



*State of Louisiana*

*Department of Health and Hospitals*

## **Louisiana Physical Therapy Board**

*104 Fairlane Drive, Lafayette, LA 70507*

*(337) 262-1043 FAX (337) 262-1054*

### **January 15, 2014**

- 6:30 Call Meeting to order
- 6:35 Meeting with SSA Consultants
  - December Board Meeting Minutes
  - Special Board Meeting Minutes
- 6:45 Reports
  - Chairman's Report
  - Treasurer's Report
    - November 2013 actual vs. budget
    - Securities – November 2013
    - December 2013 actual vs. budget
    - Securities – December 2013
  - Executive Director's Report
    - Lease No 09-0337 - Expiration date 05 31 14 with no option to renew
- 7:00 Unfinished Business
  - Task Tracker for December 2013
- 7:30 Executive Session
- 8:15 Monitoring Disciplined Therapists Report
- 8:00 New Business
  - Board Officer elections
  - Advisory Term
- 8:30 Correspondence
  - Dept of Transportation
  - Dry Needling Consent Form
  - Physical therapy and functional maintenance program
  - Questions on vital signs IRFS billing autonomy
  - LPTA Spring Meeting March 14-16 Exhibitor Prospectus
  - Education of home care assistance
  - 2014 FSBPT Budget

Recess

### **January 16, 2014**

- 8:30 Legal
  - FW Article regarding Boards
- 9:00 Board Monthly Call Discussion
- 9:15 Statutes, Rules and Regulations Issues
- 9:30 Adjournment

**LOUISIANA PHYSICAL THERAPY BOARD**

January 15 & 16, 2014

APPROVED

Proceedings for the Louisiana Physical Therapy Board, taken in regular session on Wednesday, January 15 & 16, 2014, at 104 Fairlane Drive, Lafayette, LA 70507. Al Moreau, III, acting chairman, called the meeting to order at 6:30 p.m. A quorum of members was present. Board members present were: Al Moreau, III, Jerry Jones, Jr., Kristina Lounsberry, Elizabeth "Beth" Austin, Sue Bartol and Gerald Leglue. Cheryl Gaudin, Executive Director, George Papale, General Counsel and Courtney P. Newton, attorney was also present.

**ADOPTION OF MINUTES OF PREVIOUS MEETING**

Minutes of the December Board meeting were accepted as written.

Minutes of the December Special Meeting were accepted as written.

**CHAIRMAN'S REPORT**

**TREASURER'S REPORT**

CDs at the Bank of Montgomery total \$711,091.87 at the end of November. The Business Savings account at Chase Bank had \$302,381.07. Cash on hand for the month of November was \$1,099,249.23. Receipts for November totaled \$6,681.45 and expenses totaled \$31,828.62.

CDs at the Bank of Montgomery total \$711,342.96 at the end of December. The Business Savings account at Chase Bank had \$304,462.41. Cash on hand for the month of December was \$1,077,534.33. Receipts for December totaled \$12,909.25 and expenses totaled \$35,566.30.

**EXECUTIVE DIRECTOR REPORT**

Theresa Thibodeaux, Lease Management at the Division of Contracts and Procurement Support contacted the board office regarding the upcoming expiration of the lease with Mark Garber which did not include a renewal option. Ms Thibodeaux requested a letter stating our request for a new lease in our current location. The letter must include the purpose of our request for a short term lease is due to pending construction of a new location, and indicating the lessor agreed to a one year lease with 2 three month renewal options. To process the request for a new lease, the board must also include a proposal from the lessor, a floor plan identifying offices that each individual is assigned to and a completed RL-2A form.

Cheryl T. Gaudin negotiated the terms for a new lease with Mr. Garber. Mr. Garber will provide a proposed lease letter to be forwarded to Division of Contracts and Procurement Support. Ms. Gaudin will prepare the required paperwork for submission to the Division of Contracts and Procurement Support.

**UNFINISHED BUSINESS  
TASK TRACKER**

Sarah Myers emailed the board indicating she reviewed the LAPT board's website's "scope of practice" page for information regarding medication management and was unable to find specific information addressing her question. *In* a home health setting, is it within a physical therapist's scope of practice to 1) assist in filling the patient's medication planner? 2) call the pharmacy or doctor to request a refill for an empty bottle? 3) educate the patient on side effects, medication interactions, and medication purposes? 4) instruct the patient on dosage/frequency? 5) take medications from bottles or planner and hand to patient per their medication schedule? and 6) handle the medication bottles each visit to ensure medications have been filled, taken, and no changes have occurred since the last visit? George Papale drafted letter and will send to Danny Landry for review.

Al Moreau, III contacted Matt Slimming, PT to discuss his question regarding the Board's statement on the 10<sup>th</sup> visit reassessment.



Lonnie Henderson reported working in a SNF that also offers outpatient therapy services to discharged residents and other appropriate residents in the community. This SNF is unique in that it also has an assisted living facility section where some of our SNF residents discharge. Some of these residents return to their gym to receive outpatient therapy services and are able to bring themselves to therapy. A resident was recently discharged the SNF to the ALF and then returned to the facility as an outpatient. This resident, however, is not able to negotiate between the two facilities well enough to bring herself safely to our gym. The family was advised, at length, that it is their or the patient's responsibility to bring the resident to therapy, as she is considered an "outpatient." Otherwise, Home Health therapy may be a better option. The ALF Director stated to the family and the company's CEO that staff cannot be responsible for taking the resident to therapy and it was suggested that our staff be responsible for transfer of the resident to and from our gym for her therapy services. This mandate was also approved by our company's CEO. The ALF and the SNF is owned by the same company but different entities. The two facilities are connected by a corridor. Is it appropriate and/or legal for a therapist or therapy tech employed by a SNF to transfer an ALF resident to and from our facility for outpatient therapy services? This was assigned to Jerry Jones.

The Board went into Executive Session to discuss a confidential issue that was attorney-client privileged information and attorney work product.

The Board came out of Executive Session.

## **STATUTE, RULES, AND REGULATIONS**

### **NEW BUSINESS**

As per La. R.S. 37:2404.A, election of officers was held. Al Moreau, III was elected Chairman and Danny P. Landry was re-elected Secretary/Treasurer.

Anna Smith Bentz reported to the board that she would like to resign her Advisory Committee Position effective January 31, 2014. Mrs. Bentz agreed to assist the board with interviews of new applicants until a new Advisory Committee Member could be appointed for the New Orleans area.

Cheryl T. Gaudin was asked to forward a letter to Althea Jones, PT and Marc Cavallino, PT to inquire if they would like to be considered for the appointment. If interested, they would be considered at the February board meeting for appointment.

### **CORRESPONDENCE**

Elaine M. Rapp, RN MSN, COHN-S CM with the U.S. Department of Transportation requested clarification on the following question: "Does the scope of practice for a PT permit him/her to conduct the testing and physical examination of body systems required on an enclosed Medical Examination Report, determine if the driver is physically qualified to drive a CMV in interstate commerce, and complete the Medical Examiners Certificate?" Kristina Lounsberry will draft a response for board review at the February board meeting.

Julie Ann Harris reporting she is practicing dry needling and her patient's are denying the consent form. If she included a check box that states "denied copy of consent form" for the patient to initial, would that be okay in terms of our practice act? Al Moreau will call for clarification.

Ashley Winfrey, PT who is employed at CHRISTUS Health, requested clarification of a statement posted on the board website. The question was in regards to a Functional Maintenance Program which asked for clarification of the role of PT's AND rehab techs, in a Functional Maintenance Program. An LTAC facility is starting a FMP. The Board responded that such a program should not be associated with therapy at all. Supervisors at the facility are asking the therapists to: assess pts for FMP (don't we need a clearly defined order in the chart?); assign FMP pts to rehab techs (techs that work in the OT and PT dept). The Board responded that once a patient is discharged from therapy, any maintenance program should be carried out entirely by nursing staff. The supervisor

maintains that rehab techs can carry out an FMP program (ROM, OOB) because they would be under the supervision of nursing at that time. How can this be delineated? Should the job description be changed, or the person carrying out the FMP should be a designated member of the nursing staff? Kristina Lounsberry was assigned.

The Board would like to inform you that you may screen a patient for the need for physical therapy, however, any recommendations that require the establishment of goals and treatment plans would constitute physical therapy treatment or services. A PT may evaluate a patient to establish a Functional Maintenance Program as PT intervention, which would include an evaluation, establishment of goals, and a treatment plan. As such, a specific order would be required in order for the therapist to establish the goals and treatment plan (s), and to provide supervision and reassess the appropriateness of the FMP for the patient. Once the FMP is established and the program can be provided strictly for maintenance, the patient should be discharged from physical therapy. If the PT has determined as results of an evaluation or screening that the patient would not benefit from PT intervention, then an order would not be required. The provision of maintenance services for patients no longer requires skilled physical therapy intervention and would be provided by non-therapy personnel.

The Board has no recommendations for the delineation of the rehab techs roles between therapy service and nursing service. This delineation should be outlined in personnel policy and procedure. However, it is imperative that a FMP which is no longer a Physical Therapy intervention be clearly identified as such including that personnel assigned to and or supervised by Physical Therapist not perform the FMP.

Ms. Winfrey's questions were: (1.) Does this mean that a physical therapist cannot recommend a FMP (strictly for maintenance) based on a screen (even if obvious that pt is not a candidate for Physical therapy intervention upon admission to facility)? And if PT can recommend/establish FMP (to be performed by other personnel) would there need to be an order by MD to begin FMP. (2.) If pt receiving PT intervention is discharged secondary to meeting goals or plateaus with lack of further progress, can that PT recommend and establish FMP for pt (to be performed by other personnel) without an order from MD? (3.) Rehab techs should not assist with FMP (if not receiving Physical Therapy intervention) even if administration changes their title to mobility techs instead of rehab techs. This has been a recommendation at my site? Or is it, that regardless of title, that the tech/techs under physical therapy supervision should not be involved with FMP (unless pt receiving physical therapy intervention)?

Kim Licausi, PT posed 3 questions based on the following scenario. An IRF has a policy (verbally stated by 2 supervising PTs & 1 staff DPT) that PTs are not to take vital signs on the patients being treated unless the patient is symptomatic. The PTs stated that it took away from treatment time for the patients & that taking vital signs is the nurse's job. My position is that these patients are sick and should be monitored @ least before & after exercise & when warranted during the treatment session. I believe my position regarding the taking of vital signs is also similar to the position taken by the APTA & La PT Board. Since a PT is not allowed to take vital signs on asymptomatic patients @ the IRF above, I had the following questions: (1.) If an asymptomatic patient were to code or collapse during the PT session and no vital signs were taken by the PT per department policy, would that treating PT be at a greater liability risk for not monitoring the patient properly especially in light of the APTA & LA PT Board's position on the taking of vital signs? (2.) Does a supervisor (PT or otherwise) have the right to demand (or even threaten disciplinary action) a treating PT to do something that seems contrary to best available evidence & professional guidelines? Would a supervising PT that did so be in violation of any ethical or La PT Board rule or regulation? From the APTA Code of Ethics: Principle 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/clients best interest in all practice settings. Principle 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments. 3. If a PT were to monitor the patient's vital signs per best available evidence & professional guidelines and was disciplined by the employer for having done so, what recourse, if any, would the disciplined PT have? Sue Bartol was assigned to this.



Additional questions Mr. Licausi had were: (1.) Am I wrong to be concerned about billing practices that I'm asked to do if I'm not sure they are correct? Recently I was told that PTs should just treat patients & not be concerned about how the PT patients are billed. Again from the APTA Code of Ethics: Principle 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided. What repercussions (LA PT Board or otherwise) might there be for a PT who did not adhere to Principle 7E and/or to a PT who encouraged another PT not to adhere to Principle 7E? (2.) Could the La PT Board provide me with their definition of skilled PT? My definition of skilled PT apparently is different from other PTs. I'm especially interested in how patients can be "billed" as having skilled PT for the time an unlicensed tech treats them in an IRF setting. That techs treatment time goes towards the 900 minute weekly skilled treatment time IRF requirement. (3.) Under what conditions can the time a patient is riding a bike or Nustep be "billed" toward the 900 min IRF requirement?

LPTA mailed an Exhibitor Prospectus for their Spring Meeting. Al Moreau, III asked Ms Gaudin to complete the paperwork and pay the \$500 fee for a booth at the LPTA Spring Meeting.

Rachel Henderson, PT posed the following scenario: "I am a home care PT. I was contacted by the family of a prior patient. This patient is an involved Neuro pt with 24 hr sitters that I saw previously in home care. She is now discharged from all PT. She is receiving OT and ST on an outpatient basis. The family is requesting that I come in to do a training/education session with all of the sitters to get everyone on the same page with regards to ROM, stretching, and positioning. They have spoken to their physician who is on board with writing an order for this. The patient also has a standing frame, and they would like me to train the sitters in placing the patient in this device as well if allowed. My question is this within my scope of practice and are there restrictions as to what I may and may not instruct the sitters on? Sue Bartol was assigned to this.

The Federation of State Boards of Physical Therapy provided the La PT Board with their Budget for 2014.

The meeting was recessed at 10:30 pm.

The meeting was reconvened at 8:30 am on Thursday, January 16, 2014. A quorum of members was present. Board members present were: Al Moreau, III, Jerry Jones, Jr., Kristina Lounsberry, Elizabeth "Beth" Austin, Sue Bartol and Gerald Leglue. Cheryl Gaudin, Executive Director, George Papale, General Counsel and Courtney P. Newton, attorney was also present.

## **LEGAL**

George Papale reported a continuance in the Hargett Formal Hearing because the board has not received notice of Pro Tem Board Member appointments for that case. Cheryl Gaudin is working with Boards and Commissions to provide documentation to assist their office in making the appointments only for this specific case.

## **MONITORING DISCIPLINED THERAPISTS**

### **BOARD MEMBER MONTHLY CALLS**

The meeting was recessed at 10:00AM

