

NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS



Annual license renewal begins November 1, 2022

A reminder email will be sent to email address on file at the Board office

Look for the Renewal button on the [Board website](#)

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Executive Director

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Senior Licensing Specialist

Teresa Reese
Senior Licensing Specialist

Kim Jackson
Executive Assistant

Legal Counsel

David C. Gadd, Attorney

BOARD OFFICE NOTICE

Board office staff hours are M-F, 7:30 am – 4 pm, to respond to calls and email inquiries. In-office appointments may be scheduled in advance, TU-TH, 10 am – 2 pm.

Send an email to PTBoard@NCPTBoard.org and provide name, email address, best contact number, and a brief description of appointment needs.

FROM THE NCBPTE BOARD CHAIR - Teresa Hale, PT

Over the last 3 years as the NCBPTE Board Chair, I'm convinced that the resiliency and determination by staff and board members have helped us provide smooth and reliable service to our licensees and the people of North Carolina. The dependable leadership from Kathy Arney, Executive Director, and Debbie Regan, Deputy Director, remind me of another dependable and devoted person.

When I was a kid, Aunt Gladys welcomed me with a hug at her back door wearing her signature-stained apron bearing the remnants of the day's cooking. She lived in the white clapboard homeplace built by my grandfather in 1915 and heated the house with a big pot-belly stove in the middle room. I could always count on eating hot buttermilk biscuits with sticky blackstrap molasses as well as turnip greens and black-eyed peas. Aunt Gladys had rules. Pray before eating, snap a bowl of beans, clean off your shoes, wash up the dishes, and don't chew with your mouth open.

The NCBPTE has rules too. The Practice Act and the State Statutes guide our compliance in the service of licensees and people. Continuing competency ensures we stay up to date. As physical therapists, we are willing to help every patient, welcome new grads to work, and share our knowledge with colleagues. May we all be as dependable, devoted, and helpful in our everyday work as my Dear Aunt G!

GOVERNOR-APPOINTED MEMBERS OF THE NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS – 2021-22



Back Row

David Gadd
Board Attorney
C. David Edwards, PT
Secretary-Treasurer
Teresa Hale, PT
Board Chair
Dr. Paul Garcia, MD
Leslie Kesler, PT

Front Row

Stephanie Bernard, PTA
Megan Wentz, PTA
Rosa Gonzalez, BSN, RN
Jamie Miner, PT
Kathy Arney, PT
Executive Director

FINISH THE PAPERWORK! PATIENT CARE AND DOCUMENTATION IN PHYSICAL THERAPY

By KATHY ARNER, EXECUTIVE DIRECTOR

As clinicians, physical therapists and physical therapist assistants have a responsibility to document a complete record of patient interaction. The NC Physical Therapy Practice Act and Board Rules outline what is legally required to include in documenting each evaluation or intervention/treatment. These are established “minimum standards.” There may be additional elements required by employers, payors, or other profession “best practices.” One important element of the record is envisioning the patient plan of care and outcome. Recognition that documentation, if absent or incomplete can misrepresent physical therapy care provided. Patient care is not finished until accurate, timely, and complete documentation exists.



There are a variety of ways to document patient care, from electronic to paper, and common to all is the need to communicate the patient status, what was done, patient response to interventions, and updates to the plan of care for the purpose of patient progressing to an optimal or improved outcome. Facilitating smooth communication among PT licensees and other healthcare providers assists all involved to work for the best patient outcome. Without complete, timely and accurate documentation the intended outcome of physical therapy may not occur.

When performing documentation, some things to keep in mind:

- Documenting ahead of patient visits (“pre-charting”) is a risky and potentially fraudulent practice.
- Including information about how the patient is informed and agrees to the plan of care may reduce miscommunication and understanding.
- Signing your name on documentation you performed is required; referencing other non-licensed individuals involved in a patient’s care is appropriate; PT and PTA licensees should provide documentation of activities they each performed.
- Verbal orders may be taken; however, should be signed by the referring provider in a timely manner.
- Cutting and pasting information on multiple records is risky and may be interpreted as falsification; results of tests and measures should be entered at each visit or when assessed or reassessed.
- Proper documentation of addendums or edits to notes can provide additional information be helpful to a patient’s care.
- Documentation is required for all patients regardless of payor source.
- Drop down menus may be helpful with time efficiency of documentation but may not provide the necessary options to communicate about a patient to others; utilize the “Notes” section when additional information is needed.
- When using mobile devices, documentation of texting or verbal communications, between providers or others involved in the patient’s care, needs to be included in the medical record.

Being mindful of these ways to enhance documentation can improve patient physical therapy services. The Board website has additional resources and information available for reference regarding the law and rules about documentation to keep you on the right side of potential complaints and non-compliant documentation. See those outlined below at www.ncptboard.org, NC PT Law and Board rules:

NC PT Practice Act:

§ 90270.92. Powers of the Board. The Board shall have the following general powers and duties:

(9) Adopt, amend, or repeal any rules or regulations necessary to carry out the purposes of this Article and the duties and responsibilities of the Board. . . . The powers and duties enumerated above are granted for the purpose of enabling the Board to safeguard the public health, safety and welfare against unqualified or incompetent practitioners of physical therapy, and are to be liberally construed to accomplish this objective.

And

§ 90-270.102. Unlawful practice. Except as otherwise authorized in this Article, if any person, firm, or corporation shall: (2) Use in connection with any person's name any letters, words, numerical codes, or insignia indicating or implying that the person is a physical therapist or physical therapist assistant, . . . unless the person is licensed or authorized in accordance with this Article;

Physical Therapists 21 NCAC 48C .0102 RESPONSIBILITIES
(l) A physical therapist shall document every evaluation and intervention or treatment including the following elements: (1) authentication (signature and designation) by the physical therapist who performed the service; (2) date of the evaluation or treatment; (3) length of time of total treatment session or evaluation; (4) patient status report; (5) changes in clinical status; (6) identification of specific elements of each intervention or modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note; (7) equipment provided to the patient; and (8) interpretation and analysis of clinical signs, symptoms, and response to treatment based on subjective and objective findings, including any adverse reactions to an intervention. (m) At the time of reassessment the physical therapist shall document: (1) the patient's response to therapy intervention; (2) the patient's progress toward achieving goals; and (3) justifications for continued treatment.
Physical Therapist Assistants 21 NCAC 48C .0201 Supervision by Physical Therapist
(f) The physical therapist assistant must document every intervention/treatment, which must include the following elements: (1) Authentication (signature and designation) by the physical therapist assistant who performed the service; (2) Date of the intervention/treatment; (3) Length of time of total treatment session; (4) Patient status report; (5) Changes in clinical status; (6) Identification of specific elements of each intervention/modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note; (7) Equipment provided to the patient or client; and (8) Response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

For additional information, consult the following position statements on the Board website:

- Supervision and Documentation (Notes)
- Physical Therapist's Role in Managing and Recording Medications
- Use of Clinical Designator, PT, DPT, and PTA
- Documentation – Discharge Summary
- Scope of Authority of the PTA to assist the PT with Functional Capacity Evaluations
- Utilization of the Physical Therapist Assistant to Assist the Physical Therapist with Patient Screens
- Electronic Signatures

GOODBYE – Deputy Director, Deborah J. Ragan, PT, DPT



My father, a radiologist, always told me to never quit learning. Even after 40 years, I am still learning and trying to keep up with this profession that continues to evolve and expand.

I graduated from Duke in 1982 when there were only a few masters programs in physical therapy available, and I have been privileged to just scratch the surface of the myriad of opportunities now open to physical therapists and physical therapist assistants. From acute care hospitals to tertiary care facilities, schools, home health, outpatient services, the NC PT association, and the North Carolina Physical Therapy Board, these settings provide opportunities and insights into the power of helping our fellow human beings. I am humbled to have been able to touch the lives of patients of all ages, as well as work with other physical therapists and physical therapist assistants promoting excellence and regulation in the profession.

If my father were alive today, I wonder what he would have thought if in the not-too-distant future, he could have received a request for imaging services from me. He did say never quit learning, and anyone in this profession can attest to unending resources to advance our skills and improve the quality of lives for others. Maybe he and I will have that conversation one day.

NEW STAFF MEMBER – Ellen Roeber, PT, DPT



Ellen comes to the NCBPTE with a wide range of professional experience. She has been in clinical practice for 29 years in virtually every clinical setting, and most recently, in private practice in Durham, NC. From 2010–22, she also served in an adjunct professor role in the UNC Chapel Hill DPT.

Since becoming licensed, she has been an active member of the APTA-NC where she has served in various roles including Capital District Chair, reimbursement and legislative committees, and as a member of the Executive Committee. Ellen is passionate about the practice of physical therapy and is looking forward to serving the profession and the public in her new role as Deputy Director for the NCBPTE.

WELCOME – Board Member, Megan Wentz, PTA



Megan moved to Holly Ridge, North Carolina in April of 2020 from the small town of Aurora, Ohio. She was initially employed as the rehab director at an independent/assisted living facility in Wilmington, and then in February 2022 decided to change gears and work in the home health setting in Jones/Onslow/Pender counties. She wanted to be a part of the Board to pursue being a part of the profession beyond a clinical setting. Megan wants to be a part of making a positive difference in the operations of the physical therapy profession on the state level. When not working, Megan loves to cook and bake which helps her decompress. Of course, most important to her is spending quality time with her husband and two-year-old son. They love going on bike rides and to the zoo and animal parks.

WELCOME – Board Member, Stephanie Bernard, PTA



Stephanie currently works for Medi Home Health, based out of Raleigh. Prior to that, she was with Cary Orthopedics in Morrisville for seven years. While she was born and raised in North Carolina, she did live in New Hampshire for three years after getting married.

She wanted to be on the Board because she believed it would be a great experience to expand her knowledge of the field and interact in a different way with other people in the same profession. “I like to stay as cutting edge and be exposed to as much as I can to make myself a better clinician every day for my patients,” she explains. Stephanie and her husband have been together since high school and married for eleven years. They have two beautiful, sweet little girls, ages 4 and 6 (Halloween baby). They have resided in Johnston County for the past eight years. She loves hiking, hanging with friends, and trying new things with her girls and husband, especially all the delicious food in Raleigh.

LICENSE MOBILITY THROUGH A COMPACT PRIVILEGE

BY DAVID GADD, BOARD ATTORNEY



The Physical Therapy Practice Act, in N.C.G.S. §90-270.101(8) provides that physical therapists or physical therapist assistants licensed in another jurisdiction of the United States shall be permitted to practice physical therapy without first obtaining a license *during a declared local, State, or national emergency*. It’s hard to imagine the drafters of this section of the Practice Act could anticipate a state of emergency lasting over two years, as the COVID-19 state of emergency did. The state of emergency began on March 10, 2020, and ended on August 15, 2022, when Governor Cooper rescinded it by Executive Order number 267. During the state of emergency, the Board granted over five hundred temporary permits to practice physical therapy pursuant to N.C.G.S. §90-270.101(8).

The fact so many temporary permits were granted to licensees of other states, even when there was no organized effort to inform out of state licensees the temporary permits were available, was surprising. What is even more surprising is there were more temporary permits issued during the state of emergency than the number of PT Compact privileges issued since the Board began issuing Compact privileges in 2019. The number of temporary permit requests received by the Board demonstrates the need for mobility among the licensee population. While enabling legislation has not yet been adopted by all states, a PT Compact privilege can provide for mobility while reducing the burdens of the full application process required for a traditional license. So far, twenty-six states have passed Compact legislation and are issuing privileges. Another eight states have enacted the legislation and will be issuing privileges.

The lack of a country-wide single licensing body can be frustrating for licensees, particularly for those from other countries who have never encountered restrictions on the ability to work anywhere they choose without obtaining multiple licenses. Applicants often inquire of the Board, “Why must I obtain a license from North Carolina when I was just licensed in a neighboring state?” The legal framework pertaining to licensing can be traced to the Constitution of the United States of America, which delegates a limited number of governmental powers directly to the federal government. Examples of those powers are the power to declare

war, maintain an army, print money, and establish a post office. Powers which are not delegated to the federal government are reserved to the States, including the power to regulate professional occupations. As a result, each state has its own regulatory body and set of rules which apply to applicants. As society has become more mobile, the call to reduce licensing barriers between the states has grown. The recent advent of telehealth has only contributed to the need to make it more efficient to provide physical therapy services across state lines. The Physical Therapy Compact was created to address this problem, by providing greater licensee mobility while still protecting the public through state board regulation. In addition to providing portability for licensees, the Compact also increases patient access to qualified providers. A compact privilege is especially helpful to those licensees who work for large, multi-state employers, those who travel to provide services across state borders, and those who provide services via telehealth.

In order to join the Compact, each state must adopt legislation which, among other things, requires participation in the national Physical Therapy Compact Commission (the “Commission”). North Carolina adopted the compact legislation in 2017 and it can be found in NCGS §90-270.120 – §90-270.131. Each member state must comply by the rules of the Commission, which address topics such as required criminal background checks, continuing competence requirements, joint investigations, participating in a uniform data system, rulemaking and dispute resolution.

A licensee is not eligible for a compact privilege until he or she is first licensed in the state in which he or she permanently resides (the “Home State”). It is important to note that if the permanent residence of the licensee changes, even to a state in which a compact privilege is already held, the licensee will need to obtain a traditional license in the state where the permanent residence is. If the new Home State is a member of the Compact, all existing compact privileges can be connected to the new Home State license once it is obtained. In order to obtain a compact privilege after being licensed in the Home State, a licensee must:

- (1) Have no encumbrance on any state license;
- (2) Have not had any adverse action against any license or compact privilege within the previous two years;
- (3) Be eligible for a compact privilege in the remote state pursuant to the remote state’s laws;
- (4) Notify the Commission that the licensee is seeking the compact privilege within a remote state;
- (5) Pay any applicable fees, including any state fee, for the compact privilege;
- (6) Meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege; and
- (7) Report to the Commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

The PT Compact Commission verifies eligibility of a licensee to purchase a privilege and privileges are issued by the Compact Commission on behalf of the member state boards. While there are challenges and costs of moving between the states to practice physical therapy, the PT Compact privilege lessens regulatory burdens and saves time and money compared with obtaining traditional licenses. Both licensees and patients stand to benefit as more states join the compact.

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 (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 the PT Compact website (ptcompact.org).

How Does the PT Compact Define a “Home State”?

As defined by the PT Compact Commission Rules, a licensee’s home state means the individual’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. Special exceptions to this rule are provided for active-duty military and their spouses. The PT Compact website (ptcompact.org) provides additional information.

If a licensee’s home state is North Carolina, the licensee must have an active license issued by NCBPTE to practice physical therapy in North Carolina.

Reminder: Physical Therapy Compact Privileges – Renewal/Purchase

If North Carolina is your home state and you have purchased PT Compact privileges to practice in another state, those expire on January 31 annually. Please remember to renew your privileges to practice with the PT Compact Commission at ptcompact.org.

If you live in another state that is your home state and you want to practice in North Carolina, a PT Compact privilege is an option to consider vs. renewing a North Carolina license. For more information or to purchase a PT Compact privilege for North Carolina go to ptcompact.org.

Become an NPTE item Writer!

Item writing for the NPTE is a great way to gain expertise in crafting multiple-choice questions, share your knowledge of the profession, work with and learn from colleagues, and have fun!

You do NOT need previous item writing experience. You must be licensed with a minimum of two years of experience and in good standing with your state board.

If you or someone you know would like to participate in an Item Writing Workshop, apply online at the FSBPT website or send an inquiry to volunteer@fsbpt.org.

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 a matter in question is not within the scope of practice and is later provided new or additional information that may satisfy the statute, the Board will re-analyze and reconsider the inquiry.

Can a PT/PTA perform non-physical therapy medical procedures requested by physicians in various healthcare settings?

Physical therapy licensees are often asked to perform medical procedures related to a patient's overall care that are not within the definition of physical therapy, nor are they presumed to be precluded by the practice acts of other health care disciplines. Examples would include, but are not limited to, assessment of bowel sounds, PT/INR, suture and staple removal, urine specimens, pulse oximetry, and finger sticks.

In most cases, the interpretation of the results of such procedures should be left to the healthcare professional directing that such activities be performed on the patient.

The performance of these procedures is not considered part of the scope of practice for physical therapy; however, it would not be a violation of the NC PT Practice Act for a physical therapist (PT) or physical therapist assistant (PTA) to perform these medical procedures with a physician's order provided that the PT or PTA has been properly trained and is competent, and makes it clear to the patient that this procedure is not physical therapy. The PT or PTA should communicate the results to the appropriate health professional so the health professional can interpret and communicate the results to the physician to make any necessary modifications to the patient's treatment plan.

In addition, the physical therapy licensee cannot bill for his or her time as physical therapy. Lastly, the NCBPTE cannot speak for other Boards as to whether the performance of these medical procedures would violate other health care practitioners' practice acts. The NCBPTE can only say that it is not a violation of the NC PT Practice Act.

Is perineural dry needling within the PT scope of practice in NC?

The Board determined at its March 9, 2022 meeting that the current scope of dry needling practice is limited to the definition of dry needling in the NC Declaratory Ruling issued 06-28-2016. Perineural dry needling extends beyond the current declaratory ruling. Further, the NC Supreme Court affirmed the NCBPTE Declaratory ruling in 2018 and the Board has not altered this decision.

When additional information that this is routinely taught in entry-level education and continuing education and routinely performed in PT practice, the Board would be willing to review this and consider it in the future.

In the development of an LGBTQ+ health clinic, one of the services we eventually want to offer is physical therapy, specifically for assistance with proper binding, gaffing, and use of prosthetics. Is this within the PT scope of practice in NC?

At its meeting March 9, 2022, the Board discussed the question, is "binding" and "gaffing" part of the NC PT Scope of Practice? The standard for making the determination is contained in Board Rule 48C .0101 (a) Permitted Practice, which states, "Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or intentions 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 the standards of Board Rule 48C .0101 (a) are not met at this time. Therefore, "binding" and "gaffing" would not be part of the NC PT scope of practice. Physical therapist licensees may be trained to perform these techniques if required by their facility or employer but clients receiving this technique should not be advised or led to believe they are receiving physical therapy and should not be billed for physical therapy.

If new or additional information is provided regarding this topic where this is taught in entry-level or continuing education and is routinely practiced by physical therapists, the Board will review the new information and make a determination.

What is considered part of the PT/PTA Scope of Practice regarding pelvic health?

At its June 8, 2022 meeting, the Board approved the following statements. Additional information and further clarification are posted on the Board website under Position Statements and in the Scope of Practice section.

After careful review of the literature, discussion with subject matter experts, and consulting with educational institutions, the Board has determined that not only is it within the scope of PT practice, PTAs, and PT/PTA students who are trained and competent to do so may perform delegated portions of a PT plan of care related to pelvic health; both external and internal, rectal and vaginal, under the supervision of a qualified pelvic health trained PT. PT licensees supervising PTAs, PT/PTA students who are performing internal pelvic interventions should ensure they comply with Board rules regarding student supervision and possess the education, training and competence to perform any aspect of the scope of practice they are performing. The ultimate responsibility for patient care rests with the NC licensed physical therapist.

To further clarify, "APTA Pelvic Health advises that physical therapy examination of and interventions to the internal pelvic muscles be taught to physical therapists, supervised physical therapist students and PTAs. PTAs may be instructed in examination and interventions of the internal pelvic muscles under the provision that this education is intended for foundational knowledge and that examination of the pelvic dysfunction should remain within the scope of the licensed physical therapist". "Furthermore, interventions for pelvic dysfunction including, but not limited to, therapeutic exercise, neuromuscular re-education, manual therapy and behavioral retraining may require immediate and continuous examination and evaluation throughout the intervention while at other times may be relatively routine. In routine circumstances, those interventions may be delegated to PTAs and student physical therapists under direct supervision. When immediate and continuous examination and evaluation is necessary, those interventions should be performed only by a licensed physical therapist." (APTA Pelvic Health)

May I use my “nickname” when signing physical therapy records?

No. The Board needs to be able to identify all licensees when reviewing records. A person can use a shortened version of his/her first name but cannot use a different name. If a name change occurs, the licensee must notify the Board within 30 days of the change (see Board website for more information). Licensees must use the name that is maintained in the Board database. [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

What designations may I use after my name?

The preferred clinical designation is PT or PTA, NOT LPT, LPTA, or RPT. If a licensee would also like to include additional degrees (MA, MPT, MS PT, DPT, PhD, or MBA), these initials should follow the PT or PTA designation.

Are electronic signatures acceptable on physical therapy records?

Based on the following rules (Adopted - December 9, 2010, June 17, 2015; Reviewed- June 6, 2018, September 2, 2020, June 8, 2022), the Board determined that electronic signatures on patient treatment notes are acceptable, and licensees remain accountable for the documentation in the same manner as if an original signature was affixed to the note.

21 NCAC 48C .0102 RESPONSIBILITIES

(l) The physical therapist must document every evaluation and intervention/treatment, which must include the following elements:

(1) Authentication (signature and designation) by the physical therapist who performed the service;

21 NCAC 48C .0201 SUPERVISION BY PHYSICAL THERAPIST

(f) The physical therapist assistant must document every intervention/treatment, which must include the following elements:

(1) Authentication (signature and designation) by the physical therapist assistant who performed the service;

CONTINUING COMPETENCE LICENSE RENEWAL REQUIREMENTS MUST BE COMPLETED EVERY 25 MONTHS

- If you are in the January 1, 2021 - January 31, 2023 reporting period, you must have completed and reported all of your continuing competence activities before you will be allowed to renew (deadline is January 31, 2023).
- At least one Jurisprudence Exercise must be taken every 25 months before the end of the reporting period. Licensees may take all three Jurisprudence Exercises to earn 3 points. The Jurisprudence Exercises can be found on the website home page.
- Reporting periods and reporting points can be verified on the Board website. Hover over the Continuing Competence header on the home page, then click on Continuing Competence Reporting.

COMPLETING AND RECORDING CONTINUING COMPETENCE ACTIVITIES

The Board's continuing competence rules establish maximum points (contact hours), not minimums for eligible activities. Even before the limitations imposed by the COVID-19 pandemic, live, in-person activities were not required. The Board builds in flexibility when developing the continuing competence categories so licensees could earn point that best meet their learning style and clinical/professional needs. Some ways to earn continuing competence points electronically and how to record them are described below.

Physical Therapists 21 NCAC 48G .0109 CONTINUING COMPETENCE ACTIVITIES	
<i>(a) Continuing Education activities are eligible for points as follows:</i>	
<i>(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.)</i>	
<i>(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.)</i>	
<i>(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.</i>	

The Board website has additional information on required documentation for reporting as well as a list of approved Continuing Competence courses. Send questions to PTBoard@NCPTBoard.org and note "Continuing Competence" in the subject line.

Continuing Education (maximum 29.0)	
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
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
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
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
None	
★ A Course offered by an approved provider by non-interactive electronic media (1 point for one hour of participation - Maximum 10.0)	0
None	
★ Study group consisting of at least 3 licensees (1 point for two hours of participation - Maximum 10.0)	0
None	
★ Self-designed home study program (1 point for three hours of home study - Maximum 5.0)	0
None	
Continuing education required by credentialed residencies and fellowships (1 point for each contact hour - Maximum 29.0)	0
None	
★ Home study program by an approved provider (1 point for each contact hour - Maximum 10.0)	0

How do I claim carry over points?

Licensees can check if they have carry over points by logging into their Continuing Competence Summary Report on the Board website. A screen is available that shows what points are available.

Activities that cannot be counted as carry over points include the jurisprudence exercises, clinical work hours, and self-reflective practice exercises. Otherwise, licensees can choose from the categories used during the prior reporting period to claim earned carry over points. The Board website has detailed information under the Continuing Competence tab.

REVIVING A LAPSED LICENSE

North Carolina does not have a “hold” or “inactive” status for NC PT/PTA licenses. When a license is not renewed by January 31 of each year, the license lapses automatically.

If the licensee wants to revive the license, several options are available:

1. **Revival by Endorsement:** If a licensee has a current, active license in another state.
2. **Revival by Payment:** If licensed in NC within the last year and first continuing competence reporting period has not been completed.
3. **Revival with Continuing Competence:** If a license has been lapsed for less than five years and the licensee does not have a current, active PT/PTA license in another state.
4. **Revival by Application:** If the license has been lapsed over five years and the licensee does not have a current, active PT/PTA license in another state, there are two options with this method:
 - a. Revive by 500 Hours Education and Clinical Hours OR
 - b. Revive by Examination.

Additional information on reviving a lapsed license is available on the Board website.

DEFINITION OF ADVANCED TRAINING – REVISION ADOPTED BY BOARD 06-08-2022

The Board has recently been asked to respond to several inquiries regarding student performance of physical therapy interventions learned in entry level and whether they may be performed in clinicals prior to graduation. In addition, responses to scope of practice questions from the Board may utilize the term “advanced training.” For example, the Board has previously determined dry needling and internal pelvic examinations to be “advanced” skills that require advanced training.

The Board reviews and makes determinations on scope of practice questions for licensees based on several criteria including what is taught in entry level PT academic education and meets the criteria outlined in Board rule 21 NCAC 48C .0101 Permitted Practice. The rule states: 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 Merriam-Webster definition of “advanced” is:

1. far on in time or course - a man *advanced* in years
- 2a: being beyond others in progress or ideas - tastes a bit too *advanced* for the times
- b: being beyond the elementary or introductory - *advanced* chemistry
- c: greatly developed beyond an initial stage - the most *advanced* scientific methods, *advanced* weapons systems

Using the Board rule noted and the Merriam-Webster definition of the word “advanced”, students who are in the process of didactic and clinical training have not had advanced training. While some NC PT/PTA

programs may choose to offer additional training not required as part of a required CAPTE entry level curriculum, the Board must consider training throughout the state for consistency and allowing the Board to meet its legislative mandate of protecting the safety and welfare of the citizens of North Carolina and establishing minimum standards for the practice of physical therapy.

To achieve advanced level skill, additional training is necessary to become competent. It is useful for licensees to participate in additional training via mentored practice for specific higher risk techniques prior to performing these in clinical practice. Therefore, for the reasons stated above, when the Board uses the term “advanced” it means “beyond entry-level” for the skill level or training required. This term is currently used in, but not limited to position statements and responses to scope of practice questions.

IT UPDATE

GREGG SEIP, DIRECTOR OF INFORMATION TECHNOLOGY

This year the IT department focused on improving services, modernizing infrastructure, and increasing security. We have continued to update the new website, making it easier to use and adding online payments.

Online Payments



On the infrastructure side, we’ve completed full migration to Microsoft 365, Integrated Parchment software to improve transcript processing, and we’ve worked with state agencies to add multiple layers of security both inside and around our environment including enhanced firewalls, stronger antivirus and intrusion detection/prevention.



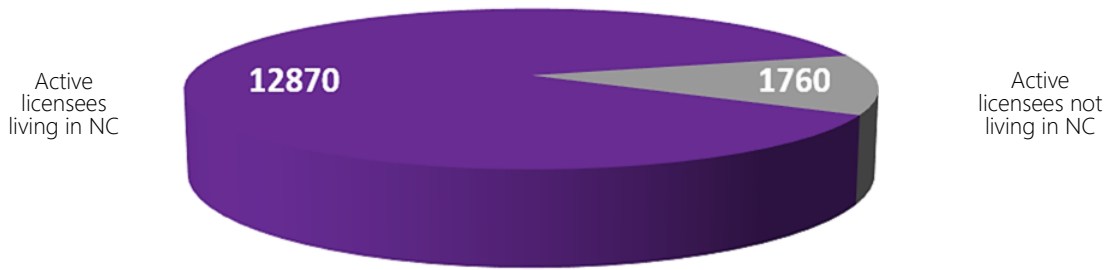
For next year we plan to implement a new Online License Revival, make further improvements to the online application process, introduce a Licensee Portal, implement automated system patching, transition to a new soft phone system, improve the audio and visual systems for the quarterly Board meetings and move our web/administration hosting to the cloud and directly integrate with the new FSBPT ELDD system.



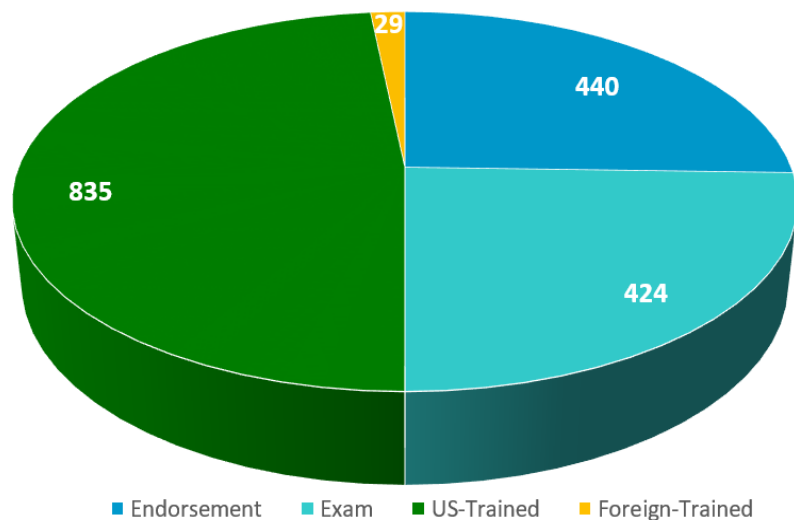
Finally, we very much, appreciate the feedback we have received on the new site. If you have any feedback you would like to give, please, email feedback@ncptboard.org.

LICENSEE COUNTS

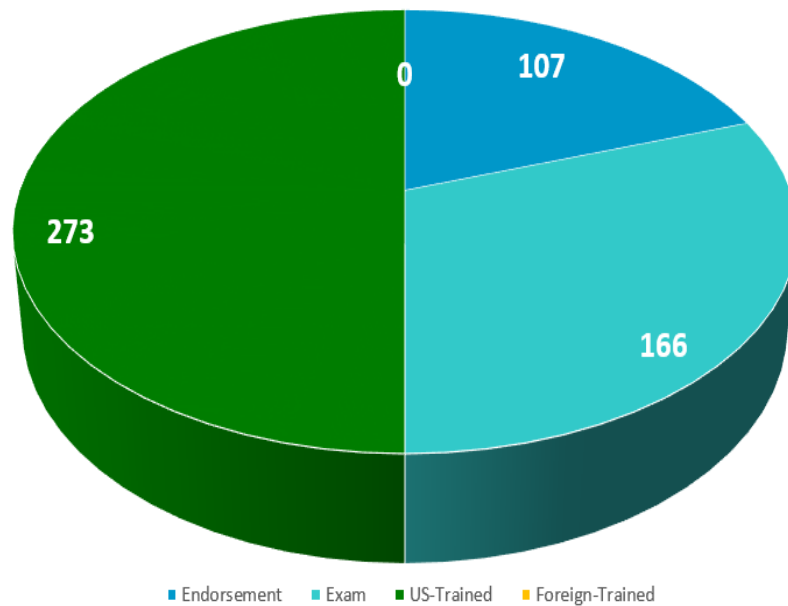
COUNTS FOR TYPE OF LICENSES AS OF 10/07/2022



PTs LICENSED in 2022



PTAs LICENSED in 2022



BOARD DISCIPLINARY ACTIONS

NOVEMBER 1, 2021 – OCTOBER 31, 2022

Licensee	Carter, Michael E., PTA (Revocation)
Location	Boone, NC, Watauga County
License #	A4909
Conduct	Failure to cooperate with a Board investigation; unsafe practice by reason of alcohol or other substance use.
Discipline	Revocation (Effective – February 14, 2022)

Licensee	Steinbach, David, PT (Suspension)
Location	Cornelius, NC, Mecklenburg County
License #	P19816
Conduct	Commission of an act or acts of malpractice, gross negligence, or incompetence in the practice of physical therapy; and engaging in conduct that could result in harm or injury to the public.
Discipline	Suspension with conditions; reimburse the Board for costs of the investigation. (Effective – June 22, 2022)

Licensee	Scott, Julian W., PT (Suspension)
Location	Fayetteville, NC, Cumberland County
License #	P14023
Conduct	Recording false or misleading data, measurements or notes regarding a patient; willfully or intentionally communicating false or misleading information regarding a patient; and engaging in a misrepresentation or deceit, or exercising undue influence over a patient or former patient for the financial gain of the patient.
Discipline	Suspension – 6 months; followed by 18 months and, reimburse the Board for costs of the investigation. (Effective – October 30, 2022)

Licensee	Emmerich, Christopher H., PT (Suspension)
Location	Kinston, NC, Lenoir County
License #	P13380
Conduct	Unable to practice safely by reason of alcohol or other substance abuse.
Discipline	Suspension with conditions; reimburse the Board for costs of the investigation. (Effective – June 16, 2022)

Licensee	Scott, Gregory C., PT (Suspension)
Location	Burlington, NC, Alamance County
License #	P2268
Conduct	Diversion of Controlled Substances
Discipline	Suspension; reimburse the Board for costs of the investigation. (Effective – March 10, 2022)

Licensee	Brooket, Alex J., PT (Warning)
Location	Charlotte, NC, Mecklenburg County
License #	P12542
Conduct	Recording false or misleading data, measurements or notes regarding a patient; willfully or intentionally communicating false or misleading information regarding a patient; and engaging in a misrepresentation or deceit, or exercising undue influence over a patient or former patient for the financial gain of the patient.
Discipline	Warning; reimburse the Board for costs of the investigation. (Effective – October 25, 2022)

Licensee	Horn (formerly O'Neil), Kelli H., PT (Warning)
Location	Charlotte, NC, Mecklenburg County
License #	P8347
Conduct	Sexual misconduct
Discipline	(Effective – April 10, 2022)

SUMMARY OF COMPLAINTS RESOLVED in 2022 THROUGH August 24, 2022

Total Cases Dismissed:	15
Total Suspensions Issued:	04
Total Probations Issued:	00
Total Warnings Issued:	02
Total Surrender of Licenses:	01
Total Revoked	01
Total Renewals Denied	02
Total Advisory Letters written: (including 3 letters for failure to renew by deadline)	06
Total Letters sent regarding advertising:	04
Completed audit, no action required	00
Other: including invalid complaints-no name	02
Cases still pending:	10

SUMMARY OF COMPLAINTS FILED IN 2022 – YTD (September 21, 2022)

YEAR-TO-DATE STATISTICS

Total Cases Reported and Investigated:	32
Total advertising complaints:	07
Total “other” complaints:	22
Total failure to renew	03
Total cont. comp complaints	00
Total Compact Privilege holder failure to complete JE in a timely manner	00

2022-2023 BOARD MEETINGS and OFFICE CALENDAR

***Dates are tentative.**

**Confirm and request information by contacting the Board Office (karney@NCPTBoard.org).
Unless otherwise indicated, all meetings are held at the Offices of NC Board of Physical Therapy
Examiners, 8300 Health Park, Suite 233, Raleigh, NC, 27615.**

Nov. 17, 2022	Thursday	Investigative Committee Meeting *	8:30 am
Dec. 7, 2022	Wednesday	Board Meeting * Crabtree Marriot, 4500 Marriot Dr Raleigh, NC 27612	8:30 am - 4:30 pm
Jan. 5, 2023	Thursday	Investigative Committee Meeting *	8:30 am
March 8, 2023	Wednesday	Board Meeting *	8:30 am - 4:30 pm
June 7, 2023	Wednesday	Board Meeting *	8:30 am - 4:30 pm
Sept. 13, 2023	Wednesday	Board Meeting *	8:30 am - 4:30 pm
Dec. 6, 2023	Wednesday	Board Meeting *	8:30 am - 4:30 pm

2022-2023 HOLIDAYS

BOARD OFFICE WILL BE CLOSED

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
Martin Luther King Jr. Day	Monday	January 16, 2023
Good Friday	Friday	April 7, 2023
Memorial Day	Monday	May 29, 2023
Independence Day	Tuesday	July 4, 2023
Labor Day	Monday	September 4, 2023
Veteran's Day (observed)	Friday	November 10, 2023
Thanksgiving	Thursday and Friday	November 23 & 24, 2023
Christmas	Friday, Monday, and Tuesday	December 22, 25 & 26, 2023
New Year's Day	Monday	January 1, 2024

BOARD ADOPTS FSBPT STATEMENT ON MISINFORMATION

Scope of Practice

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.”

Help with Substance Use or Mental Health Disorders

Do you or a PT 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 now contracts with the North Carolina Professionals Health Program (NCPHP). They can provide resources to assist PT licensees.

Entering a program has objectives which may include:

- Achieve earlier intervention with intent to decrease the time between the licensee's acknowledgement of chemical dependency and entry into the recovery process.
- Return the licensee to safe and effective practice in a more efficient manner while minimizing financial impact.
- Provide an opportunity for licensees to recover from impairment in a therapeutic, non-punitive and non-published process.
- To ensure the health, safety, and welfare of the public through a program that closely monitors licensees impaired by drugs and/or alcohol.

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. NCPHP may also be able to provide referral services.

Contact **North Carolina Professionals Health Program** (<https://ncphp.org/>) for resources.

Email: info@ncphp.org or Call: (919) 870-4480

Or contact your primary care provider for treatment or appropriate referral.

End of Temporary Exemptions from Licensure during NC State of Emergency

The Governor declared a State of Emergency for North Carolina (Executive Order 116) on March 20, 2020, and on April 8, 2020 issued Executive Order 130 to provide the state's healthcare occupational licensing boards with 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 (physical therapists or physical therapist assistants licensed in another jurisdiction of the United States) from licensure requirements during the state of emergency.

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.

On July 11, 2022, the Governor of North Carolina announced that the State of Emergency would be lifted on August 15, 2022. At the beginning of August, the office notified all holders of exemptions from licensure that this temporary privilege to practice physical therapy issued by the NCBPTE would expire at midnight on August 15, 2022, and that they would need to have a North Carolina PT/PTA License or a Compact Privilege to continue practicing in the state.

License Renewal 2023: A yellow postcard was mailed on Friday, October 29, 2022 stating that **ALL LICENSEES** must renew their licenses **annually**, between 12:00 am Tuesday, November 1, 2022 and Tuesday, January 31, 2023 at 5:00 pm (EST).

Licensees are encouraged to renew prior to **January 15, 2023** to avoid delay in obtaining their renewal. If you do not receive a yellow postcard in the mail, it is possible that we do not have an updated mailing address or it may have gotten lost in the mail. Even if you do not receive a yellow postcard, you should go to our website (www.ncptboard.org) to complete your license renewal online and update your contact information if it is not current. You can update your contact information on the website home page:

