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312 Rosa L. Parks Avenue, 8th Floor Snodgrass/TN Tower  
Nashville, TN 37243  
Phone: 615-741-2650  
Fax: 615-741-5133  
Email: [register.information@tn.gov](mailto:register.information@tn.gov)

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Rule ID(s): 4817  
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Effective Date: 11/17/2010

# Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. TCA Section 4-5-205*

<b>Agency/Board/Commission:</b>	Tennessee Board of Physical Therapy
<b>Division:</b>	
<b>Contact Person:</b>	Diona E. Layden, Assistant General Counsel
<b>Address:</b>	Office of General Counsel 220 Athens Way, Suite 210 Nashville, Tennessee
<b>Zip:</b>	37243
<b>Phone:</b>	615-741-1611
<b>Email:</b>	<a href="mailto:Diona.Layden@tn.gov">Diona.Layden@tn.gov</a>

**Revision Type (check all that apply):**

- Amendment  
 New  
 Repeal

**Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/Rule Title per row)**

<b>Chapter Number</b>	<b>Chapter Title</b>
1150-01	General Rules Governing The Practice Of Physical Therapy
<b>Rule Number</b>	<b>Rule Title</b>
1150-01-.01	Definitions
1150-01-.02	Scope of Practice and Supervision
1150-01-.04	Qualifications for Licensure
1150-01-.08	Examinations
1150-01-.12	Continuing Competence

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rule 1150-01-.01 Definitions is amended by deleting paragraphs (1) through (37) in their entirety and substituting instead the following language, so that as amended, the new paragraphs (1) through (36) shall read:

- (1) The Act – The statute governing the practice of occupational and physical therapy in Tennessee as codified at Title 63, Chapter 13 of the Tennessee Code Annotated.
- (2) Advertising – Includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, Internet, or television broadcasting or any other means designed to secure public attention.
- (3) American Physical Therapy Association – When the acronym “APTA” appears in these rules, it is intended to mean the American Physical Therapy Association.
- (4) Applicant – Any individual seeking licensure by the board and who has submitted an official application and paid the application fee.
- (5) Board – The Board of Physical Therapy.
- (6) Board administrative office – The office of the Unit Director assigned to the board located at 227 French Landing, Suite 300, Heritage Place, MetroCenter, Nashville, TN 37243.
- (7) Board Designee – Any person who has received a written delegation of authority from the board to perform board functions subject to review and ratification by the full board where provided by these rules.
- (8) Clinical Student – A student enrolled in a CAPTE approved developing program or a CAPTE accredited physical therapy program or regionally accredited post professional physical therapist program.
- (9) Closed file – An administrative action which renders an incomplete or denied file inactive.
- (10) Commission on Accreditation of Physical Therapy Education (CAPTE) – An agency approved by the Board of Physical Therapy to accredit schools of physical therapy pursuant to T.C.A. §63-13-307(a).
- (11) Consultation – A meeting that is conducted either face-to-face or by some other medium such as, but not limited to, telephone, facsimile, mail, or electronic means, wherein two or more health professionals discuss the diagnosis, prognosis, and treatment of a particular case.
- (12) Continuing Competence – The ongoing application of professional knowledge, skills and abilities which relate to occupational performance objectives in the range of possible encounters that is defined by that individual’s scope of practice and practice setting.
- (13) Department – Tennessee Department of Health.
- (14) Division – The Division of Health Related Boards, Department of Health, from which the board receives administrative support.
- (15) Examination Service – The testing service whose examination has been adopted by the board.
- (16) Fee – Money, gifts, services, or anything of value offered or received as compensation in return for rendering services; also, the required fee(s) pursuant to these rules.

- (17) Good Moral Character – The quality of being well regarded in personal behavior and professional ethics.
- (18) Guide to Physical Therapist Practice – The APTA document, adopted by the Board pursuant to rule 1150-01-.02 that explains physical therapy scope of practice, preferred practice patterns, and appropriate utilization of services.
- (19) He/she Him/her – When “he” appears in the text of these rules, the word represents both the feminine and masculine genders.
- (20) HRB – When the acronym “HRB” appears in the text of these rules, it represents Health Related Boards.
- (21) Internationally Educated – An individual who has graduated from a PT or PTA program outside the United States and its jurisdictions.
- (22) License – Document issued to an applicant who has successfully completed the licensure process. The license takes the form of an “artistically designed” license as well as other versions bearing an expiration date.
- (23) Licensee – Any person duly licensed by the board to engage in the practice of physical therapy.
- (24) Licensed Physical Therapist (PT) – Any person who has met the qualifications for licensed physical therapist and holds a current, unsuspended and unrevoked license which has been lawfully issued by the board.
- (25) Licensed Physical Therapist Assistant (PTA) – Any person who has met the qualifications for licensed physical therapist assistant and holds a current, unsuspended and unrevoked license that has been lawfully issued by the board. PTAs perform physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist.
- (26) Manual Therapy Techniques – Consist of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary functions. These interventions involve a variety of techniques, such as the application of graded forces, which are not performed beyond the joint’s normal range of motion. These interventions may be applied to all joints of the body as deemed appropriate.
- (27) Person – Any individual, firm, corporation, partnership, organization, or political entity.
- (28) Physical Therapy Assistive Personnel -
  - (a) Physical therapy aide – Aides, technicians, and transporters trained by and under the direction of physical therapists who perform designated and supervised routine physical therapy tasks.
  - (b) Other assistive personnel – Other trained or educated health care personnel not defined in paragraph (25) or subparagraph (28) (a) of this rule who perform specific designated tasks related to physical therapy under the supervision of a physical therapist. At the discretion of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, “other assistive personnel” or “other support personnel” may be identified by the title specific to their training or education.
- (29) Physical Therapy Treatment Diagnosis – Both the process and the end result of evaluating information obtained from the examination, which the physical therapist then organizes into defined clusters, syndromes, or categories to help determine the most appropriate intervention strategies.
- (30) Recognized credentialing agency – An agency approved by the board which evaluates the

educational credentials of international graduates who have not attended CAPTE - accredited or board approved schools of physical therapy pursuant to T.C.A. §63-13-307(a).

- (31) Recognized educational institution – Any educational institution that is accredited by CAPTE and which is approved by the board.
- (32) Relative – A parent, foster parent, parent-in-law, child, spouse, brother, foster brother, sister, foster sister, grandparent, grandchild, son-in-law, brother-in-law, daughter-in-law, sister-in-law, or other family member who resides in the same household.
- (33) Restriction – Any action deemed appropriate by the board to be required of a disciplined licensee during any period of probation, suspension, or revocation with leave to apply or as a prerequisite to the lifting of probation or suspension, or any action deemed appropriate by the board to be required of an applicant for licensure.
- (34) Use of a title or description – To hold oneself out to the public as having a particular status, including but not limited to, by the use of signs, mailboxes, address plates, stationery, announcements, advertising, the Internet, business cards, or other means of professional identification.
- (35) Volunteer personnel – Uncompensated individuals contemplating a career in physical therapy, and are limited to observation of physical therapy functions and are prohibited from the delivery of physical therapy services.
- (36) Written evidence – Includes, but is not limited to, written verification from supervisors or other professional colleagues familiar with the applicant's work.

Authority: T.C.A. §§ 63-13-103 and 63-13-304.

Rule 1150-01-.02 Scope of Practice and Supervision is amended by adding as a new subparagraph (1)(b) the following language and renumbering the remaining subparagraphs accordingly, so that as amended the new subparagraph (1)(b) shall read:

- (1) Scope of Practice
  - (b) Practice of Physical Therapy
    - 1. Examining, evaluating and testing individuals with mechanical physiological and developmental impairments, functional limitations, and disability or other health and movement-related conditions in order to determine a physical therapy treatment diagnosis, prognosis, a plan of therapeutic intervention, and to assess the ongoing effect of intervention; and
    - 2. Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions that include, but are not limited to: therapeutic exercise; functional training; manual therapy; therapeutic massage; assistive and adaptive orthotic, prosthetic, protective and supportive equipment; airway clearance techniques; debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities including patient-related instruction and electrophysiologic studies (motor and sensory nerve conduction, and somatosensory evoked potentials)
      - (i) Invasive kinesiological electromyography may be performed only in a university academic setting as part of a research project that has been approved by the educational institution's Internal Review Board without a referral or;
      - (ii) Notwithstanding the provisions of subpart (i), diagnostic electromyography must be performed by a licensed physical therapist

who has complied with the requirements of paragraph 1150-01-.04 (4) and;

(iii) Notwithstanding the provisions of subpart (i), diagnostic and invasive electromyography may only be performed when there is a referral for such service from:

- (I) an allopathic physician licensed under T.C.A. §§ 63-6; or
- (II) an osteopathic physician licensed under T.C.A. §§ 63-9; or
- (III) a doctor of dentistry licensed under T.C.A. §§ 63-5; or
- (IV) a doctor of podiatry licensed under T.C.A. §§ 63-3; and

- 3. Reducing the risk of injury, impairments, functional limitation and disability, including the promotion and maintenance of fitness, health and quality of life in all age populations; and
- 4. Engaging in administration, consultation, education and research; and
- 5. Manual Therapy Techniques – Consist of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary functions. These interventions involve a variety of techniques, such as the application of graded forces, which are not performed beyond the joint's normal range of motion. These interventions may be applied to all joints of the body as deemed appropriate.

Authority: T.C.A. §§ 63-13-109, 63-13-301, 63-13-303, and 63-13-304.

Rule 1150-01-.02 Scope of Practice and Supervision is amended by adding as a new subparagraph (1)(c) the following language and renumbering the remaining subparagraphs accordingly, so that as amended the new subparagraph (1)(c) shall read:

(1) Scope of Practice

(c) Substandard Care

- 1. Over-utilization of appropriate physical therapy services or the lack thereof.
- 2. Providing treatment intervention that is unwarranted by the condition of the patient.
- 3. Providing treatment that is beyond the point of reasonable benefit.
- 4. Abandoning the care of a patient without informing the patient of further care options.
- 5. Failing to practice in accordance with the standards set forth in the "Guide to Physical Therapist Practice," pursuant to rule 1150-01-.02 (1) (f).

Authority: T.C.A. §§ 63-13-109, 63-13-301, 63-13-303, and 63-13-304.

Rule 1150-01-.02 Scope of Practice and Supervision is amended by deleting subparagraph (2)(b) but not its parts and substituting instead the following language, so that as amended, the new subparagraph (2)(b) but not its parts shall read:

- (b) Supervision of physical therapy assistive personnel (See rule 1150-01-.01).

Authority: T.C.A. §§ 63-13-103, 63-13-301, and 63-13-311.

Rule 1150-01-.02 Scope of Practice and Supervision is amended by deleting subparagraph (2)(d) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (2)(d) shall read:

- (d) Pursuant to rule 1150-01-.01, physical therapists and physical therapist assistants shall provide direct onsite supervision of volunteers. Volunteers may not provide physical therapy to patients.

Authority: T.C.A. §§ 63-13-103, 63-13-301, and 63-13-311.

Rule 1150-01-.04 Qualifications for Licensure is amended by deleting subparagraph (4)(a) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (4)(a) shall read:

- (a) Applicants for licensure as a Physical Therapist who seek to conduct diagnostic electromyography (invasive needle study of multiple muscles for diagnosis of muscle and nerve disease), pursuant to rule 1150-01-.02 (See Practice of Physical Therapy), while practicing must submit to the Board's administrative office documented evidence of possessing current ECS certification from the American Board of Physical Therapy Specialties.

Authority: T.C.A. §§ 63-13-103, 63-13-304 and 63-13-307.

Rule 1150-01-.04 Qualifications for Licensure is amended by deleting subparagraph (4)(b) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (4)(b) shall read:

- (b) Applicants for licensure as a Physical Therapist who seek to conduct surface electrophysiological studies (motor and sensory conduction, and somatosensory evoked potentials), and kinesiologic studies (invasive needle study of the muscles to determine the degree and character of a muscle during certain movements) pursuant to rule 1150-01-.02 (See Practice of Physical Therapy), while practicing must submit to the Board's administrative office documented evidence of possessing the theoretical background and technical skills for safe and competent performance of such studies.

Authority: T.C.A. §§ 63-13-103, 63-13-304 and 63-13-307.

Rule 1150-01-.08 Examinations is amended by deleting paragraph (9) but not its subparagraphs and substituting instead the following language, so that as amended, the new paragraph (9) but not its subparagraphs shall read:

- (9) Remediation – Applicants who have twice failed the examination must obtain an Examination Performance Feedback report. This is a detailed diagnostic score report provided by the FSBPT for a fee. The applicant must develop a remediation plan. Such plan may be developed with the assistance of faculty at his/her accredited physical therapy educational program. The plan must outline the measures to be taken to address the weak areas, and must include the observation of physical therapy being practiced in a clinical setting for a minimum of twenty (20) hours during the three (3) month period described in subparagraph (8) (a).

Authority: T.C.A. §§ 63-13-301, 63-13-304, 63-13-306, and 63-13-307.

Rule 1150-01-.12 Continuing Competence is amended by deleting the introductory paragraph in its entirety and substituting instead the following language, so that as amended, the new introductory paragraph shall read:

1150-01-.12 Continuing Competence. On January 1, 2003, the Board shall begin to notify applicants for renewal

of continuing competence requirements as provided in T.C.A. §63-13-304(6). The Board shall require each licensed physical therapist and physical therapist assistant to participate in a minimum number of experiences to promote continuing competence for the twenty-four (24) months that precede the licensure renewal month. Beginning January 1, 2005, all applicants for licensure, renewal of license, reactivation of license, or reinstatement of license must demonstrate competency.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting paragraph (3) in its entirety and substituting instead the following language, so that as amended, the new paragraph (3) shall read:

- (3) Twenty-four (24) Month Requirement – Continuing competence credit is awarded for the clock hours spent in an activity as provided in paragraphs (5) and (6). Except as provided in paragraph (4), all required hours may be met through Class I activities. Except as provided in paragraph (4), any Class I activity without a stated maximum number of hours may be used to accrue all required hours.
  - (a) Physical Therapist – Thirty (30) hours are required for the twenty-four (24) months that precede the licensure renewal month.
    1. At least twenty (20) hours of the thirty (30) hour requirement must be from Class I activities as provided in paragraph (5).
    2. Up to ten (10) of the thirty (30) hour requirement may be from Class II activities as provided in paragraph (6).
  - (b) Physical Therapist Assistant – Twenty (20) hours are required for the twenty-four (24) months that precede the licensure renewal month.
    1. At least ten (10) hours of the twenty (20) hour requirement must be from Class I activities as provided in paragraph (5).
    2. Up to ten (10) hours of the twenty (20) hour requirement may be from Class II activities as provided in paragraph (6).

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting paragraph (4) but not its subparagraphs and substituting instead the following language, so that as amended, the new paragraph (4) but not its subparagraphs shall read:

- (4) Four (4) of the hours required in parts (3) (a) 1. and (3) (b) 1. consist of ethics and jurisprudence education courses. These four (4) hours are required every other twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (5)(a) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (5)(a) shall read:

- (a) External peer review of practice with verification of acceptable practice by a recognized entity, e.g., American Physical Therapy Association. Continuing competence credit is twenty (20) hours per review with a maximum of one (1) review each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (5)(b) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (5)(b) shall read:

- (b) Internal peer review of practice with verification of acceptable practice. Continuing competence credit is two (2) hours per review with a maximum of two (2) reviews during each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (5)(h) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (5)(h) shall read:

- (h) Authorship of a presented scientific poster, scientific platform presentation or published article undergoing peer review. Continuing competence credit is ten (10) hours per event with a maximum of two (2) events each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (5)(j) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (5)(j) shall read:

- (j) Certification of clinical specialization by the American Board of Physical Therapy Specialties (ABPTS). Continuing competence credit is twenty-six (26) hours and is recognized only in the twenty-four (24) month period in which certification or recertification is awarded.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (5)(k) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (5)(k) shall read:

- (k) Certification of clinical specialization by organizations other than the ABPTS (e.g. the McKenzie Institute, the Neuro Developmental Treatment Association, the Ola Grimsby Institute, etc.) may be recognized as continuing competence credit for up to twenty-six (26) hours, in the twenty-four (24) month period in which certification or recertification is awarded. The number of continuing competence credit hours awarded is determined by the Board.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (5)(l) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (5)(l) shall read:

- (l) Awarding of an advanced degree from an accredited University. Continuing competence credit is twenty-six (26) hours and is recognized only in the twenty-four (24) month period in which the advanced degree is awarded.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (6)(a) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (6)(a) shall read:

- (a) Self-instruction from reading professional literature. Continuing competence credit is limited to a maximum of one (1) hour each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (6)(b) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (6)(b) shall read:

- (b) Attendance at a scientific poster session, lecture, panel or symposium that does not meet the criteria for Class I. Continuing competence credit is one (1) hour per hour of activity with a maximum of two (2) hours credit each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (6)(e) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (6)(e) shall read:

- (e) Participating in a physical therapy study group consisting of two (2) or more physical therapists or physical therapist assistants. Continuing competence credit is limited to a maximum of one (1) hour credit each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (6)(f) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (6)(f) shall read:

- (f) Attending and/or presenting in-service programs. Continuing competence credit is one (1) hour per eight (8) contact hours with a maximum of four (4) hours credit each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting subparagraph (6)(g) in its entirety and substituting instead the following language, so that as amended, the new subparagraph (6)(g) shall read:

- (g) Serving the physical therapy profession as a delegate to the APTA House of Delegates, on a professional board, committee, or task force. Continuing competence credit is limited to a maximum of one (1) hour credit each twenty-four (24) month period.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

Rule 1150-01-.12 Continuing Competence is amended by deleting paragraph (10) in its entirety and substituting instead the following language, so that as amended, the new paragraph (10) shall read:

- (10) The Board, in cases of documented illness, disability, or other undue hardship, may waive the continuing competence requirements and/or extend the deadline to complete continuing competence requirements. To be considered for a waiver of continuing competence requirements, or for an extension of the deadline to complete the continuing competence requirements, a licensee must request such in writing with supporting documentation before the end of the twenty-four (24) month period in which the continuing competence requirements were not met.

Authority: T.C.A. §§ 63-13-304, 63-13-308, and 63-13-309.

\* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Brigina T. Wilkerson, PT	X				
Lisa C. Fortner, PTA				X	
Michael L. Voight, PT	X				
Brandon Hollis, PT	X				
Minty R. Ballard	X				

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Physical Therapy on 11/13/2009, and is in compliance with the provisions of TCA 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: (09/18/2009)

Rulemaking Hearing(s) Conducted on: (add more dates). (11/13/2009)

Date: February 3, 2010

Signature: [Handwritten Signature]

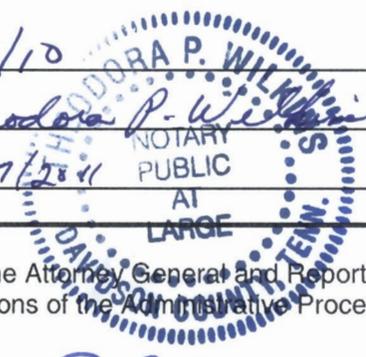
Name of Officer: Diona E. Layden  
Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 2/3/10

Notary Public Signature: Theodora P. Wilkerson

My commission expires on: 11/17/11



All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

[Handwritten Signature]  
Robert E. Cooper, Jr.  
Attorney General and Reporter  
8-16-10  
Date

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Filed with the Department of State on: 8/19/10

Effective on: 11/17/10

[Handwritten Signature]  
Tre Hargett  
Secretary of State

## **Public Hearing Comments**

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. §4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

### **PUBLIC HEARING COMMENTS**

#### **RULEMAKING HEARING**

#### **TENNESSEE BOARD OF PHYSICAL THERAPY**

**NOVEMBER 13, 2009**

The rulemaking hearing for the Tennessee Board of Physical Therapy was held on November 13, 2009 in the Department of Health Conference Center's Iris Room on the First Floor of the Heritage Place Building in MetroCenter, Nashville, Tennessee. Diona E. Layden, Assistant General Counsel, Department of Health, presided at the rulemaking hearing.

No members of the public attended the rulemaking hearing. No written or oral comments were received at the rulemaking hearing.

## Regulatory Flexibility Addendum

Pursuant to T.C.A. § 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

### Addendum

#### Economic Impact Statement

- (1) The type or types of small business and an identification and estimate of the number of small businesses subject to the proposed rule that would bear the cost of, or directly benefit from the proposed rule:
  - (a) Physical Therapists and Physical Therapist Assistants who are currently licensed in Tennessee.
  - (b) Individuals applying to become licensed as either a Physical Therapist or a Physical Therapist Assistant in Tennessee.
  - (c) As of December 31, 2008, Tennessee had Three Thousand Nine Hundred Sixty-one (3,961) licensed Physical Therapists and Two Thousand Four Hundred Twenty (2,420) Physical Therapist Assistants.

- (2) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed rule, including the type of professional skills for preparation for the report or record:

The proposed rule amendments, which have an economic impact on small businesses, will not have an increased or new reporting, recordkeeping, or other administrative cost associated with compliance.

- (3) A statement of the probable effect on impacted small businesses and consumers:

Rule 1150-01-.01 Definitions  
Rule 1150-01-.02 Scope of Practice  
Rule 1150-01-.04 Qualifications for Licensure

The revised definitions will make the rules clearer and will help both licensees and the public under the scope of practice for Physical Therapists and Physical Therapist Assistants.

Rule 1150-01-.08 Examinations

The revised rule will benefit those applicants for licensure who find it necessary to take the licensing examination more than one time.

Rule 1150-01-.12 Continuing Competence

The revised rules will benefit Physical Therapists and Physical Therapist Assistants by simplifying the method by which they calculate the time period in which continuing competence hours must be obtained.

- (4) A description of any less burdensome, less intrusive or less costly alternative methods of achieving the purpose and objectives of the proposed rule that may exist, and to what extent the alternative means might be less burdensome to small businesses:

The Board does not believe that there are less burdensome, less intrusive, or less costly alternatives to the proposed rule amendments because the amendments will help both licensees and the public understand what is required of Physical Therapists and Physical Therapist Assistants.

- (5) A comparison of the proposed rule amendments with any federal or state counterparts:

- (a) Federal: The Board is not aware of any federal counterparts.
  - (b) State: The licensing boards in Arkansas, Georgia, Kentucky, Missouri, and Virginia use a two-year period (biennium) in which to obtain continuing competence hours.
- (6) Analysis of the effect of the possible exemption of small businesses from all or any part of the requirements contained in the proposed rule:

It is not possible to exempt the impacted small businesses from all or any part of the requirements contained in the proposed rule amendments because the impacted small businesses are the Board's licensees. The Board has a duty and a responsibility to regulate the practice of physical therapy in Tennessee.

## **Impact on Local Governments**

Pursuant to T.C.A. 4-5-220 and 4-5-228 “any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments.” (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

The rule amendments should not have a projected impact on local governments.

## Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

1150-01-.01 Definitions – This rule contains the definition of various terms used throughout the Board’s rules.

The Board has added a definition for the term “consultation” in response to Tenn. Code Ann. Section 63-13-303, which addresses instances when physical therapists and physical therapist assistants can see a patient without a referral from a licensed doctor of medicine, chiropractic, dentistry, podiatry or osteopathy.

The Board has expounded upon the definition of “manual therapy techniques” to respond to the enactment of Tenn. Code Ann. Section 63-13-109(b)(2), which prohibits physical therapists and physical therapist assistants from moving a patient’s joint beyond the normal range of motion.

1150-01-.02 Scope of Practice and Supervision – This rule is being amended to reflect the renumbering that took place in the Definition section due to the addition of one word and the removal of two words.

The content of the definition of “Practice of Physical Therapy” and “Substandard Care” has been added to this section.

1150-01-.04 Qualifications for Licensure – This rule is being amended to reflect the fact that “Practice of Physical Therapy” has been removed from the Definition section and added to the Scope of Practice and Supervision section.

1150-01-.08 Examinations – This rule is being amended to make clear that a faculty member is not required to assist an applicant with a remediation plan, but may assist with the plan.

1150-01-.12 Continuing Competence – This rule is being amended to eliminate, or at least, minimize the difficulty that licensees are experiencing when calculating the time period in which to complete the continuing competence hours. It is believed that this change will help prevent, or at least reduce, the number of continuing competence violations.

- (B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Authority for these amendments comes from state statutes regarding physical therapists and physical therapist assistants. Tenn. Code Ann. Sections 63-13-101, et seq.

- (C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Individuals most directly affected by these rules are all current and future licensees. There were no comments received regarding these rule amendments.

- (D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

Attorney General Opinion No. 07-55 addresses the performance of spinal manipulation and comments upon the usage of “manual therapy techniques” in the practice of physical therapy.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency’s annual budget or five hundred thousand dollars (\$500,000), whichever is less;

There is estimated to be no increase or decrease in revenues or expenditures because of these rule amendments.

- (F)** Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Diona E. Layden, Assistant General Counsel  
Office of General Counsel  
Tennessee Department of Health  
220 Athens Way, Suite 210  
Nashville, Tennessee 37423  
615-741-1611

- (G)** Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Diona E. Layden, Assistant General Counsel

- (H)** Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Office of General Counsel  
Tennessee Department of Health  
220 Athens Way, Suite 210  
Nashville, Tennessee 37423  
615-741-1611  
[Diona.Layden@tn.gov](mailto:Diona.Layden@tn.gov)

- (I)** Any additional information relevant to the rule proposed for continuation that the committee requests.

**RULES  
OF  
THE TENNESSEE BOARD OF PHYSICAL THERAPY**

**CHAPTER 1150-01  
GENERAL RULES GOVERNING THE PRACTICE OF PHYSICAL THERAPY**

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**1150-01-.01 DEFINITIONS.** As used in these rules, the terms and acronyms shall have the following meanings ascribed to them:

- ~~(1) The Act — The statute governing the practice of occupational and physical therapy in Tennessee as codified at Title 63, Chapter 13 of the Tennessee Code Annotated.~~
- ~~(2) Advertising — Includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, Internet, or television broadcasting or any other means designed to secure public attention.~~
- ~~(3) American Physical Therapy Association — When the acronym APTA appears in these rules, it is intended to mean the American Physical Therapy Association.~~
- ~~(4) Applicant — Any individual seeking licensure by the board and who has submitted an official application and paid the application fee.~~
- ~~(5) Board — The Board of Physical Therapy.~~
- ~~(6) Clinical Student — A student enrolled in a CAPTE approved developing program or a CAPTE accredited physical therapy program or regionally accredited post professional physical therapist program.~~
- ~~(7) Commission on Accreditation of Physical Therapy Education (CAPTE) — An agency approved by the Board of Physical Therapy to accredit schools of physical therapy pursuant to T.C.A. §63-13-307(a).~~
- ~~(8) Board administrative office — The office of the Unit Director assigned to the board located at 227 French Landing, Suite 300, Heritage Place, MetroCenter, Nashville, TN 37243.~~
- ~~(9) Board Designee — Any person who has received a written delegation of authority from the board to perform board functions subject to review and ratification by the full board where provided by these rules.~~
- ~~(10) Closed file — An administrative action which renders an incomplete or denied file inactive.~~

(Rule 1150-01-.01, continued)

- (11) ~~Continuing Competence—The ongoing application of professional knowledge, skills and abilities which relate to occupational performance objectives in the range of possible encounters that is defined by that individual's scope of practice and practice setting.~~
- (12) ~~Department—Tennessee Department of Health.~~
- (13) ~~Division—The Division of Health Related Boards, Department of Health, from which the board receives administrative support.~~
- (14) ~~Examination Service—The testing service whose examination has been adopted by the board.~~
- (15) ~~Fee—Money, gifts, services, or anything of value offered or received as compensation in return for rendering services; also, the required fee(s) pursuant to these rules.~~
- (16) ~~Good Moral Character—The quality of being well regarded in personal behavior and professional ethics.~~
- (17) ~~Guide to Physical Therapist Practice—The APTA document, adopted by the Board pursuant to rule 1150-01-.02 that explains physical therapy scope of practice, preferred practice patterns, and appropriate utilization of services.~~
- (18) ~~He/she Him/her—When "he" appears in the text of these rules, the word represents both the feminine and masculine genders.~~
- (19) ~~HRB—When the acronym "HRB" appears in the text of these rules, it represents Health Related Boards.~~
- (20) ~~Internationally Educated—An individual who has graduated from a PT or PTA program outside the United States and its jurisdictions.~~
- (21) ~~License—Document issued to an applicant who has successfully completed the licensure process. The license takes the form of an "artistically designed" license as well as other versions bearing an expiration date.~~
- (22) ~~Licensee—Any person duly licensed by the board to engage in the practice of physical therapy.~~
- (23) ~~Licensed Physical Therapist (PT)—Any person who has met the qualifications for licensed physical therapist and holds a current, unsuspended, or unrevoked license which has been lawfully issued by the board.~~
- (24) ~~Licensed Physical Therapist Assistant (PTA)—Any person who has met the qualifications for licensed physical therapist assistant and holds a current, unsuspended, or unrevoked license that has been lawfully issued by the board. PTAs perform physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist.~~
- (25) ~~Manual Therapy Techniques—Consists of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain, increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary function. These interventions involve a variety of techniques, such as the application of graded forces.~~

(Rule 1150-01-.01, continued)

~~(26) Person—Any individual, firm, corporation, partnership, organization, or political entity.~~

~~(27) Physical Therapy Assistive Personnel—~~

~~(a) Physical therapy aide—Aides, technicians, and transporters trained by and under the direction of physical therapists who perform designated and supervised routine physical therapy tasks.~~

~~(b) Other assistive personnel—Other trained or educated health care personnel not defined in paragraph (25) or subparagraph (28) (a) of this rule who perform specific designated tasks related to physical therapy under the supervision of a physical therapist. At the discretion of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, "other assistive personnel" or "other support personnel" may be identified by the title specific to their training or education.~~

~~(28) Physical Therapy Treatment Diagnosis—Both the process and the end result of evaluating information obtained from the examination, which the physical therapist then organizes into defined clusters, syndromes, or categories to help determine the most appropriate intervention strategies.~~

~~(29) Practice of Physical Therapy—~~

~~(a) Examining, evaluating and testing individuals with mechanical physiological and developmental impairments, functional limitations, and disability or other health and movement-related conditions in order to determine a physical therapy treatment diagnosis, prognosis, a plan of therapeutic intervention, and to assess the ongoing effect of intervention; and~~

~~(b) Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions that include, but are not limited to: therapeutic exercise; functional training; manual therapy; therapeutic massage; assistive and adaptive orthotic, prosthetic, protective and supportive equipment; airway clearance techniques; debridement and wound care; physical agents or modalities, mechanical and electrotherapeutic modalities including patient-related instruction and electrophysiologic studies (motor and sensory nerve conduction, and somatosensory evoked potentials)~~

~~1. Invasive kinesiology electromyography may be performed only in a university academic setting as part of a research project that has been approved by the educational institution's Internal Review Board without a referral or;~~

~~2. Notwithstanding the provisions of part 1., diagnostic electromyography must be performed by a licensed physical therapist who has complied with the requirements of paragraph 1150-01-.04 (4) and;~~

~~3. Notwithstanding the provisions of part 1., diagnostic and invasive electromyography may only be performed when there is a referral for such service from:~~

~~(i) an allopathic physician licensed under T.C.A. §§ 63-6; or~~

~~(ii) an osteopathic physician licensed under T.C.A. §§ 63-9; or~~

~~(iii) a doctor of dentistry licensed under T.C.A. §§ 63-5; or~~

~~(iv) a doctor of podiatry licensed under T.C.A. §§ 63-3.~~

(Rule 1150-01-.01, continued)

- ~~(c) Reducing the risk of injury, impairments, functional limitation and disability, including the promotions and maintenance of fitness, health and quality of life in all age populations; and~~
- ~~(d) Engaging in administration, consultation, education and research.~~
- ~~(30) Recognized credentialing agency—An agency approved by the board which evaluates the educational credentials of international graduates who have not attended CAPTE-accredited or board approved schools of physical therapy pursuant to T.C.A. §63-13-307(a).~~
- ~~(31) Recognized educational institution—Any educational institution that is accredited by CAPTE and which is approved by the board.~~
- ~~(32) Relative—A parent, foster parent, parent-in-law, child, spouse, brother, foster brother, sister, foster sister, grandparent, grandchild, son-in-law, brother-in-law, daughter-in-law, sister-in-law, or other family member who resides in the same household.~~
- ~~(33) Restriction—Any action deemed appropriate by the board to be required of a disciplined licensee during any period of probation, suspension, or revocation with leave to apply or as a prerequisite to the lifting of probation or suspension, or any action deemed appropriate by the board to be required of an applicant for licensure.~~
- ~~(34) Substandard Care—~~
  - ~~(a) Over-utilization of appropriate physical therapy services or the lack thereof.~~
  - ~~(b) Providing treatment intervention that is unwarranted by the condition of the patient.~~
  - ~~(c) Providing treatment that is beyond the point of reasonable benefit.~~
  - ~~(d) Abandoning the care of a patient without informing the patient of further care options.~~
  - ~~(e) Failing to practice in accordance with the standards set forth in the "Guide to Physical Therapist Practice," pursuant to rule 1150-01-.02 (1) (d).~~
- ~~(35) Use of a title or description—To hold oneself out to the public as having a particular status, including but not limited to, by the use of signs, mailboxes, address plates, stationery, announcements, advertising, the internet, business cards, or other means of professional identification.~~
- ~~(36) Volunteer personnel—Uncompensated individuals contemplating a career in physical therapy, and are limited to observation of physical therapy functions and are prohibited from the delivery of physical therapy services.~~
- ~~(37) Written evidence—Includes, but is not limited to, written verification from supervisors or other professional colleagues familiar with the applicant's work.~~
- (1) The Act – The statute governing the practice of occupational and physical therapy in Tennessee as codified at Title 63, Chapter 13 of the Tennessee Code Annotated.
- (2) Advertising – Includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, Internet, or television broadcasting or any other means designed to secure public

(Rule 1150-01-.01, continued)

attention.

- (3) American Physical Therapy Association – When the acronym “APTA” appears in these rules, it is intended to mean the American Physical Therapy Association.
- (4) Applicant – Any individual seeking licensure by the board and who has submitted an official application and paid the application fee.
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- (8) Clinical Student – A student enrolled in a CAPTE approved developing program or a CAPTE accredited physical therapy program or regionally accredited post professional physical therapist program.
- (9) Closed file – An administrative action which renders an incomplete or denied file inactive.
- (10) Commission on Accreditation of Physical Therapy Education (CAPTE) – An agency approved by the Board of Physical Therapy to accredit schools of physical therapy pursuant to T.C.A. §63-13-307(a).
- (11) Consultation – A meeting that is conducted either face-to-face or by some other medium such as, but not limited to, telephone, facsimile, mail, or electronic means, wherein two or more health professionals discuss the diagnosis, prognosis, and treatment of a particular case.
- (12) Continuing Competence – The ongoing application of professional knowledge, skills and abilities which relate to occupational performance objectives in the range of possible encounters that is defined by that individual’s scope of practice and practice setting.
- (13) Department – Tennessee Department of Health.
- (14) Division – The Division of Health Related Boards, Department of Health, from which the board receives administrative support.
- (15) Examination Service – The testing service whose examination has been adopted by the board.
- (16) Fee – Money, gifts, services, or anything of value offered or received as compensation in return for rendering services; also, the required fee(s) pursuant to these rules.
- (17) Good Moral Character – The quality of being well regarded in personal behavior and professional ethics.
- (18) Guide to Physical Therapist Practice – The APTA document, adopted by the Board pursuant to rule 1150-01-.02 that explains physical therapy scope of practice, preferred practice patterns, and appropriate utilization of services.
- (19) He/she Him/her – When “he” appears in the text of these rules, the word represents both the feminine and masculine genders.

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(Rule 1150-01-.01, continued)

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- (25) Licensed Physical Therapist Assistant (PTA) – Any person who has met the qualifications for licensed physical therapist assistant and holds a current, unsuspended and unrevoked license that has been lawfully issued by the board. PTAs perform physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist.
- (26) Manual Therapy Techniques – Consists of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary functions. These interventions involve a variety of techniques, such as the application of graded forces, which are not performed beyond the joint’s normal range of motion. These interventions may be applied to all joints of the body as deemed appropriate.
- (27) Person – Any individual, firm, corporation, partnership, organization, or political entity.
- (28) Physical Therapy Assistive Personnel -
- (a) Physical therapy aide – Aides, technicians, and transporters trained by and under the direction of physical therapists who perform designated and supervised routine physical therapy tasks.
- (b) Other assistive personnel – Other trained or educated health care personnel not defined in paragraph (25) or subparagraph (28) (a) of this rule who perform specific designated tasks related to physical therapy under the supervision of a physical therapist. At the discretion of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, “other assistive personnel” or “other support personnel” may be identified by the title specific to their training or education.
- (29) Physical Therapy Treatment Diagnosis – Both the process and the end result of evaluating information obtained from the examination, which the physical therapist then organizes into defined clusters, syndromes, or categories to help determine the most appropriate intervention strategies.
- (30) Recognized credentialing agency – An agency approved by the board which evaluates the educational credentials of international graduates who have not attended CAPTE -

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(Rule 1150-01-.01, continued)

- accredited or board approved schools of physical therapy pursuant to T.C.A. §63-13-307(a).
- (31) Recognized educational institution – Any educational institution that is accredited by CAPTE and which is approved by the board.
  - (32) Relative – A parent, foster parent, parent-in-law, child, spouse, brother, foster brother, sister, foster sister, grandparent, grandchild, son-in-law, brother-in-law, daughter-in-law, sister-in-law, or other family member who resides in the same household.
  - (33) Restriction – Any action deemed appropriate by the board to be required of a disciplined licensee during any period of probation, suspension, or revocation with leave to apply or as a prerequisite to the lifting of probation or suspension, or any action deemed appropriate by the board to be required of an applicant for licensure.
  - (34) Use of a title or description – To hold oneself out to the public as having a particular status, including but not limited to, by the use of signs, mailboxes, address plates, stationery, announcements, advertising, the Internet, business cards, or other means of professional identification.
  - (35) Volunteer personnel – Uncompensated individuals contemplating a career in physical therapy, and are limited to observation of physical therapy functions and are prohibited from the delivery of physical therapy services.
  - (36) Written evidence – Includes, but is not limited to, written verification from supervisors or other professional colleagues familiar with the applicant's work.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-13-103, 63-13-108, 63-13-304, and 63-13-307.

**Administrative History:** Original rule filed June 6, 1978; effective July 6, 1978. Amendment filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed July 29, 2002; effective October 12, 2002. Amendment filed April 8, 2003; effective June 22, 2003. Amendment filed February 2, 2007; effective April 18, 2007. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly.

#### 1150-01-.02 SCOPE OF PRACTICE AND SUPERVISION.

- (1) Scope of Practice
  - (a) The scope of practice of physical therapy shall be under the written or oral referral of a licensed doctor of medicine, chiropractic, dentistry, podiatry or osteopathy, with the following exceptions, as provided in T.C.A. § 63-13-303.
    - 1. The initial evaluation which may be conducted without such referral;
    - 2. A licensed physical therapist may treat a patient for an injury or condition that was the subject of a prior referral if all of the following conditions are met:
      - (i) The physical therapist, within four (4) business days of the commencement of therapy, consults with the referring licensed physician, osteopathic physician, dentist, chiropractor, podiatrist, or other referring practitioner;

(Rule 1150-01-.02, continued)

- (ii) For all episodes of physical therapy subsequent to that which was initiated by the referral, the physical therapist treats the patient for not more than ten (10) treatment sessions or fifteen (15) consecutive calendar days, whichever occurs first, whereupon the physical therapist must confer with the referring practitioner in order to continue the current episode of treatment; and
    - (iii) The physical therapist commences any episode of treatment provided pursuant to part (1) (a) 2. of this rule within one (1) year of the referral by the referring practitioner.
  - 3. No physical therapist may provide treatment pursuant to part two (2) of this subparagraph without having been licensed to practice physical therapy for at least one (1) year and without satisfying other requirements set by the Board.
  - 4. A licensed physical therapist may provide physical assessments or instructions including recommendation of exercise to an asymptomatic person without the referral of a referring practitioner.
  - 5. In emergency circumstances, including minor emergencies, a licensed physical therapist may provide assistance to a person to the best of a therapist's ability without the referral of a referring practitioner, provided the physical therapist shall refer to the appropriate health care practitioner, as indicated, immediately thereafter. For the purposes of this part of this subparagraph, emergency circumstances means instances where emergency medical care is called for. Emergency medical care means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
    - (i) Placing the patient's health in serious jeopardy;
    - (ii) Serious impairment to bodily functions; or
    - (iii) Serious dysfunction of any bodily organ or part.
- (b) Practice of Physical Therapy
- 1. Examining, evaluating and testing individuals with mechanical physiological and developmental impairments, functional limitations, and disability or other health and movement-related conditions in order to determine a physical therapy treatment diagnosis, prognosis, a plan of therapeutic intervention, and to assess the ongoing effect of intervention; and
  - 2. Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions that include, but are not limited to: therapeutic exercise; functional training; manual therapy; therapeutic massage; assistive and adaptive orthotic, prosthetic, protective and supportive equipment; airway clearance techniques; debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities including patient-related instruction and electrophysiologic studies (motor and sensory nerve conduction, and somatosensory evoked potentials)

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(Rule 1150-01-.02, continued)

- (i) Invasive kinesiological electromyography may be performed only in a university academic setting as part of a research project that has been approved by the educational institution's Internal Review Board without a referral or;
- (ii) Notwithstanding the provisions of subpart (i), diagnostic electromyography must be performed by a licensed physical therapist who has complied with the requirements of paragraph 1150-01-.04 (4) and;
- (iii) Notwithstanding the provisions of subpart (i), diagnostic and invasive electromyography may only be performed when there is a referral for such service from:
  - (I) an allopathic physician licensed under T.C.A. §§ 63-6; or
  - (II) an osteopathic physician licensed under T.C.A. §§ 63-9; or
  - (III) a doctor of dentistry licensed under T.C.A. §§ 63-5; or
  - (IV) a doctor of podiatry licensed under T.C.A. §§ 63-3; and
- 3. Reducing the risk of injury, impairments, functional limitation and disability, including the promotion and maintenance of fitness, health and quality of life in all age populations; and
- 4. Engaging in administration, consultation, education and research; and
- 5. Manual Therapy Techniques – Consists of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary functions. These interventions involve a variety of techniques, such as the application of graded forces, which are not performed beyond the joint's normal range of motion. These interventions may be applied to all joints of the body as deemed appropriate.

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## (c) Substandard Care

- 1. Over-utilization of appropriate physical therapy services or the lack thereof.
- 2. Providing treatment intervention that is unwarranted by the condition of the patient.
- 3. Providing treatment that is beyond the point of reasonable benefit.
- 4. Abandoning the care of a patient without informing the patient of further care options.
- 5. Failing to practice in accordance with the standards set forth in the "Guide to Physical Therapist Practice," pursuant to rule 1150-01-.02 (1) (f).

(Rule 1150-01-.02, continued)

- (bd) "Physical therapy" or "physiotherapy" are identical and interchangeable terms. "Practice of physical therapy" and "physical therapy assistive personnel" are defined in rule 1150-01-.01.
- (ce) Nothing in this rule shall be construed as authorizing a physical therapist, or physical therapist assistant, or any other person to practice medicine, chiropractic, osteopathy, or podiatry.
- (df) The board adopts, as if fully set out herein, and as it may from time to time be amended, the current "Guide to Physical Therapist Practice" issued by the American Physical Therapy Association. Information to acquire a copy may be obtained by contacting either of the following:
1. American Physical Therapy Association  
1111 North Fairfax Street  
Alexandria, VA 22314-1488  
Telephone: (703) 684-2782  
Telephone: (800) 999-2782  
Fax: (703) 684-7343  
T.D.D: (703) 683-6748  
Internet: [www.apta.org](http://www.apta.org)
  2. Board of Physical Therapy  
227 French Landing, Suite 300  
Heritage Place, MetroCenter  
Nashville, TN 37243  
Telephone: (615) 532-3202 ext. 25135  
Telephone: (888) 310-4650 ext. 25135  
Fax: (615) 532-5164  
Internet: [www.state.tn.us/health](http://www.state.tn.us/health)
- (eg) Universal Precautions for the Prevention of HIV Transmission - The board adopts, as if fully set out herein, rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health and as they may from time to time be amended, as its rule governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.
- (2) Supervision.
- (a) Supervision of licensed physical therapist assistants - Supervision, as applied to the licensed physical therapist assistant, means that all services must be performed under the supervision of a physical therapist licensed and practicing in Tennessee. Guidance for the rendering of such services is as follows:
1. The licensed physical therapist shall perform the initial evaluation of the patient with the development of a written treatment plan, including therapeutic goals, frequency and time period of services.
  2. The licensed physical therapist shall perform and document re-evaluations, assessments, and modifications in the treatment plan at least every thirty (30) days. For patients seen longer than sixty (60) days, the licensed physical therapist shall inspect the actual act of therapy services rendered at least every sixty (60) days.

(Rule 1150-01-.02, continued)

3. The licensed physical therapist may not supervise a physical therapist assistant that is delivering services at a site further than sixty (60) miles or one (1) hour from the licensed physical therapist. The supervising licensed physical therapist must be available to communicate by telephone or other means whenever the physical therapist assistant is delivering services.
4. The discharge evaluation must be performed and the resulting discharge summary must be written by the licensed physical therapist.
5. The licensed physical therapist and the physical therapist assistant shall be equally responsible and accountable for carrying out the provisions of this subparagraph.

~~(b) — Supervision of physical therapy assistive personnel — [See rule 1150-01-.01 (36)]~~

(b) Supervision of physical therapy assistive personnel (See rule 1150-1-.01).

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1. A physical therapist may use physical therapy aides for designated tasks that do not require clinical decision making by the licensed physical therapist or clinical problem solving by the licensed physical therapist assistant. Direct supervision must apply to physical therapy aides and is interpreted to mean that services are provided under the supervision of an on-site physical therapist or physical therapist assistant licensed and practicing in Tennessee.
2. A physical therapist may use other assistive personnel for selected physical therapy designated tasks consistent with the training, education, or regulatory authority of such personnel. Other assistive personnel (nationally certified exercise physiologists or certified athletic trainer and massage therapists, etc) must perform the delegated task under the on-site supervision of a physical therapist. The physical therapist shall then co-sign all related documentation in the patient records.
3. "On-site supervision" means the supervising physical therapist or physical therapist assistant must:
  - (i) Be continuously on-site and present in the department or facility where assistive personnel are performing services; and
  - (ii) Be immediately available to assist the person being supervised in the services being performed; and
  - (iii) Maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel.
- (c) A physical therapist may concurrently supervise no more than the equivalent of three (3) full-time physical therapist assistants. A physical therapist may concurrently supervise no more than the equivalent of two (2) full-time assistive personnel or physical therapy aides. A physical therapist assistant may concurrently supervise no more than the equivalent of two (2) full-time physical therapy aides.

~~(d) — Pursuant to rule 1150-01-.01 (37), physical therapists and physical therapist assistants shall provide direct on-site supervision of volunteers. Volunteers may not provide physical therapy to patients.~~

(Rule 1150-01-.02, continued)

- (d) Pursuant to rule 1150-01-.01, physical therapists and physical therapist assistants shall provide direct onsite supervision of volunteers. Volunteers may not provide physical therapy to patients.
- (e) A physical therapist shall provide on-site supervision, as defined in part (b) 3. of paragraph (2) of this rule, to physical therapy clinical students at all times and will be in accordance with the APTA guidelines for clinical education which suggest a minimum of one (1) year of licensed clinical experience prior to functioning as a clinical instructor for physical therapist students.
- (f) A physical therapist assistant shall provide on-site supervision, as defined in part (b) 3. of paragraph (2) of this rule, to physical therapist assistant clinical students at all times and will be in accordance with the APTA guidelines for clinical education which suggest a minimum of one (1) year of licensed clinical experience prior to functioning as a clinical instructor for physical therapist assistant students.

**Authority:** T.C.A. §§4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-104, 63-13-108, 63-13-109, 63-13-301, 63-13-303 through 63-13-307, 63-13-311, and Public Chapter 264 of the Public Acts of 1993.  
**Administrative History:** Original rule filed June 6, 1978; effective July 6, 1978. Amendment filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed January 23, 2002; effective April 8, 2002. Amendment filed April 8, 2003; effective June 22, 2003. Amendment filed September 22, 2005; effective December 6, 2005. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly. Amendment filed September 24, 2009; effective December 23, 2009.

#### 1150-01-.03 NECESSITY OF LICENSURE.

- (1) Prior to engaging in the practice of physical therapy in Tennessee, a person must hold a current Tennessee license.
- (2) It is unlawful for any person who is not licensed in the manner prescribed in Title 63, Chapter 13 of the Tennessee Code Annotated to represent himself as a physical therapist or physical therapist assistant or to hold himself out to the public as being licensed by means of using a title on, including but not limited to, signs, mailboxes, address plates, stationery, announcements, advertising, the internet, telephone listings, calling cards, or other means of professional identification.
- (3) Physical therapy is one of the healing arts and as such the practice of which is restricted to those persons credentialed by the Board of Physical Therapy. Persons engaging in the practice of physical therapy without being credentialed or expressly exempted by the laws are in violation of T.C.A. §63-1-123.
- (4) No other person shall hold himself out to the public by a title or description of services incorporating the words "physical therapist" or "physical therapist assistant" nor shall state or imply that he is licensed as such unless that person is licensed or expressly exempted pursuant to T.C.A. §§63-13-301, et seq.
- (5) Licensee Use of Titles - Any person who possesses a valid, current and active license issued by the Board that has not been suspended or revoked has the right to use the title "Physical Therapist" or "Physical Therapist Assistant" as applicable, and to use the acronyms "P.T." or "P.T.A." as applicable, and to practice physical therapy, as defined in T.C.A. § 63-13-103. Any person to whom this rule applies must use one of the titles authorized by this rule in

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(Rule 1150-01-.03, continued)

every "advertisement" [as that term is defined in rule 1150-01-.13 (2) (a)] he or she publishes or the failure to do so will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the licensee to disciplinary action pursuant to T.C.A. § 63-13-312 (3) and (14).

**Authority:** T.C.A. §§4-5-202, 4-5-204, 63-1-123, 63-1-145, 63-1-146, 63-13-102, 63-13-103, 63-13-108, 63-13-301, 63-13-302, 63-13-304, 63-13-306, 63-13-307, 63-13-308, 63-13-310, 63-13-312 and 63-13-315. **Administrative History:** Original rule filed September 29, 1981; effective December 29, 1981. Amendment filed April 28, 1983; effective May 31, 1983. Repeal rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed September 24, 2009; effective December 23, 2009.

#### 1150-01-.04 QUALIFICATIONS FOR LICENSURE.

- (1) To qualify for licensure by examination, a Physical Therapist or a Physical Therapist Assistant must:
  - (a) Be of good moral character; and
  - (b) Be a graduate of a school of physical therapy accredited by CAPTE or a school for physical therapist assistants accredited by CAPTE; and
  - (c) Pass to the satisfaction of the Board an examination conducted by it to determine fitness for practice as a physical therapist or physical therapist assistant.
- (2) To qualify for licensure by reciprocity a physical therapist or physical therapist assistant must possess a current and unrestricted license from another U.S. jurisdiction and comply with either (a), (b) or (c) below.
  - (a) Credentials required for individuals who attained certification, registration or licensure in another state or country from July, 1995, to date:
    1. Be of good moral character;
    2. Graduate from a physical therapist or physical therapist assistant program accredited by CAPTE and approved by the Board of Physical Therapy;
    3. Pursuant to Rule 1150-01-.07, obtain verification of licensure status from all states in which he holds or has held a license; and
    4. Candidates qualifying for licensure by reciprocity must have passed the licensing examination with a criterion referenced passing point.
  - (b) Credentials required for applicants who attained certification, registration, or licensure in another state or country from December 29, 1981 to July, 1995.
    1. Be of good moral character;
    2. Graduate from a physical therapist or physical therapist assistant program accredited by CAPTE and approved by the Board of Physical Therapy;
    3. Pursuant to Rule 1150-01-.07, obtain verification of licensure status from all states in which he holds or has held a license; and

(Rule 1150-01-.04, continued)

4. Candidates qualifying for licensure by reciprocity must have passed the licensing examination with a minimum converted score of seventy-five (75), based on one point five (1.5) sigma below the national mean for the examination. This applies to the score of each individual part as well as the total score.
- (c) Credentials required for applicants who attained certification, registration or licensure in another state or country from July 1, 1976 to December 28, 1981:
1. Be of good moral character;
  2. Graduate from a physical therapist or physical therapist assistant program accredited by CAPTE or a physical therapist or physical therapist assistant program approved by the American Medical Association;
  3. Pursuant to Rule 1150-01-.07, obtain verification of licensure status from all states in which he holds or has held a license; and
  4. Candidates qualifying for licensure by reciprocity must have passed the licensing examination with a minimum converted score of seventy-five (75), based on one point five (1.5) sigma below the national mean for the examination. This applies to the score of each individual part as well as the total score.
- (d) Credentials required for applicants who were registered, certified or licensed as a PT or PTA in another state or country prior to July 1, 1976, must comply with the applicable provisions of T.C.A. §63-13-307(c).
- (3) Internationally Educated. In addition to meeting the requirements outlined either in Rule 1150-01-.04(1) except 1150-01-.04(1)(b), or 1150-01-.04(2) except 1150-01-.04(2)(b)2, international graduates must:
- (a) Have submitted directly to the Board's administrative office a validly issued and error-free "Comprehensive Credential Evaluation Certificate for the Physical Therapist" (Type 1 Certificate) from the Foreign Credentialing Commission on Physical Therapy (FCCPT) for the purpose of evaluating and verifying that the applicant's education is substantially equivalent to a curriculum approved by CAPTE.
    1. Submitting the "Visa Credential Verification Certificate," also issued by the FCCPT, will not constitute meeting this requirement.
    2. Applicants who cannot obtain a Type 1 Certificate from the FCCPT based on their ineligibility to sit for the Test of English as a Foreign Language internet Based Test (TOEFL iBT) must submit all other components of the Type 1 Certificate directly to the Board's administrative office, for the purpose of evaluating and verifying that the applicant's education is substantially equivalent to a curriculum approved by CAPTE; or
  - (b) Have submitted directly to the Board's administrative office a validly issued and error-free certification from any agency verifying that the applicant's education is substantially equivalent to a curriculum approved by CAPTE.
    1. The agency must evaluate the curriculum in a manner similar to the FCCPT educational credentials review.
    2. The result or outcome of the evaluation is the issuance of certification that the Board considers to be equivalent to the "Comprehensive Credential Evaluation Certificate for the Physical Therapist" (Type 1 Certificate) from the FCCPT.

(Rule 1150-01-.04, continued)

- (c) Submit proof of United States or Canada citizenship or evidence of being legally entitled to live and work in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers or current visa status.
- (d) Have credentials that comply with the applicable provisions of T.C.A. § 63-13-307 (d) if the applicant was registered, certified, or licensed as a physical therapist or physical therapist assistant in another state or country prior to July 1, 1976.
- (e) After receiving written approval from the Board regarding the credentials in subparagraph (a), have participated in and successfully completed a Board-approved supervised clinical practice period to provide a broad exposure to general physical therapy skills, pursuant to guidelines approved and issued by the Board.
  - 1. The supervised clinical practice period shall be four hundred and eighty (480) hours and shall be accomplished at a rate of no more than forty (40) hours or no less than ten (10) hours per week.
  - 2. The supervising licensed physical therapist shall submit the evaluation form contained in the guidelines supplied by the Board to the Board's administrative office upon completion of the supervisory period.
  - 3. If the Board determines the supervised clinical period has not been successfully completed, the Board may require additional time in supervised clinical practice, additional coursework, and/or oral examination.
  - 4. Supervision provided by the applicant's parents, spouse, former spouse, siblings, children, cousins, in-laws (present or former), aunts, uncles, grandparents, grandchildren, stepchildren, employees, present or former physical therapist, present or former romantic partner, or anyone sharing the same household shall not be acceptable toward fulfillment of licensure requirements. For the purposes of this rule, a supervisor shall not be considered an employee of the applicant, if the only compensation received by the supervisor consists of payments for the actual supervisory hours.

(4) Electrophysiologic studies

- ~~(a) Applicants for licensure as a Physical Therapist who seek to conduct diagnostic electromyography (invasive needle study of multiple muscles for diagnosis of muscle and nerve disease), pursuant to rule 1150-01-.01 (30) (b), while practicing must submit to the Board's administrative office documented evidence of possessing current ECS certification from the American Board of Physical Therapy Specialties.~~
- (a) Applicants for licensure as a Physical Therapist who seek to conduct diagnostic electromyography (invasive needle study of multiple muscles for diagnosis of muscle and nerve disease), pursuant to rule 1150-01-.02 (See Practice of Physical Therapy), while practicing must submit to the Board's administrative office documented evidence of possessing current ECS certification from the American Board of Physical Therapy Specialties.
- ~~(b) Applicants for licensure as a Physical Therapist who seek to conduct surface electrophysiological studies (motor and sensory conduction, and somatosensory evoked potentials), and kinesiology studies (invasive needle study of muscles to determine the degree and character of a muscle during certain movements) pursuant to rule 1150-01-.01 (30) (b), while practicing must submit to the Board's administrative~~

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(Rule 1150-01-.04, continued)

~~office documented evidence of possessing the theoretical background and technical skills for safe and competent performance of such studies.~~

- (b) Applicants for licensure as a Physical Therapist who seek to conduct surface electrophysiological studies (motor and sensory conduction, and somatosensory evoked potentials), and kinesiological studies (invasive needle study of the muscles to determine the degree and character of a muscle during certain movements) pursuant to rule 1150-01-.02 (See Practice of Physical Therapy), while practicing must submit to the Board's administrative office documented evidence of possessing the theoretical background and technical skills for safe and competent performance of such studies.
  - (c) Supervision - The supervision of applicants who seek to conduct diagnostic electromyography, surface electrophysiological studies, and kinesiological studies shall be consistent with sound medical practice.
- (5) In determining the qualifications of applicants for licensure as a physical therapist or physical therapist assistant, only a majority vote of the Board of Physical Therapy shall be required.

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**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-13-103, 63-13-108, 63-13-304, 63-13-306 and 63-13-307.

**Administrative History:** Original rule filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Amendment filed January 31, 2000; effective April 15, 2000. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed June 3, 2004; effective August 17, 2004. Amendment filed December 29, 2004; effective March 14, 2005. Amendment filed September 22, 2005; effective December 6, 2005. Amendment filed February 2, 2007; effective April 18, 2007. Amendment filed May 18, 2007; effective August 1, 2007. Amendment filed September 24, 2009; effective December 23, 2009.

#### 1150-01-.05 PROCEDURES FOR LICENSURE.

- (1) Procedures for all applicants. To become licensed as a physical therapist or physical therapist assistant in Tennessee, a person must comply with the following procedures and requirements.
  - (a) An application packet shall be requested from the Board's administrative office.
  - (b) An applicant shall respond truthfully and completely to every question or request for information contained in the application form and submit it along with all documentation and fees required by the form and these rules to the Board's administrative office. It is the intent of these rules that all steps necessary to accomplish the filing of the required documentation be completed prior to filing either the application for licensure or the application for examination.
  - (c) Applications will be accepted throughout the year.
  - (d) An applicant shall pay the nonrefundable application fee, the State regulatory fee and, if applicable, the reciprocity fee as provided in Rule 1150-01-.06 when submitting the application.
  - (e) An applicant shall submit with his application a "passport" style photograph taken within the preceding 12 months.
  - (f) It is the applicant's responsibility to request a college transcript from his degree granting institution, pursuant to T.C.A. §63-13-307, be submitted directly from the school to the Board's administrative office. The institution granting the degree must be

(Rule 1150-01-.05, continued)

- accredited by CAPTE at the time the degree was granted, or for internationally educated graduates, an institution granting an equivalent degree. The transcript must show that the degree has been conferred and carry the official seal of the institution and reference the name under which the applicant has applied for licensure.
- (g) An applicant shall submit an original letter of recommendation from a physical therapist or physical therapist assistant licensed in the United States that attests to the applicant's good moral character. The letter cannot be from a relative.
  - (h) An applicant shall disclose the circumstances surrounding any of the following:
    - 1. Conviction of any crime in any country, state, or municipality, except minor traffic violations.
    - 2. The denial of a licensure or the discipline of licensee by any state or country.
    - 3. Loss or restriction of licensure.
    - 4. Any civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity, or any other civil action remedy recognized under the country's or state's statutory, common, or case law.
  - (i) An applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
  - (j) Personal resumes are not acceptable and will not be reviewed.
  - (k) Application review and licensure decisions shall be governed by Rule 1150-01-.07.
  - (l) The burden is on the applicant to prove by a preponderance of the evidence that his course work and credentials are equivalent to the Board's requirements.
  - (m) The license fee must be received in the Board's administrative office on or before the 30<sup>th</sup> day from receipt of notification that the license fee is due. Failure to comply will result in the application file being closed.
  - (n) A license will be issued after all requirements, including payment of a license fee pursuant to Rule 1150-01-.06, have been met.
- (2) Additional procedure for licensure by examination - Passage of required examination pursuant to Rule 1150-01-.08 is a prerequisite to licensure.
- (3) Additional procedures for licensure by reciprocity
- (a) Passage of the required examination pursuant to Rule 1150-01-.04 and 1150-01-.08 is a prerequisite to licensure by reciprocity. Passing level examination scores must be submitted directly from the examining service to the Board's administrative office. Candidates qualifying for licensure by reciprocity must have passed the licensing examination pursuant to Rule 1150-01-.04.
  - (b) It is the applicant's responsibility to request that verification of licensure status be submitted directly to the Board's administrative office from all states in which the applicant is or has ever been licensed.

(Rule 1150-01-.07, continued)

- (b) Whenever the applicant fails to complete the application process as stated in (a) above, written notification will be mailed to the applicant notifying him that the file has been closed. The determination of abandonment must be ratified by the Board. An applicant whose file has been closed shall subsequently be considered for licensure only upon the filing of a new application and payment of all appropriate fees.
- (10) If an applicant requests an entrance for licensure and, after Board review, wishes to change that application to a different type of entrance, a new application with supporting documents and an additional application fee must be submitted, e.g., reciprocity to examination.
- (11) An applicant shall submit an original letter of recommendation from a physical therapist or physical therapist assistant licensed in the United States that attests to the applicant's good moral character. The letter cannot be from a relative of the applicant.

**Authority:** T.C.A. §§4-5-202, 4-5-204, 4-5-301, 63-13-108, 63-13-301, 63-13-304, 63-13-306, 63-13-307, and 63-13-312. **Administrative History:** Original rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 31, 2000; effective October 14, 2000.

**1150-01-.08 EXAMINATIONS.** In addition to having filed an application, an individual seeking licensure shall be required to pass an examination.

- (1) The Board adopts as its examination for physical therapists and physical therapist assistants the National Physical Therapy Examinations endorsed by the Federation of State Boards of Physical Therapy or successor examinations.
- (2) Examination Application
  - (a) All applicants for examination shall apply for admission directly with the Federation of State Boards of Physical Therapy (FSBPT) by contacting:

Federation of State Boards of Physical Therapy	Telephone	(703) 299-3100
509 Wythe Street	Fax	(703) 299-3110
Alexandria, VA 22314	Internet	www.fsbpt.org

Application forms and instructions will be provided by the Board's administrative office.
  - (b) All educational requirements must be completed prior to filing an application for licensure or examination.
- (3) Eligibility Approval
  - (a) Only a person who has filed the required application, paid the fees, and been notified of acceptance by the Board shall be permitted to take the examination.
  - (b) The FSBPT will compile an applicant list and forward to the Board. The Board will review the applicant list provided by the FSBPT, determine the eligible applicants, and notify the FSBPT of such determination.
  - (c) An examination shall be administered only to bona fide candidates for initial licensure or candidates who are not licensed in another jurisdiction and do not have a qualifying exam score in another jurisdiction.

(Rule 1150-01-.08, continued)

- (d) An applicant for licensure and/or examination who has not met the requirements as set forth in T.C.A. §63-13-306 and §63-13-307 shall be refused permission to take the examination.
- (4) Eligibility Notification
- (a) The FSBPT will compile eligibility lists and forward to the Computer Based Testing Provider. The FSBPT will send a letter to each candidate containing a toll-free number to call to schedule the examination.
  - (b) The candidate will contact the Computer Based Testing Provider to schedule the examination at the location of their choice.
    - 1. Candidates must take the examination within sixty (60) days of the date on the eligibility letter provided by the FSBPT. If the candidate does not take the examination within this time period, they will be removed from the eligibility listings of the Computer Based Testing Provider and will be required to begin the examination application process again.
    - 2. Candidates may reschedule the examination up to two (2) working days prior to the scheduled test date by calling the toll-free number provided to them in their eligibility letter without penalty. Candidates who fail to give such notice to the Computer Based Testing Provider, and who fail to sit for the Examination as scheduled, will forfeit the examination fees paid and will be required to begin the examination application process.
- (5) Administration
- (a) Candidates must arrive at the test site at least fifteen (15) minutes prior to their scheduled appointment with the Computer Based Testing Provider.
  - (b) Candidates must have government-issued photo identification (passport, driver's license, etc.) as well as another piece of identification which contains a signature.
  - (c) All candidates will be thumb-printed and photographed at the testing center.
  - (d) All sessions will be videotaped.
- (6) Passing level. Candidates qualifying for licensure by examination must pass the examination with a criterion reference passing point. This passing point shall be set to equal a scaled score of six hundred (600) based on a scale ranging from two hundred to eight hundred (200-800).
- (7) Results
- (a) No information regarding pass/fail status will be available to candidates at the test site.
  - (b) Upon receipt of the examination group score reports in the Board's administrative office, the results will be mailed to each candidate with ten (10) working days. Scores will not be provided except in writing and by mail.
  - (c) Hand scoring services are available from the FSBPT at the request of the candidate. The FSBPT may charge a fee for this service.
- (8) Retaking

(Rule 1150-01-.08, continued)

- (a) A candidate who fails the examination is eligible to repeat the licensure examination process described in this rule. An applicant who fails to qualify for licensure after a total of two (2) examination attempts, in any state, shall wait at least three (3) months after the last unsuccessful attempt before reapplying for examination.
  - (b) If the individual neglects, fails to pass, or refuses to take the examination within twelve (12) months after being deemed eligible to sit for the examination, the application shall be denied and the file shall be closed. However, such individual may thereafter, make a new application pursuant to Rule 1150-01-.04, 1150-01-.05, 1150-01-.07, and 1150-01-.08.
- ~~(9) Remediation – Applicants who have twice failed the examination must obtain an Examination Performance Feedback report. This is a detailed diagnostic score report provided by the FSBPT for a fee. The applicant must develop a remediation plan. Such plan should be developed with the assistance of faculty at his/her accredited physical therapy educational program. The plan must outline the measures to be taken to address the weak areas, and must include the observation of physical therapy being practiced in a clinical setting for a minimum of twenty (20) hours during the three (3) month period described in subparagraph (8) (a).~~
- (9) Remediation – Applicants who have twice failed the examination must obtain an Examination Performance Feedback report. This is a detailed diagnostic score report provided by the FSBPT for a fee. The applicant must develop a remediation plan. Such plan may be developed with the assistance of faculty at his/her accredited physical therapy educational program. The plan must outline the measures to be taken to address the weak areas, and must include the observation of physical therapy being practiced in a clinical setting for a minimum of twenty (20) hours during the three (3) month period described in subparagraph (8) (a).
    - (a) The applicant must sign and submit the written plan for remediation to the Board prior to implementation of the plan.
    - (b) Plans developed with assistance of an accredited physical therapy educational program should contain the signature of the faculty member recommending the remediation plan.
    - (c) The Board's consultant or any Board member may preliminarily review and approve the written plan, and a final decision will be made at the next Board meeting.
    - (d) If the plan is preliminarily approved, it can be implemented. When the Board gives final approval to the plan, the applicant must complete the plan and submit a report to the Board detailing the completion of each element of the remediation plan. Applicants will only be allowed to retake the examination after the remediation process has been approved and completed.

**Authority:** T.C.A. §§4-5-202, 4-5-204, 63-13-108, 63-13-301, 63-13-304, 63-13-306, and 63-13-307.  
**Administrative History:** Original rule filed August 16, 1990; effective September 30, 1990. Repeal filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Amendment filed January 31, 2000; effective April 15, 2000. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed January 19, 2005; effective April 4, 2005. Amendment filed September 24, 2009; effective December 23, 2009.

#### 1150-01-.09 RENEWAL OF LICENSE.

(Rule 1150-01-.11, continued)

active Tennessee license or use within Tennessee any words, letters, titles, or figures which indicate or imply that he is a licensed PT or PTA.

- (3) License holders whose licenses have been retired may reactivate their licenses in the following manner:
  - (a) Submit a written request for licensure reactivation to the Board's administrative office including a statement describing all relevant experiences education during the period of retirement or inactivity; and
  - (b) Pay the current licensure renewal fees and State regulatory fee as provided in Rule 1150-01-.06. If retirement reactivation is requested prior to the expiration of one (1) year from the date of retirement, the Board will additionally require payment of the reinstatement fee as prescribed in Rule 1150-01-.06.
  - (c) Complete the continuing competence requirements, as provided in Rule 1150-01-.12.
- (4) Licensure reactivation applications shall be treated as licensure applications and review and decisions shall be governed by Rule 1150-01-.07.

**Authority:** T.C.A. §§4-5-202, 4-5-204, 63-13-104, 63-13-108, 63-13-301, 63-13-304, 63-13-306, 63-13-308, and 63-13-309. **Administrative History:** Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed January 16, 2003; effective April 1, 2003.

~~**1150-01-.12 CONTINUING COMPETENCE.** On January 1, 2003 the Board shall begin to notify applicants for renewal of continuing competence requirements as provided in T.C.A. § 63-13-304 (6). The Board shall require each licensed physical therapist and physical therapist assistant to participate in a minimum number of experiences to promote continuing competence for the two (2) calendar years (January 1-December 31) that precede the licensure renewal year (a.k.a. biennium). Beginning January 1, 2005 all applicants for licensure, renewal of license, reactivation of license, or reinstatement of license must demonstrate competency.~~

1150-01-.12 Continuing Competence. On January 1, 2003, the Board shall begin to notify applicants for renewal of continuing competence requirements as provided in T.C.A. §63-13-304(6). The Board shall require each licensed physical therapist and physical therapist assistant to participate in a minimum number of experiences to promote continuing competence for the twenty-four (24) months that precede the licensure renewal month. Beginning January 1, 2005, all applicants for licensure, renewal of license, reactivation of license, or reinstatement of license must demonstrate competency.

- (1) The requirements for continuing competence are defined as planned learning experiences which occur beyond the entry level educational requirements for physical therapists and physical therapist assistants. Content of the experience must relate to physical therapy whether the subject is intervention, examination, research, documentation, education, management, or some other content area. The purpose of this requirement is to assist in assuring safe and effective practices in the provision of physical therapy services to the citizens of Tennessee.
- (2) For applicants approved for initial licensure by examination, successfully completing the requirements of Rules 1150-01-.04, .05, and .08, as applicable, shall be considered proof of sufficient competence to constitute compliance with this rule for the initial period of licensure except for the ethics and jurisprudence education requirements of paragraph (4). Applicants approved for initial licensure by examination must successfully complete four (4) hours of ethics and jurisprudence education during their initial period of licensure

(Rule 1150-01-.12, continued)

- ~~(3) Two (2) Year Requirement (January 1–December 31) – Continuing competence credit is awarded for the clock hours spent in an activity as provided in paragraphs (5) and (6). Except as provided in paragraph (4), all required hours may be met through Class I activities. Except as provided in paragraph (4), any Class I activity without a stated maximum number of hours may be used to accrue all required hours.~~
- ~~(a) Physical Therapist – Thirty (30) hours are required for the two (2) calendar years (January 1–December 31) that precede the licensure renewal year.~~
- ~~1. At least twenty (20) hours of the thirty (30) hour requirement must be from Class I activities as provided in paragraph (5).~~
- ~~2. Up to ten (10) hours of the thirty (30) hour requirement may be from Class II activities as provided in paragraph (6).~~
- ~~(b) Physical Therapist Assistant – Twenty (20) hours are required for the two (2) calendar years (January 1–December 31) that precede the licensure renewal year.~~
- ~~1. At least ten (10) hours of the twenty (20) hour requirement must be from Class I activities as provided in paragraph (5).~~
- ~~2. Up to ten (10) hours of the twenty (20) hour requirement may be from Class II activities as provided in paragraph (6).~~
- (3) Twenty-four (24) Month Requirement – Continuing competence credit is awarded for the clock hours spent in an activity as provided in paragraphs (5) and (6). Except as provided in paragraph (4), all required hours may be met through Class I activities. Except as provided in paragraph (4), any Class I activity without a stated maximum number of hours may be used to accrue all required hours.
- (a) Physical Therapist – Thirty (30) hours are required for the twenty-four (24) months that precede the licensure renewal month.
1. At least twenty (20) hours of the thirty (30) hour requirement must be from Class I activities as provided in paragraph (5).
2. Up to ten (10) of the thirty (30) hour requirement may be from Class II activities as provided in paragraph (6).
- (b) Physical Therapist Assistant – Twenty (20) hours are required for the twenty-four (24) months that precede the licensure renewal month.
1. At least ten (10) hours of the twenty (20) hour requirement must be from Class I activities as provided in paragraph (5).
2. Up to ten (10) hours of the twenty (20) hour requirement may be from Class II activities as provided in paragraph (6).
- ~~(4) Four (4) of the hours required in parts (3) (a) 1. and (3) (b) 1. consist of ethics and jurisprudence education courses. These four (4) hours are required every other two (2) calendar year period.~~
- (4) Four (4) of the hours required in parts (3) (a) 1. and (3) (b) 1. consist of ethics and jurisprudence education courses. These four (4) hours are required every other twenty-four (24) month period.

(Rule 1150-01-.12, continued)

- (a) Jurisprudence – This course shall be a minimum of two (2) hours, shall be Class I continuing competence as provided in paragraph (5), and shall as a minimum include education in:
1. The Occupational and Physical Therapy Practice Act (Tennessee Code Annotated, Title 63, Chapter 13, Parts 1 and 3);
  2. General Rules Governing the Practice of Physical Therapy (Official Compilation, Rules and Regulations, Chapter 1150-01);
  3. Board of Physical Therapy Policy Statements;
  4. Licensure process;
  5. Scope of practice;
  6. Licensure renewal;
  7. Disclosures to patients;
  8. Offenses that may lead to disciplinary action;
  9. Supervision of Physical Therapist Assistants;
  10. Supervision of Physical Therapy assistive personnel; and
  11. Supervision of others (students, volunteers).
- (b) Ethics – This course shall be a minimum of two (2) hours, shall be Class I continuing competence as provided in paragraph (5), and shall as a minimum include education in:
1. APTA Code of Ethics;
  2. APTA Guide for Professional Conduct;
  3. APTA Standards of Ethical Conduct for the Physical Therapist Assistant;
  4. APTA Guide for Conduct of the Physical Therapist Assistant;
  5. Model for ethical decision making; and
  6. Case analysis.
- (c) Course approval – The Board does not pre-approve Class I and Class II continuing competence courses, programs, and activities required by paragraphs (3), (5) and (6). It is the licensee's responsibility, using his/her professional judgment, to determine if the courses being taken are applicable, appropriate, and meet the requirements of this rule. However, an ethics and jurisprudence course provider must seek the Board's course approval by submitting the following information to the Board's administrative office at least thirty (30) days prior to a regularly scheduled meeting of the Board that precedes the course:
1. Course description or outline;
  2. Names of all lecturers;

(Rule 1150-01-.12, continued)

3. Brief resume of all lecturers;
  4. Date of course; and
  5. How certification of attendance is to be documented.
- (5) Class I acceptable continuing competence evidence shall be any of the following:
- ~~(a) External peer review of practice with verification of acceptable practice by a recognized entity, e.g., American Physical Therapy Association. Continuing competence credit is twenty (20) hours per review with a maximum of one (1) review per biennium.~~
  - (a) External peer review of practice with verification of acceptable practice by a recognized entity, e.g., American Physical Therapy Association. Continuing competence credit is twenty (20) hours per review with a maximum of one (1) review each twenty-four (24) month period.
  - ~~(b) Internal peer review of practice with verification of acceptable practice. Continuing competence credit is two (2) hours per review with a maximum of two (2) reviews during the two (2) year period.~~
  - (b) Internal peer review of practice with verification of acceptable practice. Continuing competence credit is two (2) hours per review with a maximum of two (2) reviews during each twenty-four (24) month period.
  - (c) Courses, seminars, workshops, and symposia attended by the licensee which have been approved for continuing education units (CEUs) by appropriate CEU granting agencies.
  - (d) Courses, seminars, workshops, and symposia attended by the licensee and approved by recognized health-related organizations (e.g., American Physical Therapy Association, Tennessee Physical Therapy Association, Arthritis Foundation, etc.) or accredited physical therapy educational institutions (e.g., Chattanooga State Technical Community College, East Tennessee State University, etc.).
  - (e) Home study courses or courses offered through electronic media approved by recognized health-related organizations (e.g., American Physical Therapy Association, Tennessee Physical Therapy Association, Arthritis Foundation, etc.) or accredited physical therapy educational institutions (e.g., U.T. Center for the Health Sciences, Volunteer State Community College), and that include objectives and verification of satisfactory completion.
  - (f) University credit courses - Continuing competence credit is twelve (12) hours per semester credit hour.
  - (g) Participation as a presenter in continuing education courses, workshops, seminars or symposia which have been approved by recognized health-related organizations. Continuing competence credit is based on contact hours and may not exceed twenty (20) hours per topic.
  - ~~(h) Authorship of a presented scientific poster, scientific platform presentation or published article undergoing peer review. Continuing competence credit is ten (10) hours per event with a maximum of two (2) events per biennium.~~
  - (h) Authorship of a presented scientific poster, scientific platform presentation or published

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article undergoing peer review. Continuing competence credit is ten (10) hours per event with a maximum of two (2) events each twenty-four (24) month period.

- (i) Teaching a physical therapy or physical therapist assistant credit course when that teaching is an adjunct responsibility and not the primary employment. Continuing competence credit is based on contact hours not to exceed twenty (20) hours. If the same course is taught more than once, contact hours may only be counted once.
- ~~(j) Certification of clinical specialization by the American Board of Physical Therapy Specialties (ABPTS). Continuing competence credit is twenty-six (26) hours and is recognized only in the biennium in which certification or recertification is awarded.~~
- (j) Certification of clinical specialization by the American Board of Physical Therapy Specialties (ABPTS). Continuing competence credit is twenty-six (26) hours and is recognized only in the twenty-four (24) month period in which certification or recertification is awarded.
- ~~(k) Certification of clinical specialization by organizations other than the ABPTS (e.g. the McKenzie Institute, the Neuro Developmental Treatment Association, the Ola Grimsby Institute, etc.) may be recognized as continuing competence credit for up to twenty-six (26) hours, in the biennium in which certification or recertification is awarded. The number of continuing competence credit hours awarded is determined by the Board.~~
- (k) Certification of clinical specialization by organizations other than the ABPTS (e.g. the McKenzie Institute, the Neuro Developmental Treatment Association, the Ola Grimsby Institute, etc.) may be recognized as continuing competence credit for up to twenty-six (26) hours, in the twenty-four (24) month period in which certification or recertification is awarded. The number of continuing competence credit hours awarded is determined by the Board.
- ~~(l) Awarding of an advanced degree from an accredited University. Continuing competence credit is twenty-six (26) hours and is recognized only in the biennium in which certification or recertification is awarded.~~
- (l) Awarding of an advanced degree from an accredited University. Continuing competence credit is twenty-six (26) hours and is recognized only in the twenty-four (24) month period in which the advanced degree is awarded.
- (m) Participating in a clinical residency program. Continuing competence credit is five (5) hours credit for each week of residency with a maximum of twenty-six (26) hours per program.
- (6) Class II acceptable continuing competence evidence shall be any of the following
  - ~~(a) Self instruction from reading professional literature. Continuing competence credit is limited to a maximum of one (1) hour each biennium.~~
  - (a) Self-instruction from reading professional literature. Continuing competence credit is limited to a maximum of one (1) hour each twenty-four (24) month period.
  - ~~(b) Attendance at a scientific poster session, lecture, panel or symposium that does not meet the criteria for Class I. Continuing competence credit is one (1) hour per hour of activity with a maximum of two (2) hours credit each biennium.~~
  - (b) Attendance at a scientific poster session, lecture, panel or symposium that does not meet the criteria for Class I. Continuing competence credit is one (1) hour per hour of

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activity with a maximum of two (2) hours credit each twenty-four (24) month period.

- (c) Serving as a clinical instructor for an accredited physical therapist or physical therapist assistant educational program. Continuing competence credit is one (1) hour per sixteen (16) contact hours with the student(s).
  - (d) Acting as a clinical instructor for physical therapist participating in a residency program or as a mentor for a learner for a formal, nonacademic mentorship. Continuing competence credit is one (1) hour per sixteen (16) contact hours.
  - ~~(e) Participating in a physical therapy study group consisting of two (2) or more physical therapists or physical therapist assistants. Continuing competence credit is limited to a maximum of one (1) hour credit per biennium.~~
  - (e) Participating in a physical therapy study group consisting of two (2) or more physical therapists or physical therapist assistants. Continuing competence credit is limited to a maximum of one (1) hour credit each twenty-four (24) month period.
  - ~~(f) Attending and/or presenting in-service programs. Continuing competence credit is one (1) hour per eight (8) contact hours with a maximum of four (4) hours credit per biennium.~~
  - (f) Attending and/or presenting in-service programs. Continuing competence credit is one (1) hour per eight (8) contact hours with a maximum of four (4) hours credit each twenty-four (24) month period.
  - ~~(g) Serving the physical therapy profession as a delegate to the APTA House of Delegates, on a professional board, committee, or task force. Continuing competence credit is limited to a maximum of one (1) hour credit per biennium.~~
  - (g) Serving the physical therapy profession as a delegate to the APTA House of Delegates, on a professional board, committee, or task force. Continuing competence credit is limited to a maximum of one (1) hour credit each twenty-four (24) month period.
- (7) Unacceptable activities for continuing competence include, but are not limited to:
- (a) Attending courses regarding:
    - 1. Regulations of the United States Department of Labor's Occupational Safety and Health Administration (OSHA);
    - 2. Regulations of the Tennessee Department of Labor and Workforce Development's Division of Occupational Safety and Health (TOSHA);
    - 3. Cardiopulmonary resuscitation (CPR); and
    - 4. Safety;
  - (b) Meetings for purposes of policy decisions;
  - (c) Non-educational meetings at annual association, chapter or organization meetings;
  - (d) Entertainment or recreational meetings or activities; and
  - (e) Visiting exhibits.

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(8) Documentation of compliance

- (a) Each licensee must retain documentation of completion of all continuing competence requirements of this rule for a period of five (5) years from when the requirements were completed. This documentation must be produced for inspection and verification, if requested in writing by the Board during its verification process.
- (b) The licensee must, within thirty (30) days of a request from the Board, provide evidence of continuing competence activities.
- (c) Any licensee who fails to complete the continuing competence activities or who falsely certifies completion of continuing competence activities may be subject to disciplinary action pursuant to T.C.A. §§ 63-13-304, 63-13-312, 63-13-313, and 63-13-315.
- (d) Examples of documentation
  1. A signed peer review report or an official program or outline of the course attended or taught or copy of the publication which clearly shows that the objectives and content were related to physical therapy and shows the number of contact hours, as appropriate. The information also should clearly identify the licensee's responsibility in teaching or authorship.
  2. A CEU certificate or verification of completion of home study which identifies the sponsoring entity, or a copy of the final grade report in the case of a University credit course(s), or specialization certificate, or proof of attendance with a copy of the program for the other acceptable Class I or II activities, or documentation of self-instruction from reading professional literature.

(9) Reinstatement/Reactivation of an Expired or Retired License

- (a) Expired or retired for three (3) years or less – An individual whose license has expired or has been retired for three (3) years or less shall submit the appropriate application for reinstatement or reactivation, along with documentation of continuing competence (see examples in paragraph (8)), which must have been initiated and completed within two (2) years prior to submission of the application for reinstatement or reactivation.
- (b) Expired or retired more than three (3) years
  1. An individual whose license has expired or has been retired for more than three (3) years shall submit the appropriate application for reinstatement or reactivation, along with documentation of continuing competence (see examples in paragraph (8)), which must have been initiated and completed within two (2) years prior to submission of the application for reinstatement or reactivation.
  2. The Board may, at its discretion, require additional education, supervised clinical practice, successful passage of examinations, or issue a provisional license.

~~(10) The Board, in cases of documented illness, disability, or other undue hardship, may waive the continuing competence requirements and/or extend the deadline to complete continuing competence requirements. To be considered for a waiver of continuing competence requirements, or for an extension of the deadline to complete the continuing competence requirements, a licensee must request such in writing with supporting documentation before the end of the two (2) year period in which the continuing competence requirements were not met.~~

(Rule 1150-01-.12, continued)

- (10) The Board, in cases of documented illness, disability, or other undue hardship, may waive the continuing competence requirements and/or extend the deadline to complete continuing competence requirements. To be considered for a waiver of continuing competence requirements, or for an extension of the deadline to complete the continuing competence requirements, a licensee must request such in writing with supporting documentation before the end of the twenty-four (24) month period in which the continuing competence requirements were not met.

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**Authority:** T.C.A. §§4-5-202, 4-5-204, 63-13-108, 63-13-304, 63-13-308, 63-13-309, and 63-13-311.

**Administrative History:** Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed January 16, 2003; effective April 1, 2003. Amendment filed September 22, 2005; effective December 6, 2005. Amendment filed March 14, 2006; effective May 28, 2006. Amendment filed August 18, 2006; effective November 1, 2006. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly. Amendment filed May 18, 2007; effective August 1, 2007. Amendment filed September 24, 2009; effective December 23, 2009.

#### 1150-01-.13 ADVERTISING.

- (1) Policy Statement. The lack of sophistication on the part of many of the public concerning physical therapy services, the importance of the interests affected by the choice of a physical therapist and the foreseeable consequences of unrestricted advertising by physical therapists which is recognized to pose special possibilities for deception, require that special care be taken by physical therapists to avoid misleading the public. The physical therapist must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by physical therapists is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.
- (2) Definitions
  - (a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a physical therapist who is licensed to practice in Tennessee.
  - (b) Licensee - Any person holding a license to practice physical therapy in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.
  - (c) Material Fact - Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of physical therapists to serve his or her particular needs.
  - (d) Bait and Switch Advertising - An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.
  - (e) Discounted Fee - Shall mean a fee offered or charged by a person for a product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee".
- (3) Advertising Fees and Services