
Health Care Committee

HB 2590

Brief Description: Modifying the scope of care provided by physical therapists.

Sponsors: Representatives Ruderman, Cody, DeBolt, Veloria, Schual-Berke and Kagi.

Brief Summary of Bill

- Clarifies the scope of practice of licensed physical therapists, including the purchase and administration of specified medications and other drugs prescribed by a physician, wound debridement, the provision of prefabricated orthoses and other services.
- Authorizes the use of physical therapy assistants, aides, and other assistive personnel.
- Updates the physical therapy practice act generally.

Hearing Date: 1/31/02

Staff: John Welsh (786-7133).

Background:

The practice of physical therapy is licensed by the Department of Health. The Board of Physical Therapy acts as the disciplinary authority for unprofessional conduct under the Uniform Disciplinary Act.

Physical therapy provides for the treatment of bodily or mental conditions through physical, chemical, or other properties, such as electricity, sound, massage, and therapeutic exercise, including posture and rehabilitative procedures, tests of neuromuscular function, treatment in consultation with authorized health practitioners, treatment of neuromuscular or musculoskeletal conditions limited to the foot or ankle by referral from authorized health practitioners, and supervision of trained supportive personnel. The use of X-ray and radium for diagnostic purposes, electricity for surgical purposes, and manipulation the spine and its immediate articulations are excluded from the scope of practice.

The minimum educational requirement for qualifying for a license is a baccalaureate degree in physical therapy.

The use of physical therapy assistants, aides, or other assistive personnel is not authorized.

There is no authority to issue a restricted physical therapy license.

Summary of Bill:

The scope of physical therapy is based on movement science and includes: (1) examining individuals with impairments, functional limitations in movement, and disability for diagnosis, and prognosis; (2) alleviating impairments and limitations through therapeutic interventions, including exercise, manual therapy and joint manipulation, massage, supportive devices related to postural control and mobility, airway clearance techniques, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction; (3) functional evaluation of a patient with an orthosis or prosthesis, and providing prefabricated upper limb, knee, or ankle-foot orthoses and un-regulated assistive devices; (4) performing wound debridement and management; (5) reducing risk of injury and promotion of fitness; and (6) engaging in administration, consultation, education, and research.

Authorizes physical therapy assistants, aides, and other assistive personnel to perform delegated tasks under supervision that are within the education and training of assistive personnel, and they are responsible for patient care.

Educational qualifications for licensure include an advanced degree in physical therapy.

It is unlawful to practice physical therapy without a license or represent oneself as a licensed physical therapist. Exemptions from license are provided for other credentialed health professionals practicing within their authorized scope; for physical therapy students; for physical therapists practicing under federal auspices; and for physical therapists from other jurisdictions participating in an educational seminar.

No persons may practice or hold themselves out as physical therapists without a license. Physical therapists must refer appropriate patients to other appropriate health practitioners for required services beyond the scope of physical therapy.

The board may impose conditions or restrictions on a licensee for practice.

A physical therapist may perform electoneuromyographic examinations for testing neuromuscular functions, and may store, purchase, and administer specified medications, and may administer other drugs prescribed by a physician. The secretary may adopt rules authorizing the administration of other controlled substances, in consultation with the pharmacy board and medical commission.

Appropriation: None.

Fiscal Note: Not Requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.