

HOUSE BILL REPORT

SHB 1137

As Amended by the Senate

Title: An act relating to physical therapy.

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

Sponsors: By House Committee on Health Care (originally sponsored by Representatives Morrell, Orcutt, Cody, McDonald, Green, Campbell, Clibborn, Schindler, Kagi, Woods, Hunt, Miloscia, Linville, Lantz, Moeller, Williams, Wallace and Kenney).

Brief History:

Committee Activity:

Health Care: 2/1/05, 2/8/05 [DPS].

Floor Activity:

Passed House: 3/5/05, 88-9.

Senate Amended.

Passed Senate: 4/7/05, 40-9.

Brief Summary of Substitute Bill

- Redefines practice parameters and permissible activities for physical therapists to include examinations to determine proper diagnoses and plans for therapeutic interventions; designing and implementing interventions; training and evaluating patients with orthotic or prosthetic devices; and performing wound care services.
- Specifies permissible medications for physical therapists to administer.
- Establishes standards relating to the referral of patients between physical therapists and other health care practitioners.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Bailey, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Appleton, Clibborn, Green, Lantz, Moeller and Skinner.

Minority Report: Do not pass. Signed by 3 members: Representatives Condotta, Hinkle and Schual-Berke.

Staff: Chris Blake (786-7392).

Background:

Physical therapists conduct tests to measure the strength, range of motion, balance and coordination, muscle performance, and motor function of patients with movement or mobility problems due to injury or disease. With this information they develop treatment plans and perform services for patients to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities.

Physical therapists work in several different settings including hospitals, private offices, clinics, public schools, nursing homes, and rehabilitation centers. Some physical therapists specialize in certain areas such as pediatrics, geriatrics, orthopedics, sports medicine, neurology, and cardiopulmonary physical therapy.

In Washington, physical therapists are regulated by the Department of Health and the Board of Physical Therapy.

Summary of Substitute Bill:

Practice of Physical Therapy

The general and non-specific description of the practice of physical therapy as applying to any bodily or mental condition is replaced with more specific parameters referencing the practice's basis in movement science and functional limitations in movement.

The range of physical therapist activities including treatment of bodily or mental conditions by (1) the use of heat, cold, air, light, water, electricity, sound, massage, and therapeutic exercise and (2) the performance of tests and measurements of neuromuscular function are replaced with more specific activities. Permissible activities are redefined to include:

- examining patients to determine proper diagnoses and plans for therapeutic interventions,
- designing and implementing therapeutic interventions, functional training, manual therapy, therapeutic massage, postural control devices, airway clearance techniques, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction;
- training and evaluating the function of people wearing orthotic or prosthetic devices;
- performing wound care services;
- reducing the risk of injury, impairment, functional limitations, and disability; and
- engaging in consultation, education, and research.

Medications

Physical therapists may purchase, store, and administer medications such as topical anesthetics, hydrocortisone, fluocinonide, silvadine, lidocaine, zinc oxide, and other similar medications. Physical therapists may administer other drugs and medications as prescribed by an authorized health care provider.

Referral Requirements

When a physical therapist believes that a person has symptoms or conditions that are beyond the scope of practice of a physical therapist or if it is believed that physical therapy is contraindicated, he or she must refer the person to an appropriate health care practitioner.

Provisions requiring referral or consultation by an authorized health care practitioner in order to provide treatment using certain orthoses are removed.

A physical therapist can only perform electroneuromyographic examinations upon completion of additional training and education and referral from an authorized health care provider. Wound care services may only be performed upon referral from an authorized health care provider.

Assistive Personnel

Three categories of assistive personnel are defined: "physical therapist assistants;" "physical therapy aides;" and "other assistive personnel." They may assist a licensed physical therapist with delegated or supervised tasks or procedures that are within the practice of physical therapy according to their level of training. Other licensed health care providers may use such assistants, aides, and personnel in their practices.

Matters Related to Licensure

The practice of physical therapy without a license is prohibited. Licensing requirements do not apply to: (1) people satisfying supervised clinical education requirements as part of a physical therapist education program; (2) physical therapists practicing in the military, United States Public Health Service, or Veteran's Administration; or (3) physical therapists credentialed out-of-state who are teaching or participating in an educational seminar.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment to SHB 1137 requires that physical therapists provide evidence of adequate education and training as established by the Department of Health in rule. Prior to the adoption of the rules, but no later than July 1, 2006, physical therapists who currently perform sharp debridement may continue their practice upon submitting an affidavit to the Secretary of Health that includes evidence of adequate education and training in sharp debridement.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: This will update and clarify language in the Physical Therapist Practice Act. This bill does not increase or decrease the practice of physical therapists.

Testimony Against: Physical therapists do not have the training to safely and accurately perform EMG activities, including diagnosis.

Persons Testifying: (In support) Melissa Johnson and Rich Bettlesworth, Physical Therapy Association of Washington; Mike Podrasky, Washington Orthotic and Prosthetic Association; and Doug Pinkley, Washington Orthotic and Prosthetic Association.

(Opposed) Dr. Maureen Callaghan, Washington State Medical Association and Washington State Neurologic Society; Carl Nelson, Washington State Medical Association; Dr. Nelson Hager, Northwest Sports and Spine Physicians, P.C.; and Dr. Carlos Moravek, Puget Sound Spine Institute.

Persons Signed In To Testify But Not Testifying: None.