

Supervision and Use of Physical Therapy Personnel

A brief guide to documents and resources.

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In many practice settings, physical therapists (PTs) work with other personnel, such as physical therapist assistants (PTAs), occupational therapists, and physical therapy aides. Numerous laws, regulations, and guidelines specify the appropriate use and supervision of personnel during provision of physical therapy services, but all questions in this realm begin and end with the fact that the PT ultimately is responsible for any care provided by him or her or assistive personnel. Delegation to another provider does not relieve PTs of their legal responsibilities.

Let's look at supervision requirements, the issues associated with correct use of personnel, and the resources PTs need to ensure that all regulations and guidelines are followed, standard of care is maintained, outcomes of care are optimal, compliance requirements are met, and fiscal goals are achieved.

State Practice Acts

First and foremost, PTs must be familiar with their state practice act requirements regarding use of personnel and supervision. A directory of state practice acts is available at www.apta.org. (Click on "Advocacy," then "State Government Affairs.")

State practice acts typically define "physical therapist," "physical therapist assistant," and "aide," as well as types or levels of supervision. Educational requirements for each provider may be noted, as well. Practice acts describe practice boundaries for each level of personnel and supervision requirements imposed by the licensure law. Some practice acts employ specific language to describe a restriction in practice or regulation regarding supervision of personnel. Other practice acts offer guidance by omission-specifics are not noted, and the PT must turn to other pertinent and relevant documents for guidance.

Every PT must be familiar with the regulations for the state in which he or she practices. Remember, state practice acts are written specifically to protect the public, as the consumer of health care services. It is necessary, therefore, to understand the implications of regulatory language. Regulations drafted by state licensing boards

Practice Management Tips

1. Managers should make certain staff are familiar with practice act language and any changes to state regulations. The practice act should be posted and included in the clinic's policy and procedures manual.
2. Students should familiarize themselves with practice acts of the states within which they will intern. Managers should review with students the regulations during orientation to the clinic.
3. Clinics should consider staffing patterns when scheduling appointments, ensuring that appropriate personnel always are available, as required by regulation.
4. Clinics should be certain to adhere to Medicare-specific supervision regulations when scheduling and treating patients.
5. All clinic staff must be aware that state practice act language regarding supervision of personnel supersedes all other policies or rules. Understanding of practice act language is of the utmost importance. Medicare requirements must be followed for patients who are Medicare beneficiaries unless state practice act language is more stringent. APTA's policies and positions related to supervision of support personnel also provide guidance to clinicians.

may clarify or supplement practice act contents, and those boards can answer questions about how to interpret practice acts. Licensing board contact information is available on the Web site of the Federation of State Boards of Physical Therapy at www.fsbpt.org. (Click on "Licensing Authorities.")

APTA Policies and Positions

APTA has a number of policies and positions related to the use of personnel in provision of physical therapy services. (At www.apta.org, click on "Information for Clinicians.") To summarize some of the most important ones:

Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26) notes that the PTA is the only individual permitted to assist a PT in selected interventions, under the PT's direction and supervision. The degree of direction and supervision is partly dependent upon the education and experience of the PTA, the amount of potential risk to the patient, federal and state regulations, and the setting in which the care is being rendered. The PT must make a professional judgment to determine if delegation to a PTA is appropriate.

Direction and Supervision of the Physical Therapist Assistant notes that the PTA must work under the direction and at least general supervision of the PT. If the PTA is off site, APTA policy requires that a PT be accessible by telecommunication, that there be regularly scheduled and documented conferences between the PTA and PT, and that the PT make a supervisory visit with the patient.

Supporting documents, such as the *Standards of Practice for Physical Therapy* (HOD S06-03-9-10), the *Guide to Professional Conduct*, and the *Code of Ethics* (HOD S06-00-12-23) also are available on APTA's Web site.

The APTA House of Delegates delineates three ***Levels of Supervision*** (HOD P06-00-15-26):

- General: The PT is not required to be onsite for direction and supervision, but must be available by telecommunication.
- Direct: The PT is physically present and immediately available for direction and supervision. The PT has direct contact with the patient/client during each visit. Telecommunication does not meet the requirement of direct supervision.
- Direct personal: The PT or, where allowable by law, the PTA is physically present and immediately available to continuously direct and supervise tasks that are related to patient/client management. Telecommunication does not meet the requirement of direct personal supervision.

Procedural Interventions Exclusively Performed by Physical Therapists (HOD P06-00-30-36) notes that certain interventions should not be delegated to assistive personnel because they require continuous examination and evaluation throughout the procedure. These interventions include spinal and peripheral joint mobilization/manipulation and selective sharp debridement.

APTA's position on the use of aides as supportive personnel is very clear. ***Provision of Physical Therapy Interventions and Related Tasks*** (HOD P06-00-17-28) states that physical therapy aides perform designated tasks related to the operation of the physical therapy service. Tasks do not require the clinical decision-making

skills of the PT or the clinical problem-solving skills of the PTA. Aides require direct personal supervision by the PT, or, where allowable by law, the PTA.

APTA's position on ***Student Physical Therapist Provision of Services*** (HOD P06-00-18-30) notes that PT students, in accordance with state laws, must be under the direction and direct supervision of the PT who is responsible for management of the patient or client. PTA students, in accordance with state laws, must be under the direction and direct supervision of the PT or PTA responsible for care of the patient.

Medicare Regulations

Medicare has specific requirements for supervision of PTAs. The *Medicare Benefit Policy Manual* (Chapter 15; available at www.cms.hhs.gov/manuals) defines three kinds of supervision:

- Personal supervision (in the room)
- Direct supervision (in the office suite)
- General supervision (physician or non-physician practitioner available but not necessarily on the premises).

APTA's Web site provides clear descriptions of Medicare's supervision requirements in different practice settings, as well. (Click on "Advocacy," then "Federal Regulatory Affairs," then "Medicare," then "Aides, Assistants and Students.") Under Medicare, PTs-and PTAs when working under the supervision of a qualified PT-are considered "qualified professionals." General supervision is required for all PTAs in all settings except private practice, which requires direct supervision unless the state practice act is more stringent; in that case, local or state requirements must be followed. Under the Medicare program, PTAs are prohibited from supervising other personnel, and their services cannot be billed incident to a physician or nurse practitioner's service because they do not meet the qualifications of a PT. If a PT treating patients covered by Medicare is working "incident to" a physician, the physician must provide direct supervision of the PT providing the service.

Medicare regulations prohibit provision and billing of skilled rehabilitative services by a physical therapy aide. The designation "skilled rehabilitative services" is intentional: Medicare will pay only for services that are skilled, and will deny unskilled care as not reasonable and necessary. Medicare does not deem services provided by a PT student working independently as billable.

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