

From: [BPL-BoardSupport](#)
To: [Roselle, Richard \(LARA\)](#)
Subject: FW: Michigan Register: Physical Therapy
Date: Tuesday, February 19, 2019 9:06:17 AM
Attachments: [MR1_020119_644814_7.pdf](#)

From: Selena Horner <selenahorner@gmail.com>
Sent: Monday, February 18, 2019 3:42 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Michigan Register: Physical Therapy

Dear Policy Analyst,

I am a physical therapist who practices in Michigan. I am submitting my comments for review.

Part 5: Professional Development Requirements (PDF page 320).

On PDF page 322, Activity Code 1: Professional Development Requirement is not clearly defined. The language used in this section defers the acquired PDR credits based on what the organization approves. Some organizations define 1 PDR credit = 1 hour. Some organizations define .1 PDR credit = 1 hour. Allowing an organization to define the PDR is not something that I view as being acceptable. What is acceptable is for the definition of 1 PDR credit for Activity Code 1 to be defined by the State of Michigan. The licensee should submit the number of hours spent completing each Activity Code 1 activity. To improve clarity, for continuing education that fits Activity Code 1, I would suggest that 1 PDR credit = 1 hour of continuing education.

For Activity Code 4: I would suggest that 1 PDR credit = 1 hour of continuous viewing or listening to media. (My rationale... the systems that capture PDR, can easily do the math and know that 30 minutes = .5 PDR and 50 minutes = .80 PDR.) The physical therapist would need to submit proof of the length of time of the media along with the other stated components within the activity description. Right now, the language does not include anything to support the length of time viewing or listening to media.

For Activity Code 5: I would suggest 2 PDR credits = 1 hour of continuous instruction. (Again, my rationale... the systems that capture PDR credits, can easily do the math and know that 50 minutes = 1.80 PDR credits). This section is also missing submitting information to support the length of time spent performing continuous instruction. This aspect needs to be added to provide proof of time.

For Activity Code 6: I would suggest 2 PDR credits for all activities within Activity Code 6. Often times when presenting research, it isn't the time spent presenting that is key. More often than not, when presenting a paper or research, the presenter is only allowed 8-20 minutes for platforms or required to stand by a poster during a poster presentation for 45-60 minutes (with or without anyone interested in the poster). The time is actually spent on the research and creating the presentation. So, to simplify this, I'd keep 2 PDR credits for each scientific exhibit, poster presentation, platform presentation. There isn't a logical reason to actually substantially change the requirements within this activity.

For Activity Code 9: I suggest looking into this a bit deeper for the ABPTS recertification process. Recertification is no longer completed in a single step when choosing to provide a professional development portfolio. Recertification now happens in stages. I'm not sure

how to help define the number of credits to meet ABPTS recertification via a professional development portfolio.

For Activity Code 11: I would suggest 1 PDR credit = 60 minutes.

For Activity Code 12: I would suggest 2 PDR credits = 60 minutes.

For Activity Code 13: I would suggest 1 PDR credit for each event/issue. Time is not necessarily the key. Maybe to help meet the requirements, the organization would need to provide a signature that the event/issue was adequately researched.

For Activity Code 16: I would suggest 1 PDR credit = 60 minutes.

For Activity Code 17: I would suggest 1 PDR credit = 60 minutes.

I honestly am not sure why there was a change in the number of minutes. As a physical therapist who practices in Michigan, I believe reducing the time reduces the amount of professional development and increases confusion. Patients are relying on me and my colleagues to provide the best care possible. Reducing the time requirements actually reduces the time spent learning.

Thank you for asking for feedback!

Selena Horner, PT



To: Department of Licensing and Regulatory Affairs
From: Michigan Physical Therapy Association
Date: Submitted for February 19, 2019
Re: MPTA recommendations for proposed PT Rules

The MPTA appreciates the opportunity to offer suggestions during the rules revision process. The following suggestions seek to provide greater clarity on important topics for which the MPTA frequently receives questions and/or has observed substantial confusion. Please see **yellow-highlighted, bolded** language.

►1. The Michigan Physical Therapy Association (MPTA) recommends that the requirements for physical therapist (PT) endorsement and physical therapist assistant (PTA) endorsement be revised in the same manner into a single set of criteria for the PT and a single set for the PTA.

The current proposed PT Rules differentiate between having more/less than 5 years of experience.

The difference in criteria is that those with less than 5 years of experience need to satisfy the English language requirement in R 338.7135(b), which must be met regardless of experience.

See Page 6 – R338.7136 Licensure by endorsement of physical therapist; requirements and
Page 11 – R 338.7136 Licensure by endorsement of physical therapist assistant; requirements.

The MPTA suggested language for both physical therapist licensure by endorsement and physical therapist assistant licensure by endorsement follows below. Note: The suggested language is for the physical therapist section, as similar language with appropriate grammatical changes could also be inserted into the physical therapist assistant section.

Rule 36. (1) An applicant for a physical therapist license by endorsement shall submit the required fee and a completed application on a form provided by the department and satisfy the requirements of the code and this rule.

(2) An applicant who was first licensed in another jurisdiction recognized by the FSBPT **shall satisfy the following requirements:**

(a) Pass the National Physical Therapist Examination required under R 338.7133(1).

(b) Pass the Michigan Physical Therapist Jurisprudence Exam required under R 338.7133(2).

(c) Have graduated from either a physical therapist educational program that meets the standards in under R 338.7131 or graduate from a physical therapist educational program determined to be substantially equivalent to an educational program that meets the standards in R 338.7131 by satisfying the verification process under R 338.7135(a).

(d) Demonstrate a working knowledge of the English language by satisfying the requirements under R 338.7135(b) if the applicant graduated from a nonaccredited physical therapist educational program.

(3) An applicant's license must be verified, on a form provided by the department, by the licensing agency of any jurisdiction recognized by the FSBPT in which the applicant holds a current license or registration or ever held a license or registration as a physical therapist. If applicable, verification must include the record of any disciplinary action taken or pending against the applicant.

►2a. The MPTA recommends that language be added to clarify that direct supervision is needed when a physical therapist delegates acts, tasks, or functions to a licensed health professional who is not a licensed physical therapist assistant. Although this addition may be redundant with the proposed change to R 338.7139 that clarifies that “unlicensed” means an individual without a PT or PTA license and therefore requires direct supervision, the MPTA believes this additional clarification is needed to avoid



confusion for those PT licensees who delegate to personnel who hold licenses in other professions.

See Page 8 - R 338.7139 Delegation of acts, tasks, or functions to an unlicensed individual; direct supervision of an unlicensed individual; requirements.

The MPTA suggested language:

R338.7139(2): A physical therapist who delegates acts, tasks, or functions to an unlicensed individual **or a licensed health professional who is not a licensed physical therapist assistant** shall provide direct supervision of the licensed health professional and comply with all other criteria as stated in R 338.7139.

► **2b.** The MPTA recommends defining “interventions” consistent with Part 178 such that the difference between “acts, tasks, and functions” and “interventions” is clear.

The MPTA suggested language:

R 338.7138 (4) “Intervention” means physical measures, therapeutic exercise, and rehabilitative procedures as used in MCL 333.17801(d).

► **3.** The MPTA recommends that new language be added that specifically states that the physical therapist assistant may only be supervised by the physical therapist to protect the public from entities who misrepresent that they are providing physical therapy. No other licensed health professional may supervise the physical therapist assistant. Although this may be redundant with statute that restricts the use of title/terms related to physical therapy to those licensed under Part 178 and with the definition of the PTA who is only defined as being under the delegation and supervision of the physical therapist, the MPTA is concerned about other professionals (MD, DO, DC, DPM) utilizing graduates of PTA educational programs (with or without a PTA license in Michigan) and representing the service as “physical therapy”.

The MPTA suggested language includes creating a new PT Rule and placing it at the beginning of the Physical Therapist Assistant section:

See page 9

R 338.7140 Supervision of the physical therapist assistant

The physical therapist assistant is a subfield license of the licensed physical therapist under section 17801(b) of the code, MCL 333.17801. Practice as a physical therapist assistant may only occur under the general supervision of the physical therapist; section 17801(c) of the code, MCL 333.17801. No other licensed health professional may supervise the physical therapist assistant.

► **4.** The MPTA recommends keeping the definition of CFR in the PT Rules for clarity.

See page 14, R 338.7163 Acceptable professional development requirement activities; requirements; limitations. Rule 63 under (2) line 6.

MPTA suggested language:

..... as contained in Title 34, Part 602 of the Code of Federal Regulations.

► **5a.** The MPTA is aware that multiple health professions provide approved continued education that apply to physical therapy practice. It is the responsibility of the PT and PTA to explain how their selection of PDRs applies to physical therapy practice. Examples of other health professionals that offer approved continuing education courses related to physical therapy practice include, but are not limited to, medical physicians, osteopathic physicians, nursing, pharmacy, athletic training, social work, etc.



Rather than create a laundry list in the PT Rules, MPTA recommends that ALL Michigan Boards for health professionals be the new language and specifically state that continuing education must pertain to physical therapy practice.

See page 15 - ACCEPTABLE PDR ACTIVITIES

Activity 1

MPTA suggested language:

Under header with the title: Activity

Strike out:

- The Michigan board of medicine.
- The Michigan board of osteopathic medicine and surgery.

Replace with:

- **All Michigan Boards for health professionals.**
- **Eligible PDR credits for continuing education courses must directly pertain to physical therapy practice.**

► **5b.** The MPTA receives multiple queries from member and non-member licensees who do not understand the current language in the PT Rules that refers to the components of the American Physical Therapy Association. The MPTA recommends that “components” be clarified in the PT Rules.

See page 15 - Activity 1, bullet item 5.

MPTA suggested language:

- The American Physical Therapy Association (APTA) or its components.
 - **APTA components include the Michigan Physical Therapy Association and other APTA Chapters, APTA Sections and APTA Academies.**

► **5c.** The MPTA receives multiple queries from member and non-member licensees seeking clarification on defining one Professional Development Requirement (PDR).

The APTA is only one of approved providers of continuing education courses that uses this metric: One CEU equals **ten contact hours** of participation in organized continuing education classes and/or training conducted by a qualified instructor. A contact hour is equivalent to one 60-minute interaction between an instructor and the participant. Thus 0.1 CEU is 1 hour of learning.

The MPTA uses this metric: One PDR is equal to 50 – 60 minutes of continuous learning.

Other metrics may be utilized by additional entities that may earn the Board of Physical Therapy’s approval as a provider of PDRs. To ensure clarity for licensees, MPTA has 2 recommendations as noted below.

See page 15 – Activity 1

MPTA suggested language:

Under header called: Number of PDR credits earned for activity

One PDR credit shall be granted for every 50 to 60 minutes of continuous instruction.

When the continuing education provider uses the 0.1 CEU model, that means 0.1 CEU is granted for every 50 to 60 minutes of continuous instruction.



► **6.** The MPTA recommends that completing the APTA's PTA Advanced Proficiency Pathways (APP) Program be included in PDRs for PTA licensees.

The APP is a clearly defined post-graduation educational curriculum that leads to advanced proficiency in selected areas of physical therapy practice. It was designed by APTA clinical experts to promote PTA career development with a self-initiated curriculum completion process and encourages life-long learning.

The PTA must complete prerequisite course work and submit letters of reference from the supervising physical therapist and clinic mentor. Once accepted into the program, the PTA candidate has up to 5 years to complete and submit the program portfolio requirements.

Requirements include:

- Completion of 60 contact hours of selected continuing education coursework that meet the defined guidelines and content of APP, including APTA "core" course and selected content courses or equivalent APTA approved courses.
- Mentored clinical experiences with knowledge / skills assessments, conducted with a self-selected clinical mentor who meets mentor requirements.
- 2,000 clinical hours of work experience in selected content area.
- Final portfolio review.

Once achieved, the Advanced Proficiency Pathway program recognition is good for a 10-year period.

See page 19 – Activity 9

MPTA suggested language: Add a final bullet point under Activity. Note: MPTA recommends that achieving the PTA Advanced Proficiency Pathway would also grant the licensee 23 PDRs, which is already stated.

Successfully completing 1 of the following:

- **The APTA's PTA Advanced Proficiency Pathways (APP) Program.**

► **7a.** The MPTA recommends that the following language describing the content of the Public Health Code remain included in the PT Rules for clarity. Although this presents some redundancy, many licensees are not familiar with Michigan Compiled Law citations and would benefit by having the intent of the law or rule remain included in plain language in the PT Rules.

See page 8 - R 338.7138 Delegation of acts, tasks, functions, or interventions to a physical therapist assistant; supervision of physical therapist assistant; requirements.

MPTA recommends this language remain in the PT Rules:

(2) A physical therapist who delegates acts, tasks, functions, or interventions to a physical therapist assistant shall provide general supervision of the physical therapist assistant. As used in this subrule, "general supervision" means that the physical therapist is not required to be physically present on site, but must be continuously available at the time the procedure is performed. Continuously available includes availability by telecommunication or other electronic device.



► **7b.** The MPTA recommends that the following language be modified as noted below since a PTA with a valid license ensures proper training and education.

See page 8 - R 338.7138 Rule 38 (2) (a)

(a) Ensure the qualifications of the physical therapist assistant under the physical therapist's supervision, has a valid PTA license. **including verification of the physical therapist assistant's training, education, and licensure.**

► **7c.** The MPTA recommends that the following language from R 338.7138 (2) (c) be removed as redundant, assuming the more complete language in R 338.7138 (2) describing delegation of the PTA remains in the PT Rules.

See page 8 - R 338.7138 (2) (c)

Be continuously available by radio, telephone, or telecommunication at the time the act, task, function, or intervention is carried out.

► **8.** MPTA recommends that Activity 11 be expanded to include opportunities for licensees employed as faculty members in PT and PTA educational institutions to also earn PDRs when they serve on appropriate committees and task forces that impact physical therapy education, research or practice.

See page 20 – Activity 11

Participation in a health care organization **or a PT or PTA educational program** committee or task force dealing with patient care related issues, **which may include** quality of patient care, **and** utilization review, **physical therapy education, research or practice.**

If audited, a licensee shall submit a letter from an **organization appropriate** official verifying **that** the committee or **task force organization** dealt with patient care issues **which may include quality of patient care, utilization review, physical therapy education, research or practice. The letter shall also include and the licensee's participation, including** the dates and the amount of time the licensee participated on each date.

One PDR credit shall be granted for each every 50 to 60 minutes of participation. A maximum of 6 PDR credits may be earned for this activity in each renewal period.

► **9.** MPTA recommends that new language be adopted into the PT Rules that allows the Board to show discretion if a licensee has not been able to complete their PDRs for license renewal in a timely manner due to service in the United States military, prolonged illness or disability or other extreme hardship.

- Boards of Physical Therapy in Wisconsin and Illinois already have discretion to postpone or waive PDRs for licensees seeking renewal of their licenses. There are likely other states that also allow this discretion.

Authority for such discretion can be found in the Michigan Public Health Code – See page 331:

333.16145 Board or task force; official seal; rules. Sec. 16145.

(3) Only a board or task force shall promulgate rules to specify requirements for licenses, registrations, renewals, examinations, and required passing scores.



MPTA suggested language:

A licensee may apply to the board for a postponement or waiver of the requirements of this section due to service in the US military, on grounds of prolonged illness or disability, or on other grounds constituting extreme hardship. The board shall consider each application individually on its merits, and the board may grant a postponement, partial waiver or total waiver as deemed appropriate.

MPTA appreciates the opportunity to make recommendations to perfect the PT Rules during the public comment period. Please contact the MPTA if we may offer further assistance. Thank you.

Sincerely,

A handwritten signature in black ink that reads 'Michael Shoemaker'. The signature is written in a cursive, flowing style.

Michael J. Shoemaker, PT, DPT, PhD
President
Michigan Physical Therapy Association