

## **Position Statement – North Carolina Board of Physical Therapy Examiners**

### **6. Performance of Medical Procedures Requested of Physical Therapy Licensees in Healthcare Settings (Now includes: Performance of Finger Blood Specimens and Removal of Sutures or Staples by a PT)**

*Adopted – Dec. 28, 2001*

*Revised – Dec. 6, 2006, June 6, 2018, June 8, 2022, Dec. 7, 2022, March 8, 2023, June 5, 2024*

*Reviewed – Sept. 23, 2010, June 17, 2015*

Physical therapy licensees are often asked to perform medical procedures related to the overall care of a patient 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, PCR testing for respiratory, urinalysis, GI or wounds, and finger sticks.

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 **North Carolina Physical Therapy Practice Act** for a physical therapist (PT) or physical therapist assistant (PTA) to perform these medical procedures 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. Moreover, physical therapy licensees cannot bill for their time performing non-physical therapy procedures as physical therapy. It is also important to note that the supervising PT is ultimately responsible for the activities of the PTA.

In most cases, the interpretation of the results of medical procedures are left to the primary healthcare professional requesting those tests or measures. If the patient does not have a primary healthcare provider, it is the responsibility of the PT licensee to assure the patient is referred to a provider who is able to address interpretation of test results.

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.

Lastly, the NCBPTE cannot speak for other Boards as to whether the performance of these medical procedures would violate the practice acts of other health care practitioners. The NCBPTE can only say that it is not a violation of the North Carolina Physical Therapy Practice Act.

The Board has been asked about use of pulse oximetry, which is used by PT licensees to monitor and assess patient vital signs and is within the physical therapy scope of practice. Questions have also been submitted to the Board about use of oxygen titration. When pulse oximetry is performed in the context of monitoring patients with oxygen titration, a physician referral is required, as decisions regarding oxygen titration would be considered within the scope of practice of medicine.

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