



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Health- Board of Physical Therapy

- Preproposal Statement of Inquiry was filed as WSR 14-13-104 ; or
- Expedited Rule Making--Proposed notice was filed as WSR _ ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

Title of rule and other identifying information: (Describe Subject)

Chapter 246-915 WAC--Physical Therapists and Physical Therapist Assistants. Proposing rules: (1) that restate the education and training requirements identified in the law needed to receive an initial endorsement to perform spinal manipulation and manipulative mobilization of the spine, and to establish requirements as a clinical supervisor; and (2) for continuing education and training requirements for suicide screening, and referral for physical therapists and physical therapist assistants.

Hearing location(s): The Heathman Lodge
General Grant Room
7801 NE Greenwood Drive
Vancouver, WA 98662

Date: 6/1/15

Time: 10:30 a.m.

Submit written comments to:

Name: Kris Waidely, Program Manager
Address: Board of Physical Therapy
PO Box 47852
Olympia, WA 98501-7852
e-mail: <http://www3.doh.wa.gov/policyreview/>
fax (360) 236-2901 by (date) 05/27/2015

Assistance for persons with disabilities: Contact

Kris Waidely by 05/26/2015

TTY (800) 833-6388 or () 711

Date of intended adoption: 06/01/2015

(Note: This is NOT the effective date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The proposed rules implement ESHB 2160 (chapter 116, laws of 2014). The law authorizes qualified physical therapists (PT) to do spinal manipulation after they have received an endorsement from the department. The rules identify the qualifications required for a licensed PT to receive an endorsement to do spinal manipulation and define the qualifications to be a clinical supervisor. The proposed rules also implement ESHB 2315 (chapter 7, laws of 2014) that requires rules be adopted identifying a one-time, three-hour training for suicide screening and referral for PTs and PTAs.

Reasons supporting proposal:

ESHB 2160 expands the scope of practice of PTs to perform spinal manipulation. The law establishes the education and training requirements to receive an initial endorsement to perform spinal manipulation and manipulative mobilization of the spine. Rules are needed to establish the qualifications to be a clinical supervisor for the training. It's the legislative intent of ESHB 2315 that educating PTs and PTAs in suicide screening and referral may help lower the suicide rate in Washington. Rules are needed to establish this one-time training.

Statutory authority for adoption:
RCW 18.74.023 and RCW 43.70.442

Statute being implemented:
RCW 18.74.085 and RCW 43.70.442

Is rule necessary because of a:

- Federal Law? Yes No
 - Federal Court Decision? Yes No
 - State Court Decision? Yes No
- If yes, CITATION:

DATE 04/21/2015

NAME (type or print)
Blake Maresh

SIGNATURE

TITLE
Executive Director

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 21, 2015

TIME: 8:10 AM

WSR 15-09-110

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

none

Name of proponent: (person or organization) Board of Physical Therapy

- Private
- Public
- Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Kris Waidely, Program Manager	111 Israel Rd SE, Tumwater, WA 98501	360-236-4847
Implementation....Kris Waidely, Program Manager	111 Israel Rd SE, Tumwater, WA 98501	360-236-4847
Enforcement.....Kris Waidely, Program Manager	111 Israel Rd SE, Tumwater, WA 98501	360-236-4847

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Kris Waidely, Program Manager

Address: PO Box 47852

Olympia, WA 98504-7852

phone 360-236-4847

fax 360-236-2901

e-mail kris.waidely@doh.wa.gov

No: Please explain:

WAC 246-915-085 Continuing competency. Licensed physical therapists and physical therapist assistants must provide evidence of continuing competency in the form of continuing education and employment related to physical therapy every two years.

(1) (~~Education~~) Licensed physical therapists and physical therapist assistants must complete 40 hours of continuing education every two years (~~as required in chapter 246-12 WAC, Part 7-~~
(a)).

(2) Physical therapists and physical therapist assistants are required to complete a one-time training in suicide assessment that includes risk assessment, screening, and referral elements appropriate for this profession. The training must be at least three hours in length and must meet the requirements for training per WAC 246-915-086.

A physical therapist or physical therapist assistant must complete a one-time training required by this section during the first full continued competency reporting period after June 12, 2014, or the first full continued competency reporting period after initial licensure, whichever occurs later.

(3) Acceptable continuing education specifically relating to the practice of physical therapy(+
(b)) includes, but is not limited to, the following:

(a) Participation in a course with specific goals and objectives relating to the practice of physical therapy;

((e)) (b) Audio or video recordings or other multimedia devices, and/or book/article review. A maximum of ten hours may be used for books/articles reviewed;

((d)) (c) Correspondence course work completed.

((2)) (4) A physical therapist with a spinal manipulation endorsement must complete at least ten hours of continuing education per continuing competency reporting period directly related to spinal manipulation. At least five hours of the training must be related to procedural technique and application of spinal manipulation.

(5) In addition to the (~~requirements in subsection (1) of this section,~~) required continuing education hours, physical therapists and physical therapist assistants must complete 200 hours involving the application of physical therapy knowledge and skills, which may be obtained as follows:

(a) In the clinical practice of physical therapy; or

(b) In nonclinical activities that involve the direct application of physical therapy skills and knowledge, examples of which include, but are not limited to:

(i) Active service on boards or in physical therapy school or education program accrediting bodies;

(ii) Physical therapy teaching or presentations on:

(A) Patient/client management, prevention and wellness;

(B) Physical therapy ethics and standards of practice;

(C) Professional advocacy/involvement;

(iii) Developing course work in physical therapy schools or education programs or physical therapy continuing education courses;

(iv) Physical therapy research as a principal or associate researcher; and

(v) Physical therapy consulting.

((~~(3) Licensees~~)) (6) Licensed physical therapists shall maintain records of all activities relating to continuing education and professional experience for a period of four years. Acceptable documentation shall mean:

(a) Continuing education. Certificates of completion, course sponsors, goals and objectives of the course, credentials of the presenter as a recognized authority on the subject presented, dates of attendance and total hours, for all continuing education being reported.

(b) Audio or video recordings or other multimedia devices, and/or book/article review. A two-page synopsis of each item reviewed must be written by the licensee.

(i) For audio or video recordings or other multimedia devices, a two-page double-spaced synopsis for every one to four hours of running time must be written by the licensee. Time spent writing a synopsis is not reportable.

(ii) For book/article review, a two-page double-spaced synopsis on each subject reviewed must be written by the licensee. Time spent writing a synopsis is not reportable.

(c) Correspondence course work completed. Course description and/or syllabus and copies of the completed and scored examination must be kept on file by the licensee.

(d) Physical therapy employment. Certified copies of employment records or proof acceptable to the board of physical therapy employment for the hours being reported.

NEW SECTION

WAC 246-915-086 Suicide assessment training standards. (1) A qualifying training in suicide assessment must:

(a) Be an empirically supported training in suicide assessment that includes risk assessment, screening, and referral;

(b) Be provided by a single provider and must be at least three hours in length which may be provided in one or more sessions.

(2) The hours spent completing a training program in suicide assessment under this section count toward meeting any applicable continued competency requirements.

NEW SECTION

WAC 246-915-380 Spinal manipulation—Endorsement. (Effective July 1, 2015, until June 30, 2020.) (1) A physical therapist may perform spinal manipulation only after being issued a spinal manipulation endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of full-time, orthopedic, postgraduate practice experience that consists of direct patient care, averaging at least thirty-six hours a week, and who provides evidence in a manner acceptable to the board of all of the following additional requirements:

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

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

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

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

(i) Be supervised by a clinical supervisor who:

(A) Holds a spinal manipulation endorsement under this section;

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

(C) Holds an endorsement or advanced certification the training requirements for which are commensurate with the training requirements as specified in WAC 246-915-382;

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

(iii) Be completed within eighteen months of completing the educational requirements in (a) through (c) of this subsection, unless the physical therapist has completed the educational requirements in (a) through (c) of this subsection prior to July 1, 2015, in which case the supervised clinical practical experience must be completed by January 1, 2017.

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

(3) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section may not:

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

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

(c) Delegate spinal manipulation; or

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

(4) A physical therapist holding a spinal manipulation endorsement under this section shall complete continuing education directly related to spinal manipulation as specified in WAC 246-915-085.

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

NEW SECTION

WAC 246-915-381 Spinal manipulation—Endorsement. (Effective July 1, 2020.) (1) A physical therapist may perform spinal manipulation only after being issued a spinal manipulation endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of full-time, orthopedic, postgraduate practice experience that consists of direct patient care and averages at least thirty-six hours a week and who provides evidence in a manner acceptable to the board of all of the following additional requirements:

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

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

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

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

(i) Be supervised by a clinical supervisor who:

(A) Holds a spinal manipulation endorsement under this section;

or

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

(ii) Be under the close supervision of the clinical supervisor for a minimum of the first one hundred fifty hours of the supervised clinical practical experience, after which the supervised clinical practical experience must be under the direct supervision of the clinical supervisor as defined in RCW 18.74.010;

(iii) Be completed within eighteen months of completing the educational requirements in (a) through (c) of this subsection, unless the physical therapist has completed the educational requirements in (a) through (c) of this subsection prior to July 1, 2015, in which case the supervised clinical practical experience must be completed by January 1, 2017.

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

(3) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section may not:

- (a) Have a practice in which spinal manipulation constitutes the majority of the services provided;
 - (b) Practice or utilize chiropractic manipulative therapy in any form;
 - (c) Delegate spinal manipulation; or
 - (d) Bill a health carrier for spinal manipulation separately from, or in addition to, other physical therapy procedures.
- (4) A physical therapist holding a spinal manipulation endorsement under this section shall complete continuing education directly related to spinal manipulation as specified in WAC 246-915-085.
- (5) If a physical therapist is intending to perform spinal manipulation on a patient who the physical therapist knows is being treated by a chiropractor for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the chiropractor to prevent conflict or duplication of services.

NEW SECTION

WAC 246-915-382 Spinal manipulation—Clinical supervisor. To qualify as a clinical supervisor under WAC 246-915-380 (1)(d)(i)(C), a person must be a licensed physical therapist who holds an endorsement or advanced certification for which the training requirements are commensurate with the training requirements in WAC 246-915-380 (1)(a) through (d). A clinical supervisor must provide direct and close supervision per the definitions in RCW 18.74.010, and the clinical supervisor under WAC 246-915-380 (1)(d)(i)(C) must have at least one of these credentials:

- (1) Orthopedic Manual Therapy Fellowship/Fellow American Academy of Orthopedic Manual Physical Therapy designation trained under an American Board of Physical Therapy residencies and Fellowship Education.
- (2) Orthopedic Physical Therapy Residency trained under an American Board of Physical Therapy residencies and Fellowship Education credentialed program.
- (3) Orthopedic Certified Specialist/Orthopedic Clinical Specialist designation (American Board of Physical Therapy Specialties).
- (4) Orthopedic manual physical therapy certification trained (Certified Functional Manual Therapist (Institute of Physical Art)).
- (5) Certified Manual Physical Therapist (North American Institute of Orthopaedic Manual Therapy/NAIOMT).
- (6) Certified Orthopedic Manual Therapist (Maitland Australian Physiotherapy Seminars/MAPS).
- (7) North American Institute of Orthopaedic Manual Therapy/NAIOMT.
- (8) Ola Grimsby Institute, and Manual Therapy Certification (Evidence in Motion/EIM).
- (9) University of St. Augustine for Health Sciences.
- (10) Other certifications approved by the board.