
SUBSTITUTE HOUSE BILL 2160

State of Washington

63rd Legislature

2014 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Jenkins, Pollet, Appleton, S. Hunt, Buys, Haler, Warnick, Pettigrew, Manweller, Goodman, Clibborn, Santos, Harris, and Kagi)

READ FIRST TIME 02/05/14.

1 AN ACT Relating to allowing physical therapists to perform spinal
2 manipulation; amending RCW 18.74.---, 18.74.010, 18.74.035, and
3 18.74.085; adding a new section to chapter 18.74 RCW; and providing
4 effective dates.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.74 RCW
7 to read as follows:

8 (1) Subject to the limitations of this section, a physical
9 therapist, who has at least one year of full-time, orthopedic,
10 postgraduate practice experience that consists of direct patient care
11 and averages at least thirty-six hours a week, may perform spinal
12 manipulation only after providing evidence in a manner acceptable to
13 the board of all of the following additional requirements:

14 (a) Training in differential diagnosis of no less than one hundred
15 hours outlined within a course curriculum;

16 (b) Didactic and practical training related to the delivery of
17 spinal manipulative procedures of no less than two hundred fifty hours
18 clearly delineated and outlined in a course curriculum;

1 (c) Specific training in spinal diagnostic imaging of no less than
2 one hundred fifty hours outlined in a course curriculum; and

3 (d) At least three hundred hours of supervised clinical practical
4 experience in spinal manipulative procedures. The supervised clinical
5 practical experience must:

6 (i) Be supervised by a clinical supervisor who:

7 (A) Is authorized to perform spinal manipulation under this
8 section;

9 (B) Is a licensed chiropractor or osteopathic physician and
10 surgeon; or

11 (C) Holds an endorsement or advanced certification the training
12 requirements for which are commensurate with the training requirements
13 in this section;

14 (ii) Be under the close supervision of the clinical supervisor for
15 a minimum of the first one hundred fifty hours of the supervised
16 clinical practical experience, after which the supervised clinical
17 practical experience must be under the direct supervision of the
18 clinical supervisor;

19 (iii) Be completed within eighteen months of completing the
20 educational requirements in (a) through (c) of this subsection, unless
21 the physical therapist has completed the educational requirements in
22 (a) through (c) of this subsection prior to the effective date of this
23 section, in which case the supervised clinical practical experience
24 must be completed by January 1, 2017.

25 (2) A physical therapist authorized to perform spinal manipulation
26 under subsection (1) of this section shall consult with a health care
27 practitioner, other than a physical therapist, authorized to perform
28 spinal manipulation if spinal manipulative procedures are required
29 beyond six treatments.

30 (3) A physical therapist authorized to perform spinal manipulation
31 under subsection (1) of this section may not:

32 (a) Have a practice in which spinal manipulation constitutes the
33 majority of the services provided;

34 (b) Practice or utilize chiropractic manipulative therapy in any
35 form;

36 (c) Delegate spinal manipulation; or

37 (d) Bill a health carrier for spinal manipulation separately from,
38 or in addition to, other physical therapy procedures.

1 (4) A physical therapist authorized to perform spinal manipulation
2 under this section shall complete at least ten hours of continuing
3 education per continuing competency reporting period directly related
4 to spinal manipulation. At least five hours of the training required
5 under this subsection must be related to procedural technique and
6 application of spinal manipulation.

7 (5) If a physical therapist is intending to perform spinal
8 manipulation on a patient who the physical therapist knows is being
9 treated by a chiropractor for the same diagnosis, the physical
10 therapist shall make reasonable efforts to coordinate patient care with
11 the chiropractor to prevent conflict or duplication of services.

12 (6) By November 15, 2019, the board shall report to the legislature
13 any disciplinary actions taken against physical therapists whose
14 performance of spinal manipulation and manipulative mobilization of the
15 spine and its immediate articulations resulted in physical harm to a
16 patient. Prior to finalizing the report required under this
17 subsection, the board shall consult with the chiropractic quality
18 assurance commission.

19 **Sec. 2.** RCW 18.74.--- and 2014 c ... s 1 (section 1 of this act)
20 are each amended to read as follows:

21 (1) Subject to the limitations of this section, a physical
22 therapist, who has at least one year of full-time, orthopedic,
23 postgraduate practice experience that consists of direct patient care
24 and averages at least thirty-six hours a week, may perform spinal
25 manipulation only after providing evidence in a manner acceptable to
26 the board of all of the following additional requirements:

27 (a) Training in differential diagnosis of no less than one hundred
28 hours outlined within a course curriculum;

29 (b) Didactic and practical training related to the delivery of
30 spinal manipulative procedures of no less than two hundred fifty hours
31 clearly delineated and outlined in a course curriculum;

32 (c) Specific training in spinal diagnostic imaging of no less than
33 one hundred fifty hours outlined in a course curriculum; and

34 (d) At least three hundred hours of supervised clinical practical
35 experience in spinal manipulative procedures. The supervised clinical
36 practical experience must:

37 (i) Be supervised by a clinical supervisor who:

1 (A) Is authorized to perform spinal manipulation under this
2 section; or

3 (B) Is a licensed chiropractor or osteopathic physician and
4 surgeon(~~;~~ ~~or~~

5 ~~(C) Holds an endorsement or advanced certification the training~~
6 ~~requirements for which are commensurate with the training requirements~~
7 ~~in this section));~~

8 (ii) Be under the close supervision of the clinical supervisor for
9 a minimum of the first one hundred fifty hours of the supervised
10 clinical practical experience, after which the supervised clinical
11 practical experience must be under the direct supervision of the
12 clinical supervisor;

13 (iii) Be completed within eighteen months of completing the
14 educational requirements in (a) through (c) of this subsection, unless
15 the physical therapist has completed the educational requirements in
16 (a) through (c) of this subsection prior to the effective date of this
17 section, in which case the supervised clinical practical experience
18 must be completed by January 1, 2017.

19 (2) A physical therapist authorized to perform spinal manipulation
20 under subsection (1) of this section shall consult with a health care
21 practitioner, other than a physical therapist, authorized to perform
22 spinal manipulation if spinal manipulative procedures are required
23 beyond six treatments.

24 (3) A physical therapist authorized to perform spinal manipulation
25 under subsection (1) of this section may not:

26 (a) Have a practice in which spinal manipulation constitutes the
27 majority of the services provided;

28 (b) Practice or utilize chiropractic manipulative therapy in any
29 form;

30 (c) Delegate spinal manipulation; or

31 (d) Bill a health carrier for spinal manipulation separately from,
32 or in addition to, other physical therapy procedures.

33 (4) A physical therapist authorized to perform spinal manipulation
34 under this section shall complete at least ten hours of continuing
35 education per continuing competency reporting period directly related
36 to spinal manipulation. At least five hours of the training required
37 under this subsection must be related to procedural technique and
38 application of spinal manipulation.

1 (5) If a physical therapist is intending to perform spinal
2 manipulation on a patient who the physical therapist knows is being
3 treated by a chiropractor for the same diagnosis, the physical
4 therapist shall make reasonable efforts to coordinate patient care with
5 the chiropractor to prevent conflict or duplication of services.

6 (6) By November 15, 2019, the board shall report to the legislature
7 any disciplinary actions taken against physical therapists whose
8 performance of spinal manipulation and manipulative mobilization of the
9 spine and its immediate articulations resulted in physical harm to a
10 patient. Prior to finalizing the report required under this
11 subsection, the board shall consult with the chiropractic quality
12 assurance commission.

13 **Sec. 3.** RCW 18.74.010 and 2007 c 98 s 1 are each amended to read
14 as follows:

15 The definitions in this section apply throughout this chapter
16 unless the context clearly requires otherwise.

17 (1) "Board" means the board of physical therapy created by RCW
18 18.74.020.

19 (2) "Department" means the department of health.

20 (3) "Physical therapy" means the care and services provided by or
21 under the direction and supervision of a physical therapist licensed by
22 the state. Except as provided in section 1 of this act, the use of
23 Roentgen rays and radium for diagnostic and therapeutic purposes, the
24 use of electricity for surgical purposes, including cauterization, and
25 the use of spinal manipulation, or manipulative mobilization of the
26 spine and its immediate articulations, are not included under the term
27 "physical therapy" as used in this chapter.

28 (4) "Physical therapist" means a person who meets all the
29 requirements of this chapter and is licensed in this state to practice
30 physical therapy.

31 (5) "Secretary" means the secretary of health.

32 (6) Words importing the masculine gender may be applied to females.

33 (7) "Authorized health care practitioner" means and includes
34 licensed physicians, osteopathic physicians, chiropractors,
35 naturopaths, podiatric physicians and surgeons, dentists, and advanced
36 registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein

1 shall be construed as altering the scope of practice of such
2 practitioners as defined in their respective licensure laws.

3 (8) "Practice of physical therapy" is based on movement science and
4 means:

5 (a) Examining, evaluating, and testing individuals with mechanical,
6 physiological, and developmental impairments, functional limitations in
7 movement, and disability or other health and movement-related
8 conditions in order to determine a diagnosis, prognosis, plan of
9 therapeutic intervention, and to assess and document the ongoing
10 effects of intervention;

11 (b) Alleviating impairments and functional limitations in movement
12 by designing, implementing, and modifying therapeutic interventions
13 that include therapeutic exercise; functional training related to
14 balance, posture, and movement to facilitate self-care and
15 reintegration into home, community, or work; manual therapy including
16 soft tissue and joint mobilization and manipulation; therapeutic
17 massage; assistive, adaptive, protective, and devices related to
18 postural control and mobility except as restricted by (c) of this
19 subsection; airway clearance techniques; physical agents or modalities;
20 mechanical and electrotherapeutic modalities; and patient-related
21 instruction;

22 (c) Training for, and the evaluation of, the function of a patient
23 wearing an orthosis or prosthesis as defined in RCW 18.200.010.
24 Physical therapists may provide those direct-formed and prefabricated
25 upper limb, knee, and ankle-foot orthoses, but not fracture orthoses
26 except those for hand, wrist, ankle, and foot fractures, and assistive
27 technology devices specified in RCW 18.200.010 as exemptions from the
28 defined scope of licensed orthotic and prosthetic services. It is the
29 intent of the legislature that the unregulated devices specified in RCW
30 18.200.010 are in the public domain to the extent that they may be
31 provided in common with individuals or other health providers, whether
32 unregulated or regulated under Title 18 RCW, without regard to any
33 scope of practice;

34 (d) Performing wound care services that are limited to sharp
35 debridement, debridement with other agents, dry dressings, wet
36 dressings, topical agents including enzymes, hydrotherapy, electrical
37 stimulation, ultrasound, and other similar treatments. Physical

1 therapists may not delegate sharp debridement. A physical therapist
2 may perform wound care services only by referral from or after
3 consultation with an authorized health care practitioner;

4 (e) Reducing the risk of injury, impairment, functional limitation,
5 and disability related to movement, including the promotion and
6 maintenance of fitness, health, and quality of life in all age
7 populations; and

8 (f) Engaging in administration, consultation, education, and
9 research.

10 (9)(a) "Physical therapist assistant" means a person who meets all
11 the requirements of this chapter and is licensed as a physical
12 therapist assistant and who performs physical therapy procedures and
13 related tasks that have been selected and delegated only by the
14 supervising physical therapist. However, a physical therapist may not
15 delegate sharp debridement to a physical therapist assistant.

16 (b) "Physical therapy aide" means a person who is involved in
17 direct physical therapy patient care who does not meet the definition
18 of a physical therapist or physical therapist assistant and receives
19 ongoing on-the-job training.

20 (c) "Other assistive personnel" means other trained or educated
21 health care personnel, not defined in (a) or (b) of this subsection,
22 who perform specific designated tasks related to physical therapy under
23 the supervision of a physical therapist, including but not limited to
24 licensed massage practitioners, athletic trainers, and exercise
25 physiologists. At the direction of the supervising physical therapist,
26 and if properly credentialed and not prohibited by any other law, other
27 assistive personnel may be identified by the title specific to their
28 training or education.

29 (10) "Direct supervision" means the ~~((supervising physical~~
30 ~~therapist))~~ supervisor must (a) be continuously on-site and present in
31 the department or facility where ~~((assistive personnel or holders of~~
32 ~~interim permits are))~~ the person being supervised is performing
33 services; (b) be immediately available to assist the person being
34 supervised in the services being performed; and (c) maintain continued
35 involvement in appropriate aspects of each treatment session in which
36 a component of treatment is delegated to assistive personnel or is
37 required to be directly supervised under section 1 of this act.

1 (11) "Indirect supervision" means the supervisor is not on the
2 premises, but has given either written or oral instructions for
3 treatment of the patient and the patient has been examined by the
4 physical therapist at such time as acceptable health care practice
5 requires and consistent with the particular delegated health care task.

6 (12) "Sharp debridement" means the removal of devitalized tissue
7 from a wound with scissors, scalpel, and tweezers without anesthesia.
8 "Sharp debridement" does not mean surgical debridement. A physical
9 therapist may perform sharp debridement, to include the use of a
10 scalpel, only upon showing evidence of adequate education and training
11 as established by rule. Until the rules are established, but no later
12 than July 1, 2006, physical therapists licensed under this chapter who
13 perform sharp debridement as of July 24, 2005, shall submit to the
14 secretary an affidavit that includes evidence of adequate education and
15 training in sharp debridement, including the use of a scalpel.

16 (13) "Spinal manipulation" includes spinal manipulation, spinal
17 manipulative therapy, high velocity thrust maneuvers, and grade five
18 mobilization of the spine and its immediate articulations.

19 (14) "Close supervision" means that the supervisor has personally
20 diagnosed the condition to be treated and has personally authorized the
21 procedures to be performed. The supervisor is continuously on-site and
22 physically present in the operatory while the procedures are performed
23 and capable of responding immediately in the event of an emergency.

24 **Sec. 4.** RCW 18.74.035 and 2007 c 98 s 4 are each amended to read
25 as follows:

26 (1) All qualified applicants for a license as a physical therapist
27 shall be examined by the board at such time and place as the board may
28 determine. The board may approve an examination prepared or
29 administered by a private testing agency or association of licensing
30 authorities. The examination shall embrace the following subjects:
31 The applied sciences of anatomy, neuroanatomy, kinesiology, physiology,
32 pathology, psychology, physics; physical therapy, as defined in this
33 chapter, applied to medicine, neurology, orthopedics, pediatrics,
34 psychiatry, surgery; medical ethics; technical procedures in the
35 practice of physical therapy as defined in this chapter; and such other
36 subjects as the board may deem useful to test the applicant's fitness
37 to practice physical therapy(~~(, but not including the adjustment or~~

1 manipulation of the spine or use of a thrusting force as
2 mobilization)). Examinations shall be held within the state at least
3 once a year, at such time and place as the board shall determine. An
4 applicant who fails an examination may apply for reexamination upon
5 payment of a reexamination fee determined by the secretary.

6 (2) All qualified applicants for a license as a physical therapist
7 assistant must be examined by the board at such a time and place as the
8 board may determine. The board may approve an examination prepared or
9 administered by a private testing agency or association of licensing
10 authorities.

11 **Sec. 5.** RCW 18.74.085 and 1988 c 185 s 4 are each amended to read
12 as follows:

13 (1) Physical therapists shall not advertise that they perform
14 spinal manipulation ((~~or~~)), manipulative mobilization of the spine,
15 chiropractic adjustment, spinal adjustment, maintenance or wellness
16 manipulation, or chiropractic care of any kind.

17 (2) A violation of this section is unprofessional conduct under
18 this chapter and chapter 18.130 RCW.

19 NEW SECTION. **Sec. 6.** Except for section 2 of this act, this act
20 takes effect July 1, 2015.

21 NEW SECTION. **Sec. 7.** Section 2 of this act takes effect July 1,
22 2020.

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