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**DIVISION 1**

**PROCEDURAL RULES**

- 848-001-0000**  
**Notice to Interested Persons on Any Proposal to Adopt, Amend, or Repeal Any Rule**

Prior to the adoption, amendment, or repeal of any rule, the Physical Therapist Licensing Board shall give notice of the proposed adoption, amendment, or repeal:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least fifteen (15) days prior to the effective date.

(2) By mailing a copy of the notice to persons on the Physical Therapist Licensing Board's mailing list established pursuant to ORS 183.335(6).

(3) By mailing a copy of the notice to the following persons, organizations, or publications:

- (a) Executive Secretary, Oregon Physical Therapy Association;  
(b) Oregon Association of Hospitals.

Stat. Auth.: ORS 183

Stats. Implemented: ORS 688.145 & ORS 688.160

Hist.: PT 8, f. & ef. 5-4-76

- 848-001-0005**

**Attorney General's Model Rules of Procedure**

The following Model Rules of Procedure promulgated by the Attorney General of the State of Oregon, in effect March 27, 2000, are adopted by the Board by reference. These rules apply to rule-making and to the conduct of contested cases respectively:

(1) OAR 137-001-0005; 137-001-0007; 137-001-0008; 137-001-0009; 137-001-0011; 137-001-0018; 137-001-0030; 137-001-0080; and 137-001-0085.

(2) OAR 137-003-0501 to 137-003-0700.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Physical Therapist Licensing Board.]

Stat. Auth: ORS 688.160

Stats. Implemented: ORS 183 & ORS 688.160

Hist.: PT 1, f. 1-3-74, ef. 2-11-74; PT 9, f. & ef. 5-4-76; PT 1-1978, f. 6-19-78, ef. 6-28-78; PT 1-1982, f. & ef. 2-17-82; PT 2-1984, f. & ef. 11-30-84; PT 1-1986, f. & ef. 10-27-86; PT 1-1988, f. & cert. ef. 6-27-88; PT 1-1992, f. & cert. ef. 3-26-92; PT 6-1997, f. & cert. ef. 12-12-97; PTLB 4-2001, f. & cert. ef. 1-4-01

**DIVISION 10**

**LICENSED PHYSICAL THERAPISTS AND LICENSED  
PHYSICAL THERAPIST ASSISTANTS**

- 848-010-0010**

**Approval of Schools of Physical Therapy**

All schools for physical therapists and physical therapist assistants that are accredited by an agency appointed by the Council on Post-Secondary Accreditation are considered approved schools of physical therapy. A school shall be considered to be an approved school of physical therapy within the meaning of this section if the school was accredited as above at the time the licensure applicant graduated.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.050, ORS 688.055, ORS 688.070 & ORS 688.080

Hist.: PT 2, f. 8-22-74, ef. 9-25-74; PT 11, f. & ef. 12-28-77; PT 1-1979, f. & ef. 2-14-79; PT 1-1989, f. & cert. ef. 8-8-89; PT 4-1997, f. & cert. ef. 8-5-97

- 848-010-0015**

**Examinations**

(1) Examinations for licensing of physical therapists and of physical therapist assistants shall be provided by an examination service approved by the Board. The overall passing score shall be based on a formula using the criterion-referenced scoring system. An appli-

cant may sit for the examination a maximum of four times within a 12-month period. Prior to the fourth attempt, the applicant must take and complete a refresher course approved by the Board. Applicant may test two times following completion of the refresher course. If applicant fails to pass the examination within two attempts following completion of the refresher course, applicant may not be licensed in Oregon.

(2) All completed applications for examination, the non-refundable examination fee and other necessary forms must be approved by the Board prior to the scheduling of each examination in Oregon. For applicants taking the examination in another state or territory of the United States and applying to Oregon for licensure by examination, all completed applications, the non-refundable fee and other necessary forms must be approved by the Board prior to licensure.

(3) All foreign educated physical therapists must submit directly to the Board prior to obtaining an application:

(a) A notarized document which indicates:

(A) The applicant has a license to practice physical therapy in the country where the applicant attended and graduated from physical therapy school; or

(B) The applicant has authority to practice physical therapy in the country where the applicant attended and graduated from physical therapy school.

(b) A Credentials Evaluation Statement of professional training prepared by a Board-approved credentials evaluation agency. It is the applicant's responsibility to pay the expenses associated with the credentials evaluation. The minimum number of semester hour credits required is 120. The evaluation must include:

(A) General Education — A minimum of 50 semester credit hours. A minimum of one semester course must be successfully completed in:

(i) Humanities (English, English Composition, Speech or Oral Communication, Foreign Language (other than native language), Literature, Art, Music);

(ii) Physical Science (Chemistry with Laboratory (organic/inorganic) and Physics with Laboratory are required, Geology, Astronomy);

(iii) Biological Science (Biology, Anatomy, Physiology, Zoology, Kinesiology, Neuroscience, Genetics);

(iv) Social Science (History, Geography, Sociology, Economics, Government, Religion);

(v) Behavioral Science (Psychology, Anthropology, Philosophy, Ethics);

(vi) Mathematics (Statistics, Algebra, Pre-Calculus, Calculus, Trigonometry and Geometry).

(b) Professional Education — A minimum of 60 semester credit hours. A minimum of one semester course must be successfully completed in Human Anatomy (specific to physical therapy), Human Physiology (specific to physical therapy), Neurological Science, Kinesiology or Functional Anatomy, Abnormal or Developmental Psychology, Pathology, Neurology, Orthopedics, Pediatrics, Geriatrics, Physical Agents, Musculoskeletal Assessment and Treatment, Neuromuscular Assessment and Treatment, and Cardiopulmonary Assessment and Treatment. A minimum of two clinical affiliations of no less than 800 hours total. A minimum of 3 semester courses from any combination of the following: Professional Ethics; Administration; Community Health; Research; Educational Techniques; or Medical Terminology.

(c)(A) Verification that English is the native language of the country of origin, and the physical therapy program employs English as the language of training; or

(B) Verification that the applicant has achieved a score of not less than 560 on the Test of English as a Foreign Language (TOEFL), a score of not less than 50 on the Test of Spoken English (TSE) and a score of not less than 4.5 on the Test of Written English (TWE).

(d) If applicant has taken a Board-approved national licensing examination prior to application for licensure in Oregon, a report of applicant's examination scores must be submitted to the Board directly from the Board-approved examination service.

(4) The Examination will be given in the English language.

(5) No person shall be allowed to take the physical therapist examination or physical therapist assistant examination for licensure in Oregon until all academic requirements are completed.

(6) The examination will be administered at a location approved by the Board. Applicants taking the examination in Oregon must sit for the examination within 60 days from the date of the letter of authorization from the Board-approved examination service.

(7) Any applicant who has graduated from an approved school of physical therapy and passed a Board-approved examination or a Board-approved equivalent examination more than five years prior to application for licensure in the State of Oregon and who has not been actively licensed in any other state or territory of the United States for a five year period shall be required to complete a refresher course approved by the Board and to pass an examination approved by the Board as provided in this rule.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.020, ORS 688.040, ORS 688.050, ORS 688.055, ORS 688.070, ORS 688.090

Hist.: PT 2, f. 8-22-74, ef. 9-25-74; PT 6, f. 12-20-74, ef. 1-11-75; PT 10, f. & ef. 10-21-77; PT 11, f. & ef. 12-28-77; PT 1-1979, f. & ef. 2-14-79; PT 1-1983, f. & ef. 1-5-83; PT 1-1984, f. & ef. 5-3-84; PT 1-1989, f. & cert. ef. 8-8-89; PT 1-1990 (Temp), f. & cert. ef. 7-16-90; PT 2-1990, f. & cert. ef. 10-2-90; PT 1-1996, f. 1-16-96, cert. ef. 2-1-96; PT 2-1996, f. & cert. ef. 9-5-96; PT 1-1997, f. & cert. ef. 2-4-97; PTLB 4-1999, f. 11-23-99, cert. ef. 12-1-99; PTLB 1-2000, f. & cert. ef. 5-4-00

#### 848-010-0020

#### Endorsement of Out-of-State Physical Therapists and Physical Therapist Assistants

Physical therapists and physical therapist assistants not licensed in the State of Oregon may be licensed by endorsement if they comply with all of the following:

(1) File a completed application form and pay a non-refundable filing fee.

(2) Are at least 18 years of age.

(3) Are graduates of an approved school for physical therapists or physical therapist assistants as provided in OAR 848-010-0010 and 848-010-0015(3).

(4) Are currently licensed in any other state or territory of the United States.

(5) Are in good standing in every state where currently licensed and were in good standing at the time of lapse in every state where licensure has lapsed for any reason.

(6) For purposes of endorsement, the following shall be considered the minimum passing score on the physical therapist or the physical therapist assistant examination provided by a Board-approved examination service:

(a) For applicants examined after February 1, 1996, the minimum overall passing score shall be based on a formula using the criterion-referenced scoring system verified by a Board-approved examination service;

(b) For applicants examined after January 5, 1983, the minimum overall passing score shall be based on a formula using the national average raw score minus two standard errors of measurement verified by a Board-approved examination service;

(c) For applicants examined prior to January 5, 1983, the minimum overall passing score shall be 1.5 standard deviation below the national average raw score verified by a Board-approved examination service;

(d) For applicants examined prior to January 1, 1961, the passing of an examination of the American Registry of Physical Therapists, or the passing of a written examination which in the opinion of the Board is substantially equivalent to the examination of the American Registry of Physical Therapists;

(e) For applicants examined between January 1, 1961, and January 1, 1976, the passing of a written examination which in the opinion of the Board is substantially equivalent to the examination given by a Board-approved examination service.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.080

Hist.: PT 2, f. 8-22-74, ef. 9-25-74; PT 5, f. 12-20-74, ef. 1-11-75; PT 1-1979, f. & ef. 2-14-79; PT 1-1983, f. & ef. 1-5-83; PT 1-1984, f. & ef. 5-3-84; PT 1-1989, f. & cert. ef. 8-8-89; PT 1-1990(Temp), f. & cert. ef. 7-16-90; PT 2-1990, f. &

cert. ef. 10-2-90; PT 1-1996, f. 1-16-96, cert. ef. 2-1-96; PT 3-1996, f. & cert. ef. 9-5-96

#### 848-010-0026

##### Temporary Permits

Physical Therapists and Physical Therapist Assistants who meet the following criteria may apply for a three (3) month Temporary Permit:

- (1) First-Time United States Educated Graduates:
    - (a) File a completed license by examination application and pay fees;
    - (b) File a temporary permit application and pay fee;
    - (c) Provide proof of graduation from a CAPTE accredited PT/PTA school;
    - (d) Pass criminal record check with a clear record;
    - (e) Work with on-site supervision;
    - (f) Surrender temporary permit upon failure to pass examination;
    - (g) Three (3) month limit.
  - (2) United States Educated Endorsement Applicants:
    - (a) Hold a current, unencumbered license, in another state, at the time license by endorsement application is submitted;
    - (b) File a completed license by endorsement application and pay fees;
    - (c) File a temporary permit application and pay fee;
    - (d) Provide proof of graduation from a PT/PTA accredited school;
    - (e) Pass criminal record check with a clear record;
    - (f) Work under general supervision of physical therapist;
    - (g) May apply for one (1), three (3) month extension, on a case by case basis, at the discretion of the Board;
    - (h) Surrender temporary permit if examination scores do not meet Oregon Board requirements.
  - (3) Foreign Educated Applicants (Physical Therapists Only):
    - (a) Provide proof of graduation from a CAPTE accredited school;
    - (b) Present proof of passing TOEFL, TSE and TWE scores, if PT program was not taught in English and English is not the national language of country where PT program was taught;
    - (c) File a completed license application by examination or license by endorsement and pay fees;
    - (d) File a temporary permit application and pay fee;
    - (e) Pass criminal record check with a clear record;
    - (f) Work with on-site supervision;
    - (g) Surrender temporary permit upon failure to pass examination or if examination scores do not meet Oregon Board requirements;
    - (h) Three (3) month limit.
- Stat. Auth.: ORS 688.110  
 Stats. Implemented: ORS 688.110  
 Hist.: PTLB 3-2000, f. & cert. ef. 12-21-00

#### 848-010-0035

##### Renewal of Lapsed Licenses

Any license that is not renewed before April 1 of each year shall automatically lapse. Failure to receive a renewal notice shall not excuse any licensee from the requirements of renewal. The Board may renew any lapsed license upon payment of all past unpaid renewal and delinquent fees. In the event that an applicant's license has lapsed for five or more consecutive years, the Board shall require the applicant to satisfactorily complete a refresher course approved by the Board and to pass an examination approved by the Physical Therapist Licensing Board as provided in OAR 848-010-0015. If the applicant holds a current physical therapist or physical therapist assistant license which is in good standing in another state and the applicant's Oregon license has lapsed for five or more consecutive years, the applicant may apply for a license by endorsement as provided in OAR 848-010-0020.

Stat. Auth: ORS 688.160  
 Stats. Implemented: ORS 688.100  
 Hist.: PT 2, f. 8-22-74, ef. 9-25-74; PT 10, f. & ef. 10-21-77; PT 1-1979, f. & ef. 2-14-79; PT 1-1989, f. & cert. ef. 8-8-89; PT 5-1996, f. & cert. ef. 9-5-96

#### 848-010-0045

##### Physical Therapist Assistants

(1) Under ORS 688.010(3), a physical therapist assistant is defined as a person who assists a physical therapist in the administration of physical therapy. The physical therapist assistant's function is to assist the physical therapist in patient-related activities and to perform delegated procedures that are commensurate with the physical therapist assistant's education and training. The physical therapist assistant carries out designated tasks which are required for the operation of the service. The extent to which the physical therapist assistant will participate in the following activities will be dependent upon the organization, structure, and size of the physical therapy service and upon the health needs of the individual patient:

- (a) Functions as a participating team member who contributes to total patient care;
- (b) Assists the physical therapist in carrying out complex procedures and programs;
- (c) Performs routine treatment procedures in accordance with the planned programs;
- (d) Observes, records and reports to the physical therapist the conditions, reactions and responses related to assigned duties.

(2) ORS 688.130 provides that no person shall practice as a physical therapist assistant unless that person is licensed under ORS 688.090 and the practice is solely under the supervision and direction of a physical therapist. The term "under the supervision and direction of a physical therapist" means a physical therapist must see the patient, make the initial evaluation and assign the work to be done. The physical therapist must be available to check the work as it progresses, make periodic evaluation to see if changes in the treatment plan are necessary and must approve the completed treatment plan.

Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.020, ORS 688.040, ORS 688.055 & ORS 688.080  
 Hist.: PT 4, f. 8-22-74, ef. 9-25-74; PT 1-1979, f. & ef. 2-14-79; PT 2-1980(Temp), f. & ef. 9-24-80; PT 1-1989, f. & cert. ef. 8-8-89; PT 1-1994, f. & cert. ef. 7-29-94

#### 848-010-0050

##### Grounds for Refusal, Suspension, or Revocation of License or Permit

The Board, after notice of and hearing afforded such person as provided in ORS 688.145, may under ORS 688.140 refuse to license any applicant, may refuse to renew the license of any physical therapist (PT) or physical therapist assistant (PTA) or may suspend or revoke the license of any physical therapist or physical therapist assistant or a permit issued under ORS 688.110, may impose a civil penalty, may impose probation with authority to limit or restrict a license, or may issue letters or reprimand to a person who practices in a manner detrimental to the public health and welfare or, as defined by the rules of the Board, is guilty of unethical or unprofessional conduct.

(1) Unethical or unprofessional conduct, as used in this section, includes but is not limited to the following:

- (a) Is under the influence of intoxicating liquors or under the influence of controlled substances while performing the duties of physical therapy;
- (b) Has been convicted of violating any federal narcotic law or state law relating to controlled substances;
- (c) Has been convicted of any crime that is a felony or misdemeanor under the laws of any state or of the United States that relates to the license privilege;
- (d) Is guilty of gross negligence in practice as a physical therapist or physical therapist assistant. The Board may take into account relevant factors and practices, including but not limited to the standard of practice generally and currently followed and accepted by persons licensed to practice physical therapy in this state, the current teachings at accredited physical therapy schools, and relevant technical reports published in recognized physical therapy journals in determining the definition of gross negligence;
- (e) Obtains or attempts to obtain any fee by fraud or misrepresentation;
- (f) Engages in any act involving moral turpitude;



(g) Engages in sexual harassment in the practice of physical therapy. "Sexual harassment" is defined as deliberate or repeated comments or gestures of a sexual nature, or touching of the sexual or other intimate parts of a person;

(h) Has been convicted under the laws of any state or of the United States that relate to "sexual molestation," "sexual harassment" or "sexual misconduct";

(i) Engages in sexual impropriety as unprofessional or dishonorable conduct as follows:

(A) Sexual Abuse — Comprises conduct which constitutes a violation of any provision of ORS 163.305 through 163.465, Criminal Sexual Offenses, if proven by at least a preponderance of the evidence in any criminal, civil, or administrative litigation, or admitted or stipulated by the professional;

(B) Sexual Violation — Comprises professional-patient sex, whether initiated by the patient or not, and engaging in any conduct with a patient that is sexual, or may be reasonably interpreted as sexual, including but not limited to: Sexual intercourse; genital to genital contact; oral to genital contact; oral to anal contact; oral to oral contact except CPR; touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent; encouraging the patient to masturbate in the presence of the professional or masturbation by the professional while the patient is present;

(C) Sexual Impropriety — Comprises any behavior, gestures, or expressions that are seductive or sexually-demeaning to a patient of normal sensibilities; inappropriate procedures, including but not limited to disrobing or draping practices that reflect a lack of respect for the patient's privacy, deliberately watching a patient dress or undress, instead of providing privacy for disrobing; subjecting a patient to an examination in the presence of students, assistants, or other parties without the explicit consent of the patient or when consent has been withdrawn; an examination or touching of genitals without the use of gloves; inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient's body or underclothing, making sexualized or sexually-demeaning comments to a patient, comments on the patient's or professional's sexual orientation (homosexual or heterosexual or bisexual), making comments about potential sexual performance during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction, requesting the details of sexual history or sexual likes or dislikes when not clinically indicated for the type of consultation, and making a request to date; initiation by the professional of conversation regarding the sexual problems, preferences or fantasies of the professional; kissing of a sexual nature.

(j) Inaccurately records, falsifies or otherwise alters patient records;

(k) Uses threats or harassment to delay or obstruct any person in providing evidence in any investigation, disciplinary action or other legal action instituted by the Board;

(l) Discharges an employee based primarily on the employee's attempt to comply or aid in the compliance of Board rules;

(m) Employs, aids, abets or permits any unlicensed personnel to practice physical therapy;

(n) Fails to cooperate with the Board or fails to make timely responses to Board communication;

(o) Fails to comply with the rules and regulations of the Board.

(2) A PT or PTA must comply with the laws and regulations governing confidentiality in the practice of physical therapy as follows:

(a) Discloses no information relating to a patient without the patient's written consent;

(b) Information derived from a component-sponsored peer review cannot be used by the Board to prosecute a licensee;

(c) Information may be disclosed to appropriate authorities when it is necessary to protect the welfare of an individual or the community. Such disclosure shall be in accordance with applicable law.

(3) A PT must accept responsibility for the exercise of sound judgment as follows:

(a) Provides consultation, evaluation, treatment and preventive care;

(b) Upon accepting an individual for provision of physical therapy services, assumes the responsibility for evaluating that individual; planning, implementing and supervising the therapeutic program; re-evaluating and modifying that program; and maintaining adequate records of the case, including progress reports;

(c) May not delegate to a less-qualified person any activity which requires the unique skill, knowledge and judgment of a therapist;

(d) The primary responsibility for physical therapy care rests with the supervising PT. Supervision requires, at the minimum, that the supervising PT perform the following activities:

(A) Designate or establish channels of written and oral communication;

(B) Interpret available information concerning the individual under care;

(C) Provide initial evaluation;

(D) Develop plan of care, including treatment goals;

(E) Select and delegate appropriate tasks of the plan for care;

(F) Assess competence of supportive personnel to perform assigned tasks;

(G) Direct and supervise supportive personnel in delegated tasks;

(H) Identify and document precautions, special problems, contraindications, anticipated goals and progress;

(I) Re-evaluate, adjust plan of care when necessary, perform final evaluation and establish follow-up plan.

(e) Recognize the individual's freedom of choice in selection of physical therapy services. Professional affiliations, including employment relationships, are not to be used to limit access to services;

(f) Professional practices and adherence to ethical principles of the Board are to take preference over business practices. Provision of services for personal financial gain rather than the need of the individual receiving the service is unethical;

(g) Over-utilization caused by continuing physical therapy services beyond the point of possible benefit or more frequently than necessary for maximum therapeutic effect is unethical;

(h) If physical therapy services are misused, the PT(s) or PTA(s) involved must accept responsibility for the misuse;

(i) In a referral situation in which the referring source specifies the treatment program, extension of physical therapy services beyond the proposed treatment program is to be undertaken in consultation with the referring source;

(j) The formation of a business, partnership, corporation or other entity does not exempt the individual PT or PTA whether employer, partner or stockholder, either individually or collectively, from the obligation of promoting and maintaining ethical principles of the Board;

(k) Is obligated to advise the employer(s) of any employer practice which causes a PT or PTA to be in conflict with the ethical principles of the Board. A PT or PTA employee must attempt to rectify any aspects of employment which are in conflict with the statute and rules of the Board.

(4) A PT or PTA is responsible for maintaining accepted standards of prevailing practice in the provision of physical therapy services as follows:

(a) Assessment and evaluation of a patient's status;

(b) Performance, or attempted performance, of techniques or procedures, or both, only with qualified education or experience;

(c) Delegation of physical therapy functions or responsibilities to individuals who possess the ability or knowledge to perform the function or responsibility in question;

(d) Prevention of physical or emotional injury or impairment of dignity or safety to the patient.

(5) A PT or PTA must seek remuneration only for services provided:

(a) A PT or PTA shall not:

(A) Directly or indirectly request, receive or participate in the dividing, transferring, assigning or rebating of an unearned fee;

(B) Profit by means of a credit or other valuable consideration such as unearned commission, discount or gratuity in connection with furnishing of physical therapy services.

(b) Unless the laws impose restrictions to the contrary, a PT or PTA who provides physical therapy services in a business entity may pool fees and moneys received. A PT or PTA may divide or apportion these fees and moneys in accordance with the business agreement;

(c) May enter into agreement with organizations to provide physical therapy services if such agreements do not violate the statute and rules of the Board;

(d) May not use influence upon individuals receiving treatment or their families for utilization of any equipment based upon the direct or indirect financial interest of the therapist in such equipment. A PT or PTA who owns or has financial interest in equipment companies must act in accordance with law and make a full disclosure of their interest whenever such companies become the source of equipment for individuals receiving care;

(e) May be remunerated for endorsement or advertisement of equipment to the lay public, physical therapists, or other health professionals provided the PT or PTA discloses any financial interest they have in the production, sale, use or distribution of said equipment.

(6) A therapist must provide accurate information to the consumer about the profession and about services provided:

(a) May not use or participate in the use of any form of communication containing a false, plagiarized, fraudulent, misleading, deceptive, unfair, or sensational statement or claim;

(b) A paid advertisement is to be identified as such.

(7) A PT or PTA must accept the responsibility to protect the public and profession from unethical, incompetent or illegal acts as follows:

(a) Must report to the Board any conduct which appears to be unethical, incompetent or illegal;

(b) If involved in an arrangement with a referring source in which the referring source derives income from the physical therapy service, the PT has an affirmative obligation to disclose to the patient that the referring source derives income from the provision of the physical therapy service.

(8) Each physical therapist, physical therapist assistant and physical therapist aide shall practice physical therapy with that level of care, skill, and treatment which is reasonable under the given conditions and circumstances.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.140, ORS 688.145, ORS 688.220 & ORS 688.235

Hist.: PT 7, f. & ef. 5-4-76; PT 1-1989, f. & cert. ef. 8-8-89; PT 3-1993, f. & cert. ef. 10-4-93; PT 2-1994, f. & cert. ef. 7-29-94; PTLB 2-2000, f. & cert. ef. 5-4-00

### Screening and Selection of Personal Service Contractors

#### 848-010-0060

##### Introduction

The Board may contract with consultants to provide required services. It is the intent of the board to publicly announce all requirements for consultant services and to select consultants on the basis of demonstrated competence and qualification for the type of professional services required. All such contracts will be executed at a fair and reasonable price.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160

Hist.: PT 2-1992, f. & cert. ef. 5-19-92

#### 848-010-0070

##### Policy

(1) The Board will contract for consultant services only when the work cannot be done in a reasonable time with the Board's own workforce; when it will be less expensive to contract for the work; or when the required skills are not available within the Board.

(2) The selection of the most qualified consultant will be based on, but not limited to, the consultant's demonstrated capabilities, experience and project approach. A contract will be awarded for the professional services at a fair and reasonable cost, as approved by the Board. The Board may delegate the approval of the contract to the

Executive Officer. Throughout the consultant selection process, every effort will be made to encourage disadvantaged and emerging small businesses to submit proposals.

(3) All consultants are to issue impartial opinions or recommendations. An impartial opinion is defined to mean an opinion or recommendation by a person who has no reasonable expectation of pecuniary or professional gain, other than performance of the contract, if the Board adopts the person's opinion or recommendation.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160

Hist.: PT 2-1992, f. & cert. ef. 5-19-92

#### 848-010-0080

##### Informal Process (\$2,500 and Under)

(1) When the amount of the contract equals \$2,500 or less, the Board or its designee may use an informal selection process. Under this process the Board may solicit qualifications or proposals in writing or by telephone from a minimum of three prospective consultants and immediately select the most qualified consultant.

(2) The Board may make immediate and direct consultant appointments whenever conditions require prompt action to protect loss of property.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160

Hist.: PT 2-1992, f. & cert. ef. 5-19-92

#### 848-010-0090

##### Formal Process (Over \$2,500)

(1) The Board office shall make a public announcement to obtain a list of consultants interested in providing professional services to the Board. The Board will request statements of qualifications or proposals, or both, for either single projects or groups of projects. The announcement will be made in either trade periodicals and/or newspapers or general circulations and may include the following:

(a) Description of project type(s);

(b) Typical project(s) scope;

(c) Anticipated project start and completion dates;

(d) Any special requirements;

(e) Closing date by which statements of interest and qualifications must be received; and

(f) Evaluation criteria and selection procedure.

(2) Initial screening:

(a) The Board shall evaluate each consultant or firm for its use:

(A) Approach to the project;

(B) Capability;

(C) Credentials;

(D) Experience; and

(E) Performance data.

(b) Based on the evaluation criteria published in the request for qualification/proposal announcement, the Board shall select and rank a list of consultants and/or firms deemed to be most highly qualified to provide the required services;

(c) The Board will interview the top three candidates and select the most qualified. The Board shall negotiate a contract with that consultant or firm that is fair and reasonable for the Board and within budgetary constraints. When making the final selection, the Board shall consider the estimated value of the services rendered, the project scope and the complexity:

(A) Should the Board be unable to negotiate a satisfactory contract with the consultant considered to be the most qualified, negotiations with that firm will be formally terminated. The Board will then undertake negotiations with the second most qualified consultant. Failing accord with the second most qualified consultant, the Board will terminate negotiations. The Board will then undertake negotiations with the third most qualified consultant;

(B) Should the Board be unable to negotiate a satisfactory contract with any of the top three candidates, it shall select additional firms in order of their competence and qualifications and continue negotiations in accordance with this section until an agreement is reached or a decision not to contract for professional services is made. The Board may decide to issue another request for proposal.

(d) When the Board determines that only one firm exists within the service area that is capable of performing the required services, a sole source contract may be negotiated with that firm. A sole source designation eliminates the necessity for a selection process.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 688.160  
Hist.: PT 2-1992, f. & cert. ef. 5-19-92

#### 848-010-0105

##### Board Budget

The Board's budgeted operating expenditures for the 2001-2003 biennium are \$562,202.

Stat. Auth.: ORS 688.210  
Stats. Implemented: ORS 688.160(5)(c)  
Hist.: PTLB 3-1999(Temp), f. & cert. ef. 9-7-99 thru 3-1-00; PTLB 5-1999, f. 11-23-99, cert. ef. 12-1-99; PTLB 5-2001(Temp) f. & cert. ef. 6-18-01 thru 9-30-01; PTLB 6-2001, f. & cert. ef. 10-1-01

#### 848-010-0110

##### Board Fees

The following fees shall be paid to the Board:

- (1) PT or PTA Examination Application: \$150.00;
- (2) PT or PTA Endorsement Application: \$150.00;
- (3) PT Annual License Renewal: \$75.00;
- (4) PTA Annual License Renewal: \$50.00;
- (5) PT Annual Renewal of Certification for Practice without Referral: \$15.00;
- (6) Delinquent Annual License Renewal: \$50.00;
- (7) PT and PTA Temporary Permits: \$50.00;
- (8) Duplicate License: \$25.00;
- (9) PT or PTA Wall Certificate: \$15.00;
- (10) PT or PTA Verification of Oregon Licensure Letters/Forms: \$25.00;

- (11) Non Sufficient Funds (NSF) Check: \$25.00.
  - (12) Miscellaneous Fees:
    - (a) PT List: \$100.00;
    - (b) PTA List: \$100.00;
    - (c) PT & PTA List: \$125.00;
    - (d) PT Labels: \$125.00;
    - (e) PTA Labels: \$100.00;
    - (f) PT & PTA Labels: \$225.00;
    - (g) PT and/or PTA Mailing Diskette: \$250.00;
    - (h) Photocopying: 10 cents (\$0.10) per copy.
- Stat. Auth.: ORS 182.466(4)  
Stats. Implemented: ORS 182.466(4), ORS 688.070(1) & (2), ORS 688.080, ORS 688.100 & ORS 688.110  
Hist.: PT 6-1996, f. & cert. ef. 9-5-96; PT 3-1997, f. & cert. ef. 6-9-97; PTLB 1-1998, f. & cert. ef. 2-9-98; PTLB 6-1999, f. 11-23-99, cert. ef. 1-1-00; PTLB 4-2000, f. & cert. ef. 12-21-00

#### 848-010-0115

##### Time for Requesting a Contested Case Hearing

A request for a contested case hearing must be in writing and must be received by the Board within twenty-one (21) days from the date the contested case notice was served.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 183 & ORS 688.160  
Hist.: PTLB 2-2001, f. & cert. ef. 1-4-01

#### 848-010-0120

##### Filing Exceptions and Arguments to the Board

After a proposed order has been served on a party, the Board shall notify the party when written exceptions must be filed to be considered by the Board. The Board shall notify the party when the party may appear before the Board to present arguments regarding the proposed order.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 183 & ORS 688.160  
Hist.: PTLB 1-2001, f. & cert. ef. 1-4-01

#### 848-010-0125

##### Petition for Reconsideration or Rehearing as Condition for Judicial Review

All parties, including limited parties, must file a petition for reconsideration or rehearing with the Board as a condition for obtaining judicial review of any order of the Board.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 183 & ORS 688.160  
Hist.: PTLB 3-2001, f. & cert. ef. 1-4-01

## DIVISION 20

### PHYSICAL THERAPIST AIDES

#### 848-020-0000

##### Definitions

As used in this Division:

(1) "Non-treatment, patient-related task" means a task related to preparation of treatment areas, transport of patients, preparation of patients for treatment and other patient-related tasks. Facility maintenance, equipment assembly and maintenance, housekeeping, clerical, or other similar tasks shall not be considered patient-related tasks and may be performed without supervision.

(2) "Physical therapist aide" or "aide" means a person who is not licensed as a physical therapist or physical therapist assistant, who aids a physical therapist or physical therapist assistant by performing treatment-related tasks or by performing non-treatment, patient-related tasks.

(3) "Supervise" means to provide the amount of personal direction, assistance, advice and instruction necessary to reasonably assure that the supervisee provides the patient competent physical therapy services, given the supervisor's actual knowledge of the supervisee's ability, training and experiences. Additionally, supervision of:

(a) A treatment-related task requires that the supervising physical therapist or physical therapist assistant be in the same building and in proximity to the location where an aide is performing the treatment-related task, such that the supervising physical therapist or physical therapist assistant is readily available at all times to provide direction, assistance, advice, or instruction to the aide or the patient in person. This task may be delegated to the physical therapist assistant;

(b) A non-treatment, patient-related task requires that the supervising physical therapist or physical therapist assistant be within the building where the aide is performing the task.

(4) "Treatment-related task" means a physical therapy service rendered directly to a patient.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 688.160 & ORS 688.210  
Hist.: PT 3-1994, f. & cert. ef. 7-29-94

#### 848-020-0010

##### Eligibility Standards

A physical therapist aide shall:

- (1) Be at least 18 years of age.
- (2) Have received a high school diploma or equivalent.
- (3) Have training in cardiopulmonary resuscitation, as evidenced by a CPR certificate, Level C, issued by the American Heart Association, or equivalent.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 688.160 & ORS 688.210  
Hist.: PT 3-1994, f. & cert. ef. 7-29-94

#### 848-020-0020

##### Practice Standards

(1) The physical therapist aide shall comply with OAR 848-040-0005(2)(a) through (d) and OAR 848-040-0020(2).

(2) The physical therapist aide shall be in compliance with OAR 848-010-0050(1)(a) through (o), (2)(a), (2)(c), (3)(k), (4)(b), (6), and (7)(a)

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 688.160 & ORS 688.210  
Hist.: PT 3-1994, f. & cert. ef. 7-29-94

#### 848-020-0030

##### Supervision; Delegation of Supervision; Professional Responsibility of Supervisors and Supervisees

(1) The physical therapist shall supervise the physical therapist aide in each treatment task and each non-treatment, patient-related task assigned to the aide. The supervising physical therapist may delegate to a physical therapist assistant supervision of the aide.



(2) A physical therapist aide shall not perform a treatment-related task or a non-treatment, patient-related task except under the supervision of a physical therapist or physical therapist assistant.

(3) A physical therapist may supervise directly and indirectly through a physical therapist assistant a maximum total of two physical therapist aides.

(4) Use of an aide to perform tasks as allowed by this rule shall not constitute a violation of OAR 848-010-0050(1)(m).

(5) A physical therapist is always professionally responsible for all acts and omissions of each physical therapist assistant and aide under the physical therapist's supervision, including when the physical therapist also has delegated supervision to a physical therapist assistant.

(6) A physical therapist assistant is always also professionally responsible for all acts and omissions of each aide under the physical therapist assistant's supervision.

(7) An aide is always also responsible for all the aide's own acts and omissions.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160 & ORS 688.210

Hist.: PT 3-1994, f. & cert. ef. 7-29-94

#### **848-020-0040**

##### **Training**

(1) Prior to allowing a physical therapist aide to perform any treatment-related task, the supervising physical therapist shall assure that the aide has undertaken 40 hours of on-the-job training as follows:

(a) A minimum of 10 hours of instruction on professional/medical ethics, patient confidentiality, universal precautions, body mechanics, physical medicine terminology and safety procedures;

(b) A minimum of 30 hours of instruction in the facility in areas appropriate to that particular physical therapy facility, including but not limited to precautions and contraindications for physical therapy treatments routinely provided at the facility, and supervised practical applications of appropriate treatment protocols and techniques. Changes in employment shall require another 30 hours of instruction appropriate to that facility;

(c) However, physical therapist or physical therapist assistant students, upon successful completion of the first year of study, may be employed as an aide with a minimum of eight hours of instruction appropriate to that facility.

(2) The supervising physical therapist shall be responsible for documentation of the training for each aide, and shall maintain this documentation at the facility for a minimum of five years after termination of employment and make it available to the Board upon request. The supervising physical therapist also shall respond to any inquiry by the Board concerning the training provided to an aide. The aide training record shall include but not be limited to:

(a) Aide position description;

(b) Policies and procedures clearly stating the aide's duties, as set forth in OAR 848-020-0060;

(c) Training schedule, which includes but is not limited to:

(A) Start date for the training;

(B) Activity/description of training;

(C) Amount of time spent on training for each activity;

(D) Date training is complete;

(E) Names of instructors and aide, including signature of each instructor and aide;

(F) If applicable, documentation of training received outside of the facility in the form of a letter or copies of the previous training record. Documentation must include the level of responsibility of the aide.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160 & ORS 688.210

Hist.: PT 3-1994, f. & cert. ef. 7-29-94; PT 5-1997, f. & cert. ef. 8-5-97

#### **848-020-0050**

##### **Assignment of Tasks to Aides**

(1) A supervising physical therapist or physical therapist assistant may assign treatment-related tasks and non-treatment, patient-related tasks to an aide.

(2) Prior to allowing an aide to perform any treatment-related task:

(a) The physical therapist must provide an initial evaluation of the patient and develop a treatment plan, and perform re-assessments and adjustments to the treatment plan as needed;

(b) If a patient's treatment plan is adjusted, the physical therapist or physical therapist assistant shall (and an aide shall not) administer a procedure or modality the first time that particular procedure or modality is administered to the patient;

(c) The physical therapist or physical therapist assistant shall assess the competence of the aide to perform an assigned treatment-related task for that patient in a safe and effective manner;

(d) The physical therapist or physical therapist assistant must assign only those tasks which are appropriate for the aide to perform for that patient based on the aide's training, experience and ability.

(3) When a treatment-related task is performed by an aide, the supervising physical therapist or physical therapist assistant shall, at some point during each treatment, provide direct service to the patient to assess and monitor the patient's progress, and so document in the patient's record.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160 & ORS 688.210

Hist.: PT 3-1994, f. & cert. ef. 7-29-94

#### **848-020-0060**

##### **Prohibited Treatment-Related Tasks**

A physical therapist aide shall not perform any of the following treatment-related tasks:

(1) Administer iontophoresis or phonophoresis.

(2) Administer electrotherapy unless, prior to each treatment for that patient, the physical therapist or physical therapist assistant has personally assessed the patient and determined the electrode placements, and treatment protocols and parameters.

(3) Administer ultrasound unless, prior to each treatment for that patient, the physical therapist or physical therapist assistant has personally assessed the patient, and determined treatment protocols and parameters.

(4) Administer mechanized or manual traction.

(5) Administer prolonged or manual stretching, neuro-facilitation, cardiac therapeutic exercise or massage (other than effleurage and petrissage). However, an aide who is separately licensed or registered under another Oregon statute, specific to prolonged or manual stretching, neuro-facilitation or massage (other than effleurage and petrissage), may do so under the direction and on-site supervision specified in OAR 848-020-0000(3).

(6) Wound debridement.

(7) Administer tilt table.

(8) Joint mobilization.

(9) Determine or modify a treatment program, or initiate or administer a procedure or modality the first time that procedure or modality is administered to a patient.

(10) Compose information for entry into a patient medical record. An aide may record into a patient record only objective information about treatment which the aide provided, so long as the physical therapist aide dates and signs such entries, and identifies themselves as an "aide" without the designation of "PT". A physical therapist or physical therapist assistant may also dictate information to an aide for entry into a patient medical record, so long as the physical therapist or physical therapist assistant dates and signs such entries.

(11) Instruct a patient or a patient's caregiver in the application of any treatment.

(12) Except as required to respond to an inquiry by the Board or other person authorized to receive the information, answer or discuss any questions regarding a patient's status or treatment with anyone other than the physical therapist or physical therapist assistant.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160 & ORS 688.210

Hist.: PT 3-1994, f. & cert. ef. 7-29-94

## DIVISION 30

## PRACTICE WITHOUT REFERRAL

## 848-030-0000

## Practice Without Referral

Prior to administering physical therapy to a person without prior referral as allowed by ORS 688.130(1), a licensed physical therapist shall meet the following additional requirements:

(1) Hold a CPR certificate, Level C, issued by the American Heart Association, or equivalent, which shall be kept current.

(2) Complete a course which provides at least 18 hours of instruction designed to enable the physical therapist to identify signs and symptoms of systemic disease, particularly those that can mimic neurological or musculoskeletal disorders, and to recognize conditions which require timely referral to a medical doctor, osteopathic physician, chiropractic physician, podiatrist, dentist, licensed physician assistant or licensed nurse practitioner. The course provider and course criteria shall be approved by the Board. The content of the course shall include, but not be limited to:

(a) Subjective and objective evaluation, including interview techniques and screening examination;

(b) An overview of systemic symptoms;

(c) An overview of pain;

(d) A regional/systemic review (e.g., the cardiopulmonary system, spine, etc);

(e) Pharmacology, including drug precautions, interactions and side effects;

(f) Overview of diagnostic imaging techniques;

(g) Significant conditions associated with chronic pain, acute athletic injuries, geriatric patients and cancer;

(h) Case studies.

(3) Within the three years immediately following the completion of the requirements in section (2) of this rule, a physical therapist who is administering physical therapy without prior referral shall complete at least an additional 32 hours of continuing education. Thereafter, such physical therapist must complete at least 50 hours of continuing education every three years. Ten of these 50 hours must be completed six months prior to or in the first year of this three-year period as a refresher course and must cover the criteria set out in subsection (2) of this rule. All 10-hour refresher courses must comply with the following:

(a) Course providers must be approved by the Board;

(b) Course criteria must be approved by the Board;

(c) Approval of a 10-hour refresher course is independent from approval of the initial 18-hour medical screening course; and

(d) Course providers may offer approved refresher courses without having presented the medical screening course.

(4) The content of courses taken to satisfy the continuing education requirement specified in section (3) of this rule must relate to the delivery of clinical physical therapy services. Courses which may be taken include:

(a) Courses, seminars, and workshops sponsored or approved by an established and recognized medical or dental health-related organization or professional association recognized by the Board;

(b) Courses approved for continuing education by other states which require continuing education for physical therapists;

(c) Courses certified for continuing education units (CEU) by a recognized physical therapy professional association;

(d) Courses provided by an accredited institution of higher education;

(e) Individual study courses requiring an examination and recognized by an accredited institution or recognized health-related organization or professional association recognized by the Board;

(f) Courses approved by the Board by special request.

(5) Activities which will not satisfy the continuing education requirement include:

(a) Orientation and inservice programs;

(b) Professional association meetings for purposes of business or policy decision making;

(c) Entertainment or recreational meetings;

(d) Attending meetings, holding office, or representing a professional association as a lobbyist or delegate;

(e) Publishing or presenting lectures.

(6) The Board shall require all or any percentage of physical therapists who are administering physical therapy without prior referral to provide documentation in a format approved by the Board that the physical therapist has met or is meeting the requirements of sections (1), (2) and (3) of this rule.

(7) The requirements of this rule shall not apply to licensed physical therapists who are administering physical therapy to individuals described in ORS 688.132(1)(b) where no prior referral is required.

(8) The Board shall include on the yearly license a notation that a physical therapist has met the requirements for practice without prior referral.

(9) Course provider shall furnish licensee and the Board written documentation when licensee passes the 18-hour course exam. Licensee may implement practice without referral upon receipt of documentation from course provider stating that licensee passed the course exam. Licensee must also hold a current CPR Level C, or equivalent, certificate prior to implementing practice without referral. Upon receipt of written documentation from course provider, the Board shall furnish licensee information regarding certification for practice without referral. Continuing education requirements and 10-hour refresher course requirements are based on the date licensee took the 18-hour medical screening course.

(10) Any licensee who fails to pass the 18-hour medical course examination with a score of 80 percent or higher must re-take the course and the exam. Any licensee who fails to pass the 10-hour refresher course examination with a score of 80 percent or higher must re-take the course and the exam.

(11) Violation of this rule shall subject licensee to disciplinary action set forth in OAR 848-010-0050.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.134

Hist.: PT 4-1994, f. & cert. ef. 7-29-94; PT 2-1997, f. & cert. ef. 2-4-97; PT 7-1997, f. & cert. ef. 12-12-97; PTLB 2-1998, f. & cert. ef. 8-31-98; PTLB 1-1999, f. & cert. ef. 9-3-99; Administrative correction 11-3-99

## 848-030-0010

## Scope of Practice

(1) A physical therapist is authorized to administer physical therapy only if:

(a) The physical therapist has received a diagnosis or referral from a professional identified in ORS 688.130(1)(b) or (c); or

(b) The physical therapist is qualified under OAR 848-030-0000 to administer physical therapy without prior diagnosis or referral.

(2) A physical therapist who is qualified under OAR 848-030-0000 to administer physical therapy without prior diagnosis or referral shall immediately cease administering physical therapy to the patient and refer the patient to a medical doctor, osteopathic physician, chiropractic physician, podiatric physician and surgeon, dentist, physician assistant or nurse practitioner if:

(a) Signs and symptoms are present that require treatment or diagnosis by such providers, or for which physical therapy is contraindicated, or for which treatment is outside the knowledge of the physical therapist or scope of practice of physical therapy; or

(b) The physical therapist continues therapy and 30 days have passed since the initial physical therapy treatment has been administered, unless:

(A) The patient is a child or a student eligible for special education, as defined by state or federal law, and is being seen pursuant to the child's or the student's individual education plan or individual family service plan;

(B) The patient is a student athlete at a public or private school, college, or university and is seeking treatment in that role as athlete; or

(C) The patient is a resident of a long-term care facility as defined in ORS 442.015(14)(b)(A) and (B), a residential facility as defined in ORS 443.400, an adult foster home as defined in ORS 443.705 or an intermediate care facility for mental retardation pursuant to federal regulations. Failure to comply with this section (3)



constitutes unauthorized practice, and unethical or unprofessional conduct.

Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.132 & ORS 688.210  
 Hist.: PT 4-1994, f. & cert. ef. 7-29-94

## DIVISION 40

### MINIMUM STANDARDS FOR PHYSICAL THERAPY PRACTICE AND RECORDS

#### 848-040-0000

##### Standards for Records in General

(1) The physical therapist shall contemporaneously prepare and maintain in a readily accessible form a separate written record for each patient of every physical therapy service evaluation, treatment, test and instruction provided. A physical therapist who receives an oral diagnosis or referral of a patient by a medical provider identified in ORS 688.130(1)(b) or (c) shall include written documentation of the diagnosis or referral in the written record of that patient. The physical therapist may delegate any and all record preparation and maintenance tasks to a physical therapist assistant, in which case both the physical therapist and the physical therapist assistant shall be responsible for the accuracy and completeness of each of the physical therapist assistant's entries, or lack thereof. Although the physical therapist may delegate record preparation and maintenance tasks to a physical therapist assistant, the physical therapist may not delegate to a physical therapist assistant performance of initial evaluations, development of treatment plans, or reassessments or adjustments to treatment plans.

(2) Each record of physical therapy services shall comply with the following:

- (a) All entries shall be legible, in ink and abbreviations kept to a minimum;
- (b) All errors shall be crossed out and initialed by the author;
- (c) Late entries or additions to entries shall be documented when the omission is discovered with the following written at the beginning of the entry: "late entry for (date)" or "addendum for (date)";
- (d) Each entry shall be dated and authenticated by the physical therapist or physical therapist assistant, including title (e.g., PT or PTA). Authentication may be by written signatures or initials, rubber-stamp signatures or computer key. When rubber-stamp signatures or computer key is authorized, the individual whose signature the stamp represents or whose computer key is authorized signs a statement that he or she alone will use the stamp or the code for the computer key. This statement is filed in the organization's administrative offices;
- (e) Documentation by students (SPT, SPTA) shall be authenticated by the licensed physical therapist. Documentation by physical therapist assistant students (SPTA) may also be authenticated by the licensed physical therapist assistant.

(3) Non-licensurees may prepare and maintain attendance and billing records based on physical therapy services records.

Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.010  
 Hist.: PT 5-1994, f. & cert. ef. 7-29-94; PT 7-1996, f. & cert. ef. 9-5-96; PTLB 2-1999, f. & cert. ef. 9-3-99

#### 848-040-0010

##### Standards for Initial Evaluations — Records

(1) The physical therapist shall conduct an initial evaluation of each patient prior to initiating the first treatment.

- (2) The record of the initial evaluation shall include:
  - (a) Patient's full name, age and sex;
  - (b) Identification number, if appropriate;
  - (c) Referral source, including patient self-referral;
  - (d) Pertinent medical diagnoses, history of presenting problem, and current complaints and symptoms, including onset date;
  - (e) Prior or concurrent services related to the present episode of physical therapy care;
  - (f) Co-morbidities that affect goals and treatment plan;
  - (g) Subjective information (patient's knowledge of problem);

(h) Patient's goals (with family input, if appropriate);  
 (i) Appropriate objective testing results, including but not limited to:

- (A) Critical behavior/cognitive status;
- (B) Physical status (e.g., pain, neurological, musculoskeletal, cardiovascular, pulmonary);
- (C) Functional status (for Activities of Daily Living, work, school, home or sport performance);
- (D) Interpretation of evaluation results.

Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.160 & ORS 688.210  
 Hist.: PT 5-1994, f. & cert. ef. 7-29-94

#### 848-040-0020

##### Standards for Treatment Plans — Records

(1) Following the initial evaluation the physical therapist shall prepare, date and sign a written plan of physical therapy care services, including treatment goals.

(2) The treatment plan shall include, but not be limited to:  
 (a) Measurable goals related to problems identified in the evaluation;

- (b) Proposed treatment to meet goals;
- (c) Proposed frequency and duration of treatment.

Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.160 & ORS 688.210  
 Hist.: PT 5-1994, f. & cert. ef. 7-29-94

#### 848-040-0030

##### Standards for Progress/Treatment Notes — Records

(1) The physical therapist or physical therapist assistant performing treatment, or the physical therapist or physical therapist assistant who supervised the provision of service, shall prepare and maintain a record of each patient's progress in relation to the patient's treatment plan.

(2) The record shall include subjective and objective assessments of progress. The physical therapist aide may make entries as authorized under OAR 848-020-0060(10). The record may include flow sheets to demonstrate progress when they contain the necessary elements listed below.

- (3) Entries shall be made at every visit.
- (4) The progress/treatment notes shall include, at a minimum:
  - (a) Specific treatments and education provided;
  - (b) Subjective status of patient;
  - (c) Patient status, progression or regression;
  - (d) Objective data from tests and measurements conducted;
  - (e) Changes in objective and measurable findings as they relate to existing goals;

(f) Adverse reactions to treatment;  
 (g) Changes in the treatment plan.  
 Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.160 & ORS 688.210  
 Hist.: PT 5-1994, f. & cert. ef. 7-29-94

#### 848-040-0040

##### Standards for Reassessments — Records

(1) The physical therapist shall perform a reassessment of each patient each month; or if the client is seen less frequently, at every visit.

- (2) The record of each reassessment shall include, at a minimum:
  - (a) Subjective status of patient;
  - (b) Objective data from tests and measurements;
  - (c) Functional status of patient;
  - (d) Interpretation of above data;
  - (e) Revision of treatment plan, directly correlated with documented goals, when indicated.

Stat. Auth.: ORS 688.160  
 Stats. Implemented: ORS 688.160 & ORS 688.210  
 Hist.: PT 5-1994, f. & cert. ef. 7-29-94

#### 848-040-0050

##### Standards for Discharge Records

(1) A physical therapist or physical therapist assistant is required to prepare a summary of the patient's physical therapy sta-

tus upon discharge only when the discharge date is known in advance.

(2) When a discharge summary is required, it shall include, but may not be limited to:

- (a) Date and reason for discharge;
- (b) Degree of goal achievement and reasons for goals not being achieved;

(c) Summary of the patient's status at the time of discharge.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.160 & ORS 688.210

Hist.: PT 5-1994, f. & cert. ef. 7-29-94

## DIVISION 50

### SUBSTANCE ABUSE MONITORING PROGRAMS

#### 848-050-0000

##### Philosophy Governing Voluntary Substance Abuse Monitoring Programs

The Board recognizes the need to establish a means of proactively providing early recognition and treatment options for licensees whose competency may be impaired due to the abuse of drugs or alcohol. The Board intends that such licensees are treated and their treatment monitored, so that they can return to or continue to practice their profession in a manner which safeguards the public. To accomplish this, the Board may approve voluntary, substance abuse monitoring programs and may refer licensees impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings defined in OAR 848-010-0050.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.140

Hist.: PTLB 3-1998, f. & cert. ef. 8-31-98

#### 848-050-0010

##### Definitions

As used in this Division:

(1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program which the Board has determined meets the requirements of OAR 848-050-0020. Such program enters into a contract with licensees who have substance abuse problems regarding the required components of the licensee's recovery activity and oversees the licensee's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating licensees.

(2) "Contract" is a comprehensive, structured agreement between the recovering licensee and the approved monitoring program stipulating the licensee's consent to comply with the monitoring program and its required components of the licensee's recovery activity.

(3) "Approved treatment program" is a program approved by the Board.

(4) "Substance abuse" means the impairment, as determined by the Board, of a licensee's professional services by an addiction to, a dependency on or the use of alcohol, legend drugs or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the licensee and the licensee's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which licensees may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids, which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed by the Board to administer physical therapy in the State of Oregon.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.140

Hist.: PTLB 3-1998, f. & cert. ef. 8-31-98

#### 848-050-0020

##### Approval of Substance Abuse Monitoring Programs

The Board will approve the monitoring program(s) which will participate in the Board's substance abuse monitoring program. A monitoring program approved by the Board may be contracted with an entity within the state or out-of-state.

(1) The approved monitoring program will not provide evaluation or treatment to the participating licensee.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The physical therapy work environment;
- (f) The ability of the licensee to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the licensee and the Board to oversee the licensee's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) Subject to Board approval, the approved monitoring program staff will determine, on an individual basis, whether a licensee will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the licensee's access to controlled substances in the workplace.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the licensee as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the Board any licensee who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive guidelines from the Board on treatment, monitoring and limitations on the practice of physical therapy for those participating in the program.

Stat. Auth.: ORS 688.160

Stats. Implemented: ORS 688.140

Hist.: PTLB 3-1998, f. & cert. ef. 8-31-98

#### 848-050-0030

##### Participation in Approved Substance Abuse Monitoring Program

(1) In lieu of disciplinary action, the licensee may accept Board referral into the approved substance abuse monitoring program.

(a) The licensee shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The licensee shall enter into a contract with the Board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(A) The licensee will undergo intensive substance abuse treatment in an approved treatment program;

(B) The licensee will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber;

(C) The licensee must complete the prescribed aftercare program of the intensive treatment program, which may include individual and/or group psychotherapy;

(D) The licensee must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals;

(E) The licensee will submit to random drug screening as specified by the approved monitoring program;

(F) The licensee will attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract;

(G) The licensee will comply with specified employment conditions and restrictions as defined by the contract;

(H) The licensee shall sign a waiver allowing the approved monitoring program to release information to the Board if the licensee does not comply with the requirements of this contract.

(c) The licensee is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(d) The licensee may be subject to disciplinary action under OAR 848-010-0050 if the licensee does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions or does not successfully complete the program.

(2) A licensee who is not being investigated by the Board, or subject to current disciplinary action, or currently being monitored by the Board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the Board. Such voluntary participants shall not be subject to disciplinary action under OAR 848-010-0050 for their substance abuse and shall not have their participation made known to the Board if they meet the requirements of the approved monitoring program:

(a) The licensee shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the

evaluation shall not also be the provider of the recommended treatment.

(b) The licensee shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(A) The licensee will undergo intensive substance abuse treatment in an approved treatment program;

(B) The licensee will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber;

(C) The licensee must complete the prescribed aftercare program of the intensive treatment program, which may include individual and/or group psychotherapy;

(D) The licensee must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals;

(E) The licensee will submit to random drug screening as specified by the approved monitoring program;

(F) The licensee will attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract;

(G) The licensee will comply with specified employment conditions and restrictions as defined by the contract;

(H) The licensee shall sign a waiver allowing the approved monitoring program to release information to the Board if the licensee does not comply with the requirements of this contract.

(I) The licensee is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(3) The treatment and pre-treatment records of licensees referred to or voluntarily participating in approved monitoring programs shall be confidential and shall not be subject to discovery by subpoena or admissible as evidence, except for monitoring records reported to the Board for cause as defined in subsections (1) and (2) of this section. Records held by the Board under this section shall not be subject to discovery by subpoena, except by the licensee.



