

# SENATE BILL REPORT

## SB 5248

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As Reported By Senate Committee On:  
Health & Long-Term Care, February 28, 2005

**Title:** An act relating to physical therapy.

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

**Sponsors:** Senators Kastama, Keiser, Rockefeller, Brandland and Thibaudeau.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/31/05, 2/28/05 [DPS, w/oRec].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5248 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Benson, Brandland, Franklin, Kastama, Kline and Poulsen.

**Minority Report:** That it be referred without recommendation.

Signed by Senator Parlette.

**Staff:** Stephanie Yurcisin (786-7438)

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

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.

**Summary of Substitute Bill:** Physical therapy is defined as the care and services provided by or under the direction of a physical therapist licensed in the state. The practice of physical therapy is defined with specific parameters referencing the practice's basis in movement science.

Specifically, the practice of physical therapy is redefined to include: (1) examining patients to determine proper diagnoses and plans for therapeutic interventions; (2) designing and implementing therapeutic interventions; (3) training and evaluating the function of people

wearing orthotic or prosthetic devices; (4) performing wound care services; (5) reducing the risk of injury, impairment, functional limitations, and disability; and (6) engaging in consultation, education, and research.

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. A physical therapist is responsible for patient care given by assistive personnel under their supervision. Other licensed health care providers may use such assistants, aides, and personnel in their practices.

The requirement of a referral or consultation by an authorized health care practitioner for a physical therapist to provide treatment using certain orthoses is removed.

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 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.

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.

A physical therapist can only perform electroneuromyographic (EMG) examinations upon referral from an authorized health care provider and upon completion of additional education and training as established in rule. The Secretary is directed to waive the training and education requirement for physical therapists licensed under this chapter who perform EMG examinations. A physical therapist can only perform wound care services upon referral from or after consultation with an authorized health care provider.

Physical therapists may purchase, store, and administer medications including topical anesthetics and hydrocortisone and may administer such medications as prescribed by an authorized health care provider.

**Substitute Bill Compared to Original Bill:** The substitute bill removes a provision allowing physical therapists to cast in preparation for molding for orthoses. The phrase "on-sight supervision" is changed to "direct supervision." The substitute bill removes the language allowing a physical therapist to interpret electroneuromyographic exams. It also directs the Secretary of Health to waive extra training and education requirements for physical therapists who already perform EMG exams.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Committee/Commission/Task Force Created:** No.

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

**Testimony For:** Specifically defining the physical therapists' scope of practice will lead to better consumer guidance and knowledge. The purpose of this bill is merely to update language and does not change the scope of practice. There have been negotiations with concerned parties to ensure that the language around wound care, orthoses, and EMG testing is agreeable.

**Testimony Against:** It is inappropriate for physical therapists to do EMG testing - they are not properly trained and they cannot interpret the test so it increases the possibility of error in the communications between the physical therapist and the provider. Wound care is also above the level of expertise of physical therapists and should not be performed by them.

**Who Testified:** PRO: Melissa Johnson, Rich Bettsworth, Physical Therapy Association of Washington; Kathy Stewart, Washington Occupational Therapy Association; Henry Bennett, Mike Pedrosky, Washington Orthoses and Prosthetics Association.

CON: Gwendolyn Ford, American Academy of Neurology & Washington State Neurologic Society; Daniel Brzusek, Thomas Hecht, Edgar Steinitz, American Academy of Physical Medicine and Rehabilitation; Carlos Moravek, Puget Sound Spine Institute; Susan Scanlon, Washington State Podiatric Medical Association.