voted to utilize the P.E.E.R method to evaluate questions relative to public protection. This methodology was developed by Board staff utilizing resources from FSBPT publications:

- Changes in Healthcare Professions' Scope of Practice: Legislative Considerations, publication, revision 1/2012, [www.fsbpt.org](http://www.fsbpt.org), Free Resources ([link to article](#))
- FSBPT Spring 2010 Forum article, "Is It or Isn't It? A Systematic Approach to Scope of Practice Decisions" by Leslie Adrian, Director of Professional Standards, [www.fsbpt.org](http://www.fsbpt.org), Free Resources ([link to article](#))

To review the P.E.E.R method, [click here](#).

Recommendations by the Public Protection Task Force made and adopted by the Board will be published as part of the Board minutes, and in other sections of the Board website including the scope of practice section, Board rule changes, or other general guidance areas.



## SCOPE OF PRACTICE QUESTIONS AND BOARD RESPONSES:

The standard for making NC Physical Therapy scope of practice decisions is analyzing if it satisfies Board Rule 48C .0101 (a) Permitted Practice - which states, "Physical therapy is presumed to include any acts, test, 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." If the Board determines that it does not satisfy Board Rule 48C .0101 (a), if new or additional information is provided to the Board regarding where this is taught in entry-level or continuing education and is routinely practiced by physical therapists, it will review the new information and make a determination.



### **For PTs supervising a PTA, the Board rule requires a "reassessment" every 60 days or 13 visits whichever comes first? Does this visit by the PT need to be face to face or is virtual acceptable? Is this temporary due to the pandemic or would it be indefinite?**

In response to this question, the NC Board of PT Examiners has provided a response to similar questions as follows:

The Board rule being referred to is: 21 NCAC 48C .0102 RESPONSIBILITIES

(k) If a physical therapist assistant or physical therapy aide is involved in the patient care plan, a physical therapist shall reassess a patient every 60 days or 13 visits, whichever occurs first.

This is referring to the PT responsibility with the patient if a PTA is involved with the plan of care. The PT is responsible for reassessing the patient every 60 days or 13 visits whichever comes first; this question sometimes takes the form of "PTA supervisory visits". First, PTAs are to be supervised at all times if a portion of the plan of care was delegated to them to perform. In addition, the PT is making a patient assessment, updating the plan of care and documenting that re-assessment, then communicating any changes to the PTA being supervised to perform with the patient. Whether the visit is completed in-person or virtually is dependent upon the specific patient and plan of care for the patient. A PT must be able to assess all aspects necessary to make determinations about patient current status and any changes to the plan of care. If that requires hands-on assessment, then the visit needs to be in-person. If it can be appropriately and safely performed virtually to assess that patient and make needed changes to the patient plan of care, that would be a judgement call and completed on a patient by patient basis. Telehealth is a delivery method of PT services and approved by the Board. Additional information on the Board position on telehealth may be found on the Board website.

The Board is not able to address questions over which it does not have authority such as payer or employer policy and requirements.

### **How many hours of training does one need to perform dry needling in clinical practice?**

There are no specific requirements for the education and training required for performing dry needling by a physical therapist licensee; however please read further below. Here is the current Board response to this question regarding Dry Needling:

"... at its meeting December 11, 2019, the Board determined that as noted in the North Carolina Supreme Court decision issued on December 7, 2018, in the case brought by the Acupuncture Board, "dry needling is a treatment that uses physical or rehabilitative procedures, with assistive devices, for the purpose of correcting or alleviating myofascial pain..." Therefore, any utilization of dry needling techniques that satisfy the foregoing language is within the scope of physical therapy practice in North Carolina. As the Board has previously noted, dry needling is an advanced skill for which training beyond entry level education is required. It is incumbent upon the licensee to obtain the appropriate training, education and be competent to perform dry needling. For your reference, the Board has posted document links related to the litigation brought by the Acupuncture Board on the Board website.

You would need to assess your competence after obtaining advanced training prior to performing dry needling on patients. More specifically certification is not currently required by the Board; however, if a certification is obtained, it is very useful to keep on file as part of documentation of competence related to the personal practice of dry needling. If a licensee has not obtained advanced training for a technique, they would not be considered to meet the requirements noted above.

Dry needling courses are currently approved per the Continuing Competence rules in 12 NCAC 48G .0105 - .0112. The Board is unable to address questions of payment for physical therapy services as payers, payer policy or employer policy are not under the jurisdiction of the Board. Contacting payers directly or seeking information from APTA or APTA NC may be helpful.

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**I am involved with teaching PT's about wound care and the use of negative pressure wound therapy (VAC and VAC with installation). The VAC with installation is a new procedure for some physical therapists and utilizes saline or other solution to soak in the wound bed for a pre-determined time period and then the VAC cycle is initiated. The setup does require the clinician to spike the bag of saline and attach it to a cassette that delivers the solution into the wound bed. Is there a position statement regarding VAC or VAC with installation and the ability of PT's to spike a bag of saline that is delivered into a wound bed?**

Negative Pressure Wound Therapy (NWPT) is considered within the PT scope of practice for licensees who possess the education, training and competence to perform it safely for the patient. Regarding NWPT with instillation, the Board consulted with the NC Boards of Pharmacy and Medicine regarding the practice of "spiking" the bag of saline. As you and I discussed, "spiking" would be the process of connecting the bag of saline to the equipment, this would be considered within the PT scope of practice, as well. In addition, the "solution or medication" must be MD or other provider appropriately prescribed for the patient.

**An individual that resides in Kuwait, suffering from vertiginous symptoms that has been unsuccessfully managed for the last 2 years, reached out to me to inquire if I could work with him remotely. I have never seen this individual in my clinic, however, since this would not fall under compact privilege licensing between states, I wasn't sure what is legally permitted in this case.**

**Can you either let me know if remote treatment is permitted or who to connect with to inquire about this situation.**

The NC Board of PT Examiners response to the provision of PT services via telehealth are outlined below.

### TELEHEALTH QUESTIONS

The NC PT Practice Act and Board's Rules apply to the delivery of physical therapy services via telehealth. In response to your emailed question below, at its September Board meeting - 2018, NC Board of Physical Therapy Examiners considered some questions regarding the parameters of using telehealth in the provision of physical therapy services in North Carolina; the Board determined the following general principles will apply:

- Telehealth is a delivery model for physical therapy services and as such it is not a question of scope of physical therapy practice.
- PT licensees must comply with the NC PT Practice Act and Board rules when performing physical therapy services using telecommunications.
- In order to provide physical therapy services to a patient geographically located in NC, the provider of telehealth services must possess an active NC PT license.
- To address questions of whether a PT licensee or other healthcare provider or non-healthcare individual must be with the patient in the remote location and the level of expertise that person needs, the answer depends on various factors, including the status and safety of the patient, whether it is an initial evaluation or ongoing treatment, and the complexity of the services being provided.
- For questions related to the use of telehealth in physical therapy practice in North Carolina that are not answered by these general principles, the Board will continue to respond to questions on a case-by-case basis.

This information is also posted on the home page of the Board website under Covid-19 Updates. The information below may also be true for other states: to perform PT services on patients in NC an individual must have either:

- An active PT/PTA license in NC (information on the Board website under licensing)
- An active PT/PTA compact privilege to practice (information at [ptcompact.org](http://ptcompact.org)) or
- A temporary exemption from licensure (information on the home page of the Board website)

Further, NCBPTE does not have jurisdiction over other countries or federal land/facilities, thus we would still advise you to contact the health regulation authority in the other country to assure you have met their licensure and patient care laws and requirements.

Appropriate patient selection and training of the PT and PTA is important for effective execution of telehealth PT visits.

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With respect to PTAs and telehealth, telehealth is a service delivery model requiring the same compliance to law and rules as providing services not performed remotely. PTAs always work under the supervision of a PT and to perform portions of the PT plan of care for which they are competent to perform. PTAs are able to obtain objective, measurable data that contributes to the PT plan of care. The Board is not able to address questions related to coding for services or reimbursement, but you might seek direction from APTA NC or the APTA.

**I have some questions regarding electronic signature. The rehab company I work for has told me that I am not to e sign the evaluation after I complete it. I've been told they will let me know when I can go back and e sign after they find a correct ICD 10 code for optimal reimbursement. Is this legal? How does this affect the PTA's under me if I don't e-sign but they are treating following my unsigned evaluation?**

There is nothing in the NC PT Practice Act or Board rules prohibiting or limiting e-signing. A licensee would need to uphold the standard of care to make sure his/her signature is not being used fraudulently. Thus, if your employer requires a certain timing on the signature, that is an employment matter; however, it is your responsibility to assure that information contained in patient care documentation and related reimbursement matters are compliant with payer policy.

**I am researching the practice act for Physical Therapist and Physical Therapist Assistants in regards to administration of oxygen. With the current Covid population in acute care hospital setting titrations and adjustments of oxygen is required. My question is in reference to the following situation. Pt is on room air Or only 1 to 2 liters nasal cannula and desaturates to low 80 with mobility. Does the physical therapist require an order to increase oxygen to achieve appropriate oxygen saturation for mobility (within reasonable limitations ) or does the MD have to submit a specific order? What are the guidelines in the NC practice act in regards to Administration of Oxygen? I am aware oxygen is a prescribed medication and have been practicing within MD orders and physical therapist plan of care however would like clarification.**

In response to your inquiry, the Board addressed these questions at its meeting March 10, 2021. Oxygen is "classified" as a drug by the FDA and would require an order for its administration. An order can be written to enable the physical therapist to make adjustments to the oxygen within specific parameters. For example, the physician can write "standing orders" that set up ranges for oxygen delivery so that the physical therapist can titrate the oxygen liter flow to maintain medically safe oxygen saturation (SpO2) levels based upon the needs of the patient. If a physical therapist does not have the authority to adjust oxygen flow to meet the patient needs

of his/her patient, then the physical therapist may not be able to treat the patient effectively or safely and should contact the physician to discuss or request alterations to the order.

During patient care, the physical therapist has a responsibility to make his/her own clinical decision based on the status of the patient, to adjust oxygen based on the best interest of the patient within the parameters / guidelines set by the physician or facility. If a physical therapist assistant has the education, training and is competent to make adjustments based on the PT plan of care, supervision and delegation by the PT oxygen adjustment may be delegated to them. Since a physical therapist assistant cannot adjust the oxygen flow without consulting the physical therapist, a physical therapist assistant should not be involved with a patient receiving oxygen unless the physical therapist has completed the evaluative component and has determined the patient is stable and predictable. If a patient's saturation level falls into the critical range, as the patient's condition is paramount, the physical therapist should respond appropriately according to the emergency guidelines of the facility. The physical therapist should document this incident appropriately in the chart.

In response to the question regarding whether oxygen usage is specified in the PT Practice Act, our Practice Act does not specifically address oxygen administration or titration, but it is part of the PT scope of practice in NC. All licensees are required to become educated, trained and competent before performing any aspects of the scope of practice and PTAs may only perform delegated activities under the supervision of a PT licensee within a PT scope of practice.

The Board's rules, which further define the PT Practice Act state the following: 21 NCAC 48C .0101 PERMITTED PRACTICE

(a) Physical therapy is presumed to include any acts, tests, procedures, treatments or modalities 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 and modalities in which professional training

*Continued next page*

has been received through education or experience is considered to be engaged in the practice of physical therapy.

(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 may include, but are not limited to, the following:

- (A) aerobic capacity and endurance;
- (W) ventilation, respiration, and circulation

**Is Blood Flow Restriction (BFR) Training is considered part of the scope of practice in physical therapy in North Carolina?**

Blood Flow Restriction training satisfies the criteria to be included within the scope of physical therapy practice in North Carolina because it is an advanced skill being taught in entry level PT education, taught routinely in continuing educational programs and routinely performed nationally in PT practice. It is incumbent upon the licensee to obtain the appropriate training and education and to be competent to perform this technique in a manner that is considered safe and effective for the patient.

**We have a PTA in our clinic that is up to date on the BFR literature and is interested in performing BFR in the clinic. I wanted to confirm that this was permitted before proceeding.**

To respond to your inquiry regarding Blood Flow Restriction Training and whether a PTA may perform the technique, the Board Attorney was consulted. First, if the technique does not require evaluation, it may be delegated to a PTA who has the education/training and competence to perform the technique. It is incumbent upon the PT license to assure that the PTA always works under the supervision of a PT, the PT delegates only portions of the plan of care that are safe and effective for the patient and the PTA is trained to perform.

**What is the Board response to students performing internal pelvic floor examinations on clinical experiences?**

At its September 22, 2021 meeting, the Board addressed the question "... is it within the scope of practice for students on clinical training to perform internal pelvic floor examinations?" After the Board discussion, and review of information available, the Board provided this response: the standard for making this determination is contained in Board Rule 21 NCAC 48C .0101 (a) Permitted Practice, which states, "Physical therapy is presumed to include any acts, test, 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 determined that performance of internal pelvic floor examinations is not currently routinely taught in PT academic education and therefore does not meet the Board standard for a procedure to be considered within the scope of practice. In addition, students are not yet licensed and would not be performing this type of activity in entry level educational training. Students may observe this type of patient care and it would be appropriate to obtain patient permission while taking part in clinical training.

Position Statement – North Carolina Board of Physical Therapy Examiners

(Considered by the Board at the June 2019 Board meeting and updated at the September 2019 Board Meeting.)

13. Performance of soft tissue mobilization using biofeedback, electrical stimulation and internal pelvic floor muscle techniques vaginally or rectally by a PTA

Adopted – June 6, 2007

Reviewed – September 23, 2010, June 17, 2015, June 6, 2018, September 2, 2020

Updated - September 11, 2019

The NCBPTE determined that using biofeedback, electrical stimulation and internal pelvic floor muscle techniques to perform soft tissue mobilization vaginally or rectally are not entry level skills. However, under appropriate supervision, a properly trained physical therapist assistant can perform internal vaginal and rectal interventions.

13. Performance of soft tissue mobilization vaginally or rectally by a PTA

Adopted – June 6, 2007

Reviewed – September 23, 2010, June 17, 2015, June 6, 2018

The NCBPTE determined that to perform soft tissue mobilization vaginally or rectally would require a continuous ongoing re-evaluation and reassessment that can only be performed by a physical therapist; therefore, it would not be appropriate for a physical therapist assistant to perform internal vaginal and rectal interventions.

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**What is the proper way to transition patient care from one provider to another to comply with licensure requirements and liability?**

There is no Board rule that specifically states a PT must give formal notice to a patient before changing jobs or leaving patients for other reasons. However, the rules specify many duties and responsibilities of the PT that would make giving notice the reasonable and prudent thing to do to maintain the required standard of care. The responsibilities can be found on the Board website under Board rules

**Is it within physical therapists' practice scope to act on standing orders? We are defining standing orders as those that are written to be specific and predictable and activated only in very limited situations. The standing order structure allows the therapist to initiate the action and the physician to sign the order afterward.**

(This question has arrived for our investigation due to our organization's process for blood & body fluid exposures (BBFE). Because therapists cannot order labs, we are trying to determine whether lab orders for the source patient blood draw can be arranged as standing orders such that in the rare occurrence of a BBFE in one of our outpatient clinics, the therapist can push a button to initiate the standing order and send the patient to the lab given the time-sensitive nature of such an event for team member safety.)

An organization for which PT licensees work may require PT licensees to comply with orders put in place as part of an organization's policy, but the specific protocol mentioned (BBFE) would not be considered physical therapy. It would be the responsibility of the organization to ensure the PT licensee is properly educated and trained, since what they are being asked to do is not physical therapy and thus, not covered by PT education and continuing competence. It should not be called or billed as physical therapy and the PT licensee not refer to it as physical therapy. To the extent that "standing orders" maybe part of another licensed healthcare professions law and rules, PT licensees should not be asked to perform activities in violation of those laws via organization policy.

**Our hospital is trying to establish a hospital at home program with COVID surging. Our supervisors are asking what kind of services that we can provide in home to sort of extend the hospital care. My Director wondered if we are allowed to remove an IV once the order is discontinued.**

In response to your question to the NC Board of PT Examiners, at its meeting September 22, 2021, the Board addressed the question, "...is it within the scope of practice for PTs to perform IV removal?" After the Board discussion, and review of information available, the Board provided this response, the standard for making this determination is contained in Board Rule 21 NCAC 48C .0101 (a) Permitted Practice, which states, "Physical therapy is presumed to include any acts, test, 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 determined that removal of IVs is not routinely taught in entry level education or continuing education and is not routinely performed in PT practice which does not meet the Board standard for a procedure to be considered within the scope of practice which does not meet the Board standard for a procedure to be considered within the scope of practice.

**Do you have any guidance or suggestions regarding student supervision in general in a telehealth environment, and the issue of DPT students not being in NC in terms of their ability to participate in a physical therapy session?**

As long as the patient is in NC and the supervising licensee is licensed in NC, then the student can "zoom" in for supervised telehealth. The fact that the student is not physically in NC is not a problem. In fact, it would even be ok if the supervising licensee is presently in another state. However, the supervising licensee should remain involved in the provision of telehealth (stay involved in the zoom call or whatever it is). The rules say the supervisor "shall be present in the same facility when patient care is being provided". There is no facility in this situation, but the intent is to require the supervisor to be available at all times while care is being provided. So, as long as (1) the patient is in NC, (2) the supervising licensee is licensed in NC, and (3) the supervising licensee remains on the conference at all times, it is fine.

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## SCOPE OF PRACTICE QUESTIONS *continued*

**Recently, the FSMB released a statement regarding the disciplinary actions regarding the spread of misinformation and disinformation about COVID-19. I was wondering if the NCPT Board had any plans to do the same or if there was something already in place?**

Currently the NCBPTE defers to the CDC and North Carolina Department of Health and Human Services for information related to COVID-19, and has provided links to that guidance on the Board website. The Board hasn't released a statement similar to the one released by FSMB. However, the NC Physical Therapy Practice Act and Board Rules do provide rules that would allow the Board to discipline a licensee for disseminating misinformation. To do that, a complaint would need to come in to the Board office and the Board would investigate the complaint and proceed as it would on any other complaint. Here is the FSBPT Statement on Misinformation.

### Statement on Misinformation

FSBPT promotes scientific data, research, and analyses in understanding health-related matters. FSBPT also strongly discourages the spread of misinformation. In consultation with other health care regulatory groups, the FSBPT Board of Directors has issued [the following statement](#):

*"Healthcare professionals who generate and spread misinformation or disinformation about the COVID-19 vaccine are putting the public at risk. Because of their specialized knowledge and training, licensed Physical Therapists and Physical Therapist Assistants possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not. They also have an ethical and professional responsibility to provide health care in the best interests of their patients and must share information that is factual, scientifically grounded, and evidence-based for the betterment of public health. Spreading inaccurate information contradicts that responsibility, threatens to further erode public trust in health care, and puts all patients at risk."*

**Board rule "21 NCAC 48C .0102 RESPONSIBILITIES (g) A physical therapist's responsibility for patient care management includes first-hand knowledge of the health status of each patient and oversight of all documentation for services rendered to each patient, including awareness of fees and reimbursement structures." Does first-hand knowledge of the patient mean if the patient is being seen by a PTA, to supervise, does the PT need to see them in-person?**

In response to your emailed question to the NC Board of PT Examiners, at its meeting September 22, 2021, the Board addressed the question, "does first-hand knowledge of the patient mean if the patient is being seen by a PTA, to supervise does the PT need to see them in-person?" While this rule may have been written prior to the advent of electronic medical records when remote access to a patient's entire record was not available, the intent of the rule is that a patient being treated by a PTA who requires PT supervision and is not onsite or in the same physical area with the PTA, has sufficient information to be able to supervise the PTA and assure that the patient receives safe and effective physical therapy care. Review of the medical records alone may not be sufficient to become familiar with that patient. An in-person visit or virtual visit by the PT may be required to obtain "first-hand knowledge" of that patient's status. While there are circumstances where an in-person visit may not be required by the PT to assure they have first-hand knowledge of the patient for safe and effective care to be taking place, it is the responsibility of the PT to do whatever is required to assure appropriate patient care management and oversight of any delegated portions of the plan of care. If a PT supervising a PTA needs to be out for the day or is leaving a practice, it is incumbent upon the PT to assure the care is transitioned to another supervising PT and that transition is documented. If a licensee does not have first-hand knowledge it should be sought before treating or supervising a PTA, Aide or student.

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## SCOPE OF PRACTICE QUESTIONS *continued*

### Is it legal for a PTA to perform gait training if the PT did not assess it, but it is listed in the plan of care, there are gait training goals and it was delegated to the PTA to perform?

In response to your email to the North Carolina Board of Physical Therapy Examiners, a patient's ambulatory status is usually included as part of a physical therapy evaluation if the patient is physically and mentally able to participate.

The **Practice Act** states the following:

(3) "Physical therapist assistant" means any person who assists in the practice of physical therapy in accordance with the provisions of this Article, and who works under the supervision of a physical therapist by performing such patient-related activities assigned by a physical therapist which are commensurate with the physical therapist assistant's education and training, but an assistant's work shall not include the interpretation and implementation of referrals from licensed medical doctors or dentists, the performance of evaluations, or the determination or major modification of treatment programs.

Board Rule 21 NCAC 48C .0201(a) allows the PTA to assist in the practice of physical therapy only to the extent allowed by the PT.

If the physical therapist has performed an evaluation and created the plan of care and goals, delegation of a portion of that plan to the PTA is allowed. In some cases, a PTA progressing a patient to ambulation may be considered a major modification. However, there may be other cases that it would not. For example: There may be times that a physical therapist could evaluate a patient who is not quite ready to ambulate (*such as a patient with ankle surgery who is still a little groggy from anesthesia*), so the PT cannot perform a "gait evaluation"; however, due to the patient's prior functional status, diagnosis, physical

condition, setting, experience of PTA, and the working relationship between the PT and the PTA, the PT feels comfortable having the PTA progress the patient to gait training without performing an "official gait evaluation" (*based on the patient's age, strength, sitting balance, etc.*). Ultimately, the decision and responsibility to make this determination would be up to the judgment of the physical therapist who performed the evaluation, which should always include patient safety at the forefront of the treatment goals and plan-of-care. If the PT feels that a gait evaluation needs to be performed before the PTA initiates gait training, then the PTA should follow the direction of the PT. For a PTA, failure to follow the direction of the PT may be considered practicing beyond the scope of practice and could be a violation of the Practice Act and Board Rules. If the PTA has received direction to begin ambulation with a patient yet believes that upon seeing the patient it would not be safe or effective for that patient, the PTA should not begin the intervention. The PTA is responsible for communicating the status of the patient to the PT if they believe there may be an adverse event and may make minor modifications to the treatment plan consistent with the plan of care. Whether the PT sees the patient for reassessment is up to the PT. Although the PTA is trained to assist the PT and generally does what the PT delegates, the PTA must still rely on his/her own judgment and training regarding safety and standards of care. If the patient were injured, the PTA's license would be in jeopardy just like the PT's. PTAs should document communications with the PT regarding recommended actions and notate "per the PT."

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## EXPEDITED PERMITS FOR MILITARY

(The Board expanded the categories of military to include: Military-Trained, Active Military member, Active Military-member Spouse, Veteran, or Veteran-Spouse.)

To comply with requirements of SL 2020-87 effective December 1, 2020, the Board now issues a temporary permit to military-trained applicants/spouses, veterans/veteran spouses who have an active physical therapist license or physical therapist assistant license in another state while the applicant satisfies the requirements for licensure in North Carolina. A temporary military permit holder has the privilege of working as a PT or PTA in NC for one year from the date the permit is issued, or until the licensure process is completed, whichever occurs sooner. Additional information is available on the Board website.

As of 10/5/2021, the Board has issued the following active temporary permits for military members in 2021:

	PT	PTA	
Military Veterans	3	10	
Military Spouses	5	11	
Veteran Spouses	6	0	
<b>TOTAL</b>	<b>14</b>	<b>21</b>	<b>35</b>

# BOARD INFORMATION TECHNOLOGY UPDATE 2021

This year the IT department has focused on security and a complete overhaul of the Board website. As Ransomware has continued to grow across the country, we've been busy examining incidents around the country and reviewing best practices used to prevent them. We've been taking this information and applying what we've learned in our environment. We've closed holes that have been identified as used for exploitation, updated and strengthened our backups, improved policies and conducted training. This is ongoing work that will continue well into next year.

Our second large project is a complete overhaul of the entire external website. This update has a new look and feel, updates server software we use, increases security, and eliminates some dependencies that had become a problem. It is also phone and tablet ready. We've been looking forward to this rollout for some time, and encourage your feedback. Send email to [Feedback@ncptboard.org](mailto:Feedback@ncptboard.org).

In addition to the two major projects, we continue working on solutions that improve remote working. We were doing this before COVID and it proved valuable. Again, the work is ongoing, adding some new software and jettisoning old infrastructure. We're adding more capabilities, moving to cloud email via Office 365, and expanding the website for our license administrators. This will further enhance our security.

The IT Department welcomed Zulaikha Kaja Moinuden, Software Engineer, who has been the point person on the website redesign. Previously, Zulaikha worked as a software engineer at E\*Trade.

While the pandemic continues, we keep pressing forward, adding new features and enabling more capabilities for licensees, applicants, and staff.

## NC Board of Physical Therapy Examiners

*Effective May 1, 2020*

*English Proficiency for Foreign-Educated Applicants*

According to the North Carolina Physical Therapy Practice Act and Board Rules, the applicant will show proof of demonstrated English language proficiency by meeting the most recent Test of English as a Foreign Language (TOEFL) score requirement as 'defined by the Federation'. The current TOEFL score requirement as defined by the Federation was adopted on July 1, 2016 and is as follows:

### Federation of State Boards of Physical Therapy

#### 16-07-01 Motion adopted

Adopt the following individual section and total cut scores on TOEFL iBT for both Physical Therapists (PT) and Physical Therapist Assistants (PTA). These scores must be obtained in one sitting.

READING 22 MIN.

LISTENING 21 MIN.

SPEAKING 24 MIN.

WRITING 22 MIN.

**TOTAL MINIMUM 89**



## TEMPORARY EXEMPTIONS FROM LICENSURE DURING THE STATE OF EMERGENCY

After the Governor declared a State of Emergency for North Carolina, he issued Executive Order 130 giving healthcare occupational licensing boards the authority to consider and implement flexibility in licensure requirements during the COVID-19 pandemic. These Executive Orders and the NC Physical Therapy Practice Act granted the Board the authority to exempt qualified applicants from licensure requirements during the state of emergency. Physical therapists or physical therapist assistants licensed in another jurisdiction of the United States who enter North Carolina to provide physical therapy during a declared local, State, or national disaster or emergency may be granted an exemption.

Beginning April 15, 2020, the Board established policies and procedures to begin issuing exemptions from licensure equal to temporary privileges to practice physical therapy in North Carolina. An online application was made available on the Board website. The application is reviewed and the credentials (active license status) of the applicant are verified through a state's physical therapy licensing board website. A letter is generated granting the request and outlining compliance requirements for the temporary privilege.

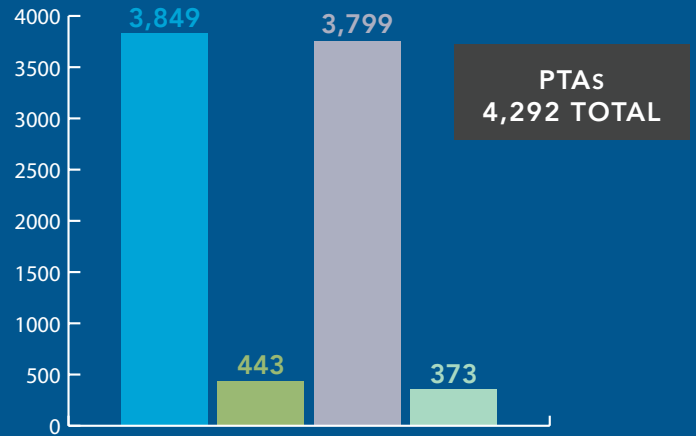
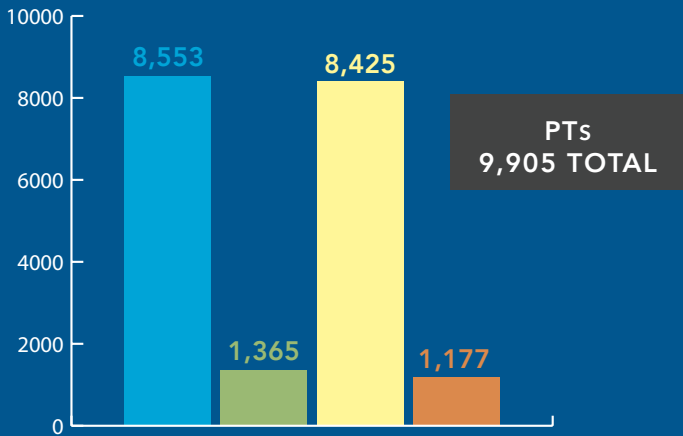
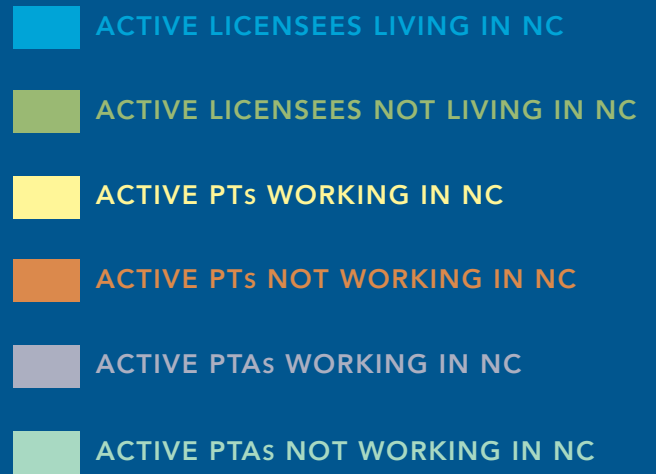
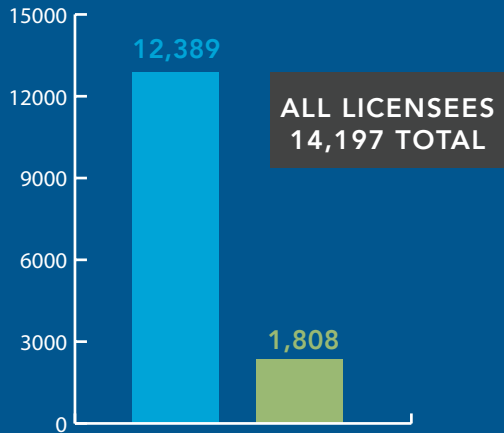
All requests for exemptions from licensure are assigned a number associated with the temporary privileges to practice in North Carolina. Those granted the exemption are monitored for changes that would require rescinding the exemption such as becoming licensed in North Carolina, or expiration of the other state license. In both cases, a notification email is sent to the license holder.

The chart below details activity through September 10, 2021:

Month	Total Requests	Licenses Granted PT/PTA	Requests denied (reasons)	Exemptions Rescinded (received NC License) PT/PTA
April	50	43/5	2 (1 disciplinary action; 1 duplicate request)	0/0
May	31	24/6	1 (duplicate request)	2/0
June	31	26/4	1 (received NC license same day of request)	8/3
July	29	19/8	2 (1 duplicate request; 1 requested in error)	6/1
Aug	29	17/11	1 (requested in error)	7/4
Sept	20	15/5		12/5
Oct	18	13/5		10/3
Nov	21	17/4		4/2
Dec	30	24/6		11/2
Jan '21	27	21/3	3 (requested in error)	5/1
Feb	19	11/6	2 (requested in error)	8/3
March	5	3/2		8/0
April	16	9/5	2 (requested in error)	6/3
May	13	5/7	1 (requested in error)	2/1
June	9	8/1		4/0
July	12	6/4	2 (duplicate requests)	3/2
Aug	16	12/4		1/1
Sept	4	3/0	1 (unable to confirm license)	0/0
<b>Total</b>	<b>380</b>	<b>276/86</b>	<b>18</b>	<b>97/31</b>

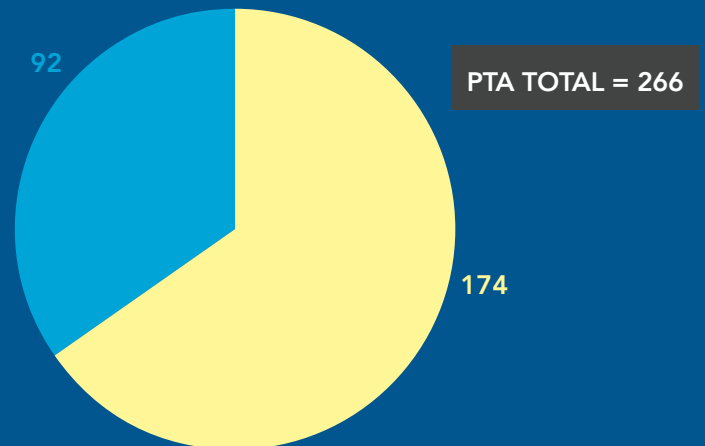
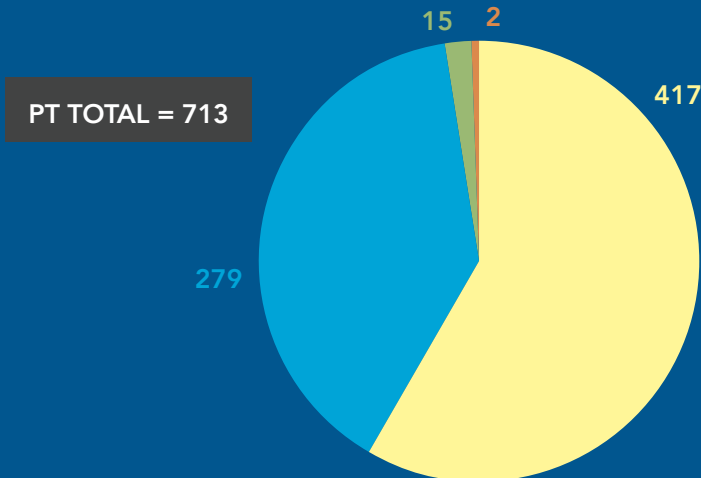
# LICENSEE COUNTS

COUNTS FOR TYPE OF LICENSES AS OF 10/05/2021



## PT/PTAs LICENSED IN 2021

AS OF 10/05/2021



# NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

## Board Orders / Consent Orders / Other Board Actions

November 1, 2020 – October 31, 2021

### Neelin, Michael C., PTA, (Warning)

**Location:** Charlotte, NC, Mecklenburg County

**License #:** A4696

**Conduct:** Failure to respond to a Board notice in a timely manner and failure to complete a continuing competence audit.

**Discipline:** Warning and reimburse the Board for costs of the investigation. (Effective: January 15, 2021)

### Strange, Elizabeth A., PTA (Warning)

**Location:** Lillington, NC, Harnett County

**License #:** A5324

**Conduct:** Recording false or misleading data, billing or charging for services or treatment not performed, failing to record patient data within a reasonable period of time after interventions

**Discipline:** Warning and reimburse the Board for costs of the investigation. (Effective: April 10, 2021)

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### Parker, Lesa C., PTA, (Warning)

**Location:** Lincolnton, NC, Lincoln County

**License #:** A861

**Conduct:** recording false or misleading data, billing or charging for services or treatment not performed, failing to record patient data within a reasonable period of time after interventions

**Discipline:** Warning and reimburse the Board for costs of the investigation. (Effective: January 15, 2021)

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## DO YOU OR A PT/PTA COLLEAGUE YOU KNOW STRUGGLE WITH A SUBSTANCE USE OR MENTAL HEALTH DISORDER?

**The NC Board of PT Examiners encourages you to seek help!**

**Substance Use Disorders:** The Board contracts with the NC Board of Nursing (NCBON) to allow qualified PT licensees to participate in the Nursing Board's Substance Use Disorder Programs (Alternative-to-discipline program). Each program provides a process for licensees to recover from impairment and become safe practitioners. **Contact: NC Board of Nursing or your primary care provider for treatment or appropriate referral.**

**Mental Health Disorders:** If you struggle with a mental health issue, please contact your health care provider for treatment or who can refer you to appropriate resources in your area.

Want more information? Contact Kathy Arney, NCBPTE Executive Director, at [karney@ncptboard.org](mailto:karney@ncptboard.org).

# CALENDAR OF EVENTS

*\* DATES, TIMES, AND MEETING METHOD/LOCATION ARE TENTATIVE.*

*Contact Kathy Arney, Executive Director at [karney@ncptboard.org](mailto:karney@ncptboard.org) for further information.*

Oct. 28, 2021 (Thu)	<b>Investigative Committee Meeting *</b> - (8:30 a.m.-4:30 p.m.) Offices of NC Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615. If no guests will attend, remote will be considered.
Dec. 1, 2021 (Wed)	<b>Board Meeting *</b> - (8:30 a.m.-4:30 p.m.) Offices of NC Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615. <a href="https://www.youtube.com/channel/UCUVBmOFF6-RRZ8hwvf8lyew">https://www.youtube.com/channel/UCUVBmOFF6-RRZ8hwvf8lyew</a>
Dec. 16, 2021 (Thu)	<b>Investigative Committee Meeting *</b> - (8:30 a.m.-4:30 p.m.) Offices of NC Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615. If no guests will attend, remote will be considered.
Jan. 27, 2022 (Thu)	<b>Investigative Committee Meeting *</b> - (8:30 a.m.-4:30 p.m.) Offices of NC Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615. If no guests will attend, remote will be considered.
March 9, 2022 (Wed)	<b>Board Meeting *</b> - (8:30 a.m.-4:30 p.m.) Offices of NC Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615. <a href="https://www.youtube.com/channel/UCUVBmOFF6-RRZ8hwvf8lyew">https://www.youtube.com/channel/UCUVBmOFF6-RRZ8hwvf8lyew</a>
June 8, 2022 (Wed)	<b>Board Meeting *</b> - (8:30 a.m.-4:30 p.m.) Offices of NC Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615. <a href="https://www.youtube.com/channel/UCUVBmOFF6-RRZ8hwvf8lyew">https://www.youtube.com/channel/UCUVBmOFF6-RRZ8hwvf8lyew</a>

## 2021-22 HOLIDAYS

**BOARD OFFICE WILL BE CLOSED**

Holiday	Day (s) of Week	Date (s)
Thanksgiving	Thursday and Friday	November 25 & 26, 2021
Christmas	Friday and Monday	December 24 & 27, 2021
New Year's Day (observed)	Friday	December 31, 2021
Martin Luther King Jr. Day	Monday	January 17, 2022
Good Friday	Friday	April 15, 2022
Memorial Day	Monday	May 30, 2022
Independence Day	Monday	July 4, 2022
Labor Day	Monday	September 5, 2022
Veteran's Day	Friday	November 11, 2022
Thanksgiving	Thursday and Friday	November 24 & 25, 2022
Christmas	Friday and Monday	December 23 & 26, 2022
New Year's Day (observed)	Monday	January 2, 2023