

CERTIFICATION OF ENROLLMENT

**HOUSE BILL 2446**

65th Legislature  
2018 Regular Session

Passed by the House February 12, 2018  
Yeas 95 Nays 3

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**Speaker of the House of Representatives**

Passed by the Senate February 27, 2018  
Yeas 49 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 2446** as passed by House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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HOUSE BILL 2446

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Passed Legislature - 2018 Regular Session

State of Washington

65th Legislature

2018 Regular Session

By Representatives Graves, Jenkins, Cody, Macri, Robinson, Riccelli,  
and Kloba

Read first time 01/09/18. Referred to Committee on Health Care &  
Wellness.

1 AN ACT Relating to physical therapist supervision of assistive  
2 personnel; and amending RCW 18.74.010 and 18.74.180.

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

4 **Sec. 1.** RCW 18.74.010 and 2016 c 41 s 16 are each amended to  
5 read as follows:

6 The definitions in this section apply throughout this chapter  
7 unless the context clearly requires otherwise.

8 (1) "Authorized health care practitioner" means and includes  
9 licensed physicians, osteopathic physicians, chiropractors,  
10 naturopaths, podiatric physicians and surgeons, dentists, and  
11 advanced registered nurse practitioners: PROVIDED, HOWEVER, That  
12 nothing herein shall be construed as altering the scope of practice  
13 of such practitioners as defined in their respective licensure laws.

14 (2) "Board" means the board of physical therapy created by RCW  
15 18.74.020.

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

1 (4) "Department" means the department of health.

2 (5) "Direct supervision" means the supervisor must (a) be  
3 continuously on-site and present in the department or facility where  
4 the person being supervised is performing services; (b) be  
5 immediately available to assist the person being supervised in the  
6 services being performed; and (c) maintain continued involvement in  
7 appropriate aspects of each treatment session in which a component of  
8 treatment is delegated to assistive personnel or is required to be  
9 directly supervised under RCW 18.74.190.

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

16 (7) "Physical therapist" means a person who meets all the  
17 requirements of this chapter and is licensed in this state to  
18 practice physical therapy.

19 (8)(a) "Physical therapist assistant" means a person who meets  
20 all the requirements of this chapter and is licensed as a physical  
21 therapist assistant and who performs physical therapy procedures and  
22 related tasks that have been selected and delegated only by the  
23 supervising physical therapist. However, a physical therapist may not  
24 delegate sharp debridement to a physical therapist assistant.

25 (b) "Physical therapy aide" means ((a)) an unlicensed person who  
26 ((is involved in direct)) receives ongoing on-the-job training and  
27 assists a physical therapist or physical therapist assistant in  
28 providing physical therapy patient care and who does not meet the  
29 definition of a physical therapist ((or)) physical therapist  
30 assistant ((and receives ongoing on-the-job training)), or other  
31 assistive personnel. A physical therapy aide may directly assist in  
32 the implementation of therapeutic interventions, but may not alter or  
33 modify the plan of therapeutic interventions and may not perform any  
34 procedure or task which only a physical therapist may perform under  
35 this chapter.

36 (c) "Other assistive personnel" means other trained or educated  
37 health care personnel, not defined in (a) or (b) of this subsection,  
38 who perform specific designated tasks that are related to physical  
39 therapy and within their license, scope of practice, or formal  
40 education, under the supervision of a physical therapist, including

1 but not limited to licensed massage therapists, athletic trainers,  
2 and exercise physiologists. At the direction of the supervising  
3 physical therapist, and if properly credentialed and not prohibited  
4 by any other law, other assistive personnel may be identified by the  
5 title specific to their license, training, or education.

6 (9) "Physical therapy" means the care and services provided by or  
7 under the direction and supervision of a physical therapist licensed  
8 by the state. Except as provided in RCW 18.74.190, the use of  
9 Roentgen rays and radium for diagnostic and therapeutic purposes, the  
10 use of electricity for surgical purposes, including cauterization,  
11 and the use of spinal manipulation, or manipulative mobilization of  
12 the spine and its immediate articulations, are not included under the  
13 term "physical therapy" as used in this chapter.

14 (10) "Practice of physical therapy" is based on movement science  
15 and means:

16 (a) Examining, evaluating, and testing individuals with  
17 mechanical, physiological, and developmental impairments, functional  
18 limitations in movement, and disability or other health and movement-  
19 related conditions in order to determine a diagnosis, prognosis, plan  
20 of therapeutic intervention, and to assess and document the ongoing  
21 effects of intervention;

22 (b) Alleviating impairments and functional limitations in  
23 movement by designing, implementing, and modifying therapeutic  
24 interventions that include therapeutic exercise; functional training  
25 related to balance, posture, and movement to facilitate self-care and  
26 reintegration into home, community, or work; manual therapy including  
27 soft tissue and joint mobilization and manipulation; therapeutic  
28 massage; assistive, adaptive, protective, and devices related to  
29 postural control and mobility except as restricted by (c) of this  
30 subsection; airway clearance techniques; physical agents or  
31 modalities; mechanical and electrotherapeutic modalities; and  
32 patient-related instruction;

33 (c) Training for, and the evaluation of, the function of a  
34 patient wearing an orthosis or prosthesis as defined in RCW  
35 18.200.010. Physical therapists may provide those direct-formed and  
36 prefabricated upper limb, knee, and ankle-foot orthoses, but not  
37 fracture orthoses except those for hand, wrist, ankle, and foot  
38 fractures, and assistive technology devices specified in RCW  
39 18.200.010 as exemptions from the defined scope of licensed orthotic  
40 and prosthetic services. It is the intent of the legislature that the

1 unregulated devices specified in RCW 18.200.010 are in the public  
2 domain to the extent that they may be provided in common with  
3 individuals or other health providers, whether unregulated or  
4 regulated under this title, without regard to any scope of practice;

5 (d) Performing wound care services that are limited to sharp  
6 debridement, debridement with other agents, dry dressings, wet  
7 dressings, topical agents including enzymes, hydrotherapy, electrical  
8 stimulation, ultrasound, and other similar treatments. Physical  
9 therapists may not delegate sharp debridement. A physical therapist  
10 may perform wound care services only by referral from or after  
11 consultation with an authorized health care practitioner;

12 (e) Reducing the risk of injury, impairment, functional  
13 limitation, and disability related to movement, including the  
14 promotion and maintenance of fitness, health, and quality of life in  
15 all age populations; and

16 (f) Engaging in administration, consultation, education, and  
17 research.

18 (11) "Secretary" means the secretary of health.

19 (12) "Sharp debridement" means the removal of devitalized tissue  
20 from a wound with scissors, scalpel, and tweezers without anesthesia.  
21 "Sharp debridement" does not mean surgical debridement. A physical  
22 therapist may perform sharp debridement, to include the use of a  
23 scalpel, only upon showing evidence of adequate education and  
24 training as established by rule. Until the rules are established, but  
25 no later than July 1, 2006, physical therapists licensed under this  
26 chapter who perform sharp debridement as of July 24, 2005, shall  
27 submit to the secretary an affidavit that includes evidence of  
28 adequate education and training in sharp debridement, including the  
29 use of a scalpel.

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

33 (14) Words importing the masculine gender may be applied to  
34 females.

35 **Sec. 2.** RCW 18.74.180 and 2013 c 280 s 2 are each amended to  
36 read as follows:

37 A physical therapist is professionally and legally responsible  
38 for patient care given by assistive personnel under his or her  
39 supervision. If a physical therapist fails to adequately supervise

1 patient care given by assistive personnel, the board may take  
2 disciplinary action against the physical therapist.

3 (1) Regardless of the setting in which physical therapy services  
4 are provided, only the licensed physical therapist may perform the  
5 following responsibilities:

6 (a) Interpretation of referrals;

7 (b) Initial examination, problem identification, and diagnosis  
8 for physical therapy;

9 (c) Development or modification of a plan of care that is based  
10 on the initial examination and includes the goals for physical  
11 therapy intervention;

12 (d) Determination of which tasks require the expertise and  
13 decision-making capacity of the physical therapist and must be  
14 personally rendered by the physical therapist, and which tasks may be  
15 delegated;

16 (e) Assurance of the qualifications of all assistive personnel to  
17 perform assigned tasks through written documentation of their  
18 education or training that is maintained and available at all times;

19 (f) Delegation and instruction of the services to be rendered by  
20 the physical therapist, physical therapist assistant, other assistive  
21 personnel, or physical therapy aide including, but not limited to,  
22 specific tasks or procedures, precautions, special problems, and  
23 contraindicated procedures;

24 (g) Timely review of documentation, reexamination of the patient,  
25 and revision of the plan of care when indicated;

26 (h) Establishment of a discharge plan.

27 (2) If patient care is given by a physical therapist assistant,  
28 or other assistive personnel, supervision by the physical therapist  
29 requires that the patient reevaluation is performed:

30 (a) (~~Every fifth visit, or if treatment is performed more than~~  
31 ~~five times per week, reevaluation must be performed at least once a~~  
32 ~~week;)) The later of every fifth visit or every thirty days if a  
33 physical therapist has not treated the patient for any of the five  
34 visits or within the thirty days;~~

35 (b) When there is any change in the patient's condition not  
36 consistent with planned progress or treatment goals.

37 (3) Supervision of assistive personnel means:

38 (a) Physical therapist assistants may function under direct or  
39 indirect supervision;

1 (b) Physical therapy aides must function under direct supervision  
2 at all times. Other assistive personnel must function under direct  
3 supervision when treating a patient under a physical therapy plan of  
4 care;

5 (c)(i) (~~The physical therapist may supervise a total of two~~  
6 ~~assistive personnel at any one time.~~) Except as provided in (c)(ii)  
7 of this subsection, at any one time, the physical therapist may  
8 supervise up to a total of three assistive personnel, who may be  
9 physical therapist assistants, other assistive personnel, or physical  
10 therapy aides. If the physical therapist is supervising the maximum  
11 of three assistive personnel at any one time, no more than one of the  
12 assistive personnel may be a physical therapy aide. The physical  
13 therapist has the sole discretion, based on the physical therapist's  
14 clinical judgment, to determine whether to utilize assistive  
15 personnel to provide services to a patient.

16 (ii) A physical therapist working in a nursing home as defined in  
17 RCW 18.51.010 or in the public schools as defined in RCW 28A.150.010,  
18 may supervise a total of only two assistive personnel at any one  
19 time.

20 (iii) In addition to the (~~two~~) assistive personnel authorized  
21 in (c)(i) and (ii) of this subsection, the physical therapist may  
22 supervise a total of two persons who are pursuing a course of study  
23 leading to a degree as a physical therapist or a physical therapist  
24 assistant.

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