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Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIV. Physical Therapy Examiners
Subpart 1. Licensing and Certification

Chapter 1. Physical Therapists and Physical Therapists Assistants

Subchapter A. Board Organization

§103. Board Domicile

A. Domicile. The board shall be domiciled in accordance with R.S. 37:2403(A).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2403(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, the Physical Therapy Board, LR 37:3031 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2169 (December 2018).

§105. Meetings
[Formerly §179]

A. Meetings. Meetings of the board shall be held at least six times a year to transact business. The board shall comply with R.S. 37:2404(A) when scheduling regular meetings, calling special meetings, and providing notice and waivers.

B. Location. Unless otherwise noticed, board meetings shall be held at the board office. The board may meet at other locations as determined by the board with notice of such location posted at least five days prior to the meeting date. The location of the meeting shall not be changed after such notice is given without reasonable notice of such change provided to all board members and to others who have requested such notification.

C. Quorum. The number of board members that constitute a quorum for any business before the board will be the number set in R.S. 37:2404(B). A majority vote of those present in a meeting is required for passage of a motion before the board.

D. Open Meetings. All board meetings and hearings shall be open to the public. The board may, in its discretion and according to R.S. 42:16-17, conduct any portion of its meeting in executive session, closed to the public and may request the participation in such executive session of staff members or others as may be needed for consideration of the business to be discussed in executive session.

E. Attendance. Board members are expected to attend regularly scheduled meetings, special meetings, open forums and hearings, which may be scheduled in conjunction or separate from regular scheduled meetings. Attendance constitutes active participation in at least 80 percent of the entire meeting. Missing two meetings per year is generally acceptable. Exceptions may be granted by the board for good cause. Notification of an expected absence shall be submitted to the board office as early as possible prior to the commencement of the meeting.

F. Rules of Order. The most current edition of *Robert's Rules of Order* shall govern all proceedings of the board unless otherwise provided by board rules or policy.

G. Public Comments. A public comment period shall be held during each board meeting and in accordance with R.S. 42:19(D). Persons desiring to present comments shall notify the executive director of the board prior to the beginning of the meeting. However, to assure that an opportunity is afforded to all persons who desire to make comments, the chairman shall inquire at the beginning of the meeting if there are additional persons present who wish to comment. The chairman shall allot the time available for the public comments in an equitable manner among those persons desiring to comment. Each person making public comments shall identify himself and the group, organization, company, or entity he represents, if any.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2404(A), R.S. 37:2404(B), and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 26:1446 (July 2000), amended by the Physical Therapy Board, LR 37:3031 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2169 (December 2018).

§107. Officers

A. The officers of the board shall be a chairman and secretary–treasurer.

B. The chairman shall preside at all board meetings and shall, when available, represent the board at official functions.

C. The secretary–treasurer shall act in place of the chairman when the chairman is not present or available.

D. The secretary–treasurer shall oversee board finances and present financial reports to the board as requested and shall review and advise on board investments as directed by the board.

E. Term. Officers of the board shall be elected in accordance with the schedule set forth in R.S. 37:2404(A) and shall serve a one-year term or until the election of their successors. An officer elected to a position vacated before the end of its term shall serve only for the remainder of that term.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2404(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3032 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2170 (December 2018).

§109. Committees
[Formerly §177]

A. Special Committees. Board committees are working bodies created and appointed by the board to assist in carrying out specific board functions. Such committees shall report to the board with recommendations on those issues which have been delegated to the committee for exploration.

B. Advisory Committee. The board may appoint an Advisory Committee not to exceed nine members to assist in the review of applicants qualifications for licensure; conduct applicant interviews; review continuing education activities and courses; and other duties deemed necessary by the board.

AUTHORITY NOTE: Promulgated in accordance with 37:2405.B. (13) and Act 535 of 2009.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:666 (July 1991), LR 19:208 (February 1993), LR 26:1446 (July 2000), amended by the Physical Therapy Board, LR 37:3032 (October 2011).

§111. Compensation

A. Per Diem and Expenses. Per diem and expenses shall be provided in accordance to and as authorized by R.S. 37:2404(C).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2404(C) and Act 535 of 2009.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3032 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2170 (December 2018).

§113. Finances

A. Self Funding. The board shall be a self–sustaining body and shall generate sufficient revenues from fees and assessments to maintain effective and efficient operations.

B. Administrative Costs. Board orders in disciplinary proceeding may require the respondent to reimburse the board as authorized by R.S. 37:2405(B)11.

C. Budget. The board shall adopt an annual operating budget at a meeting which will allow timely filing with Division of Administration schedules.

D. Special Funds. The board may receive and expend funds in addition to its annual or biennial receipts, from parties other than the state, when the following conditions are met.

1. Such funds are awarded for the pursuit of a specific objective which the board is authorized to accomplish by this Chapter, or which the board is qualified to accomplish by reason of its jurisdiction or professional expertise.

2. Such funds are expended for the pursuit of the objective for which they are awarded.

3. Activities connected with or occasioned by the expenditures of such funds do not interfere with the objective performance of the board's duties and responsibilities, and do not conflict with the exercise of the board's powers as specified by this Chapter.

4. Such funds are identified in the budget.

5. Periodic reports are made to the board concerning the receipt and expenditure of such funds.

E. Travel Expenses. Board members, committee members and employees shall be entitled to reimbursement in accordance with R.S. 2404(C). The board shall adopt policies to provide guidance to the executive director in determining "reasonable" expenses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2404(C), R.S. 37:2424(A), and Act 535 of 2009.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3032 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2170 (December 2018).

§115. Applicable Laws

A. Board procedures and operations shall adhere to the Administrative Procedures Act, R.S. 49:950 and following; the Open Meetings Law, R.S. 42:11 and following; the Public Records Act, R.S. 44:1 and following; Code of Governmental Ethics, R.S. 42:1101 and other state and federal laws to which board activities are subject.

B. As an active member of the PT Compact, the Board adopts the PT Compact Rules.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A (4) and Act 535 of 2009.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3032 (October 2011), amended LR 47:1132 (August 2021).

§117. Executive Director

A. The Board shall appoint an Executive Director to carry out the administrative work of the board and shall designate the duties and responsibilities of the Executive Director in a job description for that position.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (5) and Act 535 of 2009.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3032 (October 2011).

§119. Affiliations

A. Professional Organizations and Associations. The board may join and pay dues to such professional organizations and associations organized to promote the improvement of standards of practice in physical therapy or to advance and facilitate the operation of the board as an entity. In participating in such organizations or associations, the board may accept reimbursement of conference fees and travel expenses as are available generally to organizational members of those organizations or associations. Any participant who accepts complimentary admission, lodging, or transportation to and from an educational or professional

development seminar or conference shall file an affidavit with the Board of Ethics in accordance with R.S. 42:1123(41).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3032 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2170 (December 2018).

§121. Declaratory Statements [Formerly §351]

A. Issuing of Statements. The board may issue a declaratory statement on its own initiative or in response to a request for clarification of the effect of the provisions contained in the Practice Act, R.S. 37:2401 et seq., and/or the board's rules, LAC 46:LIV.Chapter 1 et seq.

1. A request for a declaratory statement is made in the form of a letter to the board. The letter shall include, at minimum:

a. the name and address of the requester;

b. specific reference to the statute or rule and regulation to which the request relates;

c. a concise statement of the manner in which the requester is aggrieved by the rule or statute or by its potential application to his concern.

2. The letter shall be considered by the board within a reasonable period of time taking into consideration the complexity of the issues raised and the board's meeting schedule.

3. The declaratory statement of the board in response to the letter shall be in writing and shall be made available on the board website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:392 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3033 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2170 (December 2018), LR 47:1132 (August 2021).

Subchapter B. General Provisions

§123. Definitions [Formerly §§103, 113, 119, 303 and 305]

Editor's Note: This Section was amended utilizing information from the Sections enumerated. The Historical Note reflects prior action for those enumerated Sections. A comprehensive revision of the Louisiana Physical Therapy Board book (LAC 46:LIV) was effective via the board's October 2011 Rule in the *Louisiana Register.*

A. As used in this Title, the following terms and phrases, unless specifically defined within the Physical Therapy Practice Act, R.S. 37:2401 et seq., shall have the meanings specified herein.

Active Status—the current state of a license which classifies the licensee as holding a current and valid license and being in good standing.

Administrative Complaint—a sworn statement of allegations prepared by board counsel and filed with the board which includes a statement of the matters asserted and reference the particular Sections of the statutes and rules involved, the filing of which initiates a contested disciplinary proceeding.

American Physical Therapy Association—APTA

Applicant—a person who has applied to the board for a license to engage in the practice of physical therapy in the State of Louisiana.

Applicant Review Committee—the panel designated by board policy to review a license application and attached materials and evidence, including, but not limited to, a criminal history record, and to conduct interviews to examine whether an applicant has presented evidence satisfactory of his qualifications for licensure as required under the Practice Act and board rules and to recommend indicated action on an application. The applicant review committee acts on behalf of the board and shall be composed of one or more board members and the executive director, but may also include one or more advisory committee member(s) and legal counsel.

Application—a written request directed to and received by the board, upon forms approved and supplied by the board, for a license to practice physical therapy in the State of Louisiana, together with all information, certificates, documents, and other materials required by the board to be submitted with such forms.

Board—the Louisiana Physical Therapy Board (formerly the Louisiana State Board of Physical Therapy Examiners) created by R.S. 37:2403 within the Louisiana Department of Health, acting through its members as a body or through its executive director, staff, and agents carrying out the rules, policies and precedents established by the board.

Board Order—a final decision of the board issued in a contested proceeding or in lieu of such proceeding, which may include findings of fact and conclusions of law, separately stated.

CAPTE—the Commission on Accreditation of Physical Therapy Education

Child or *Children*—as used in R.S. 37:2418(C)(1), an individual or individuals under the age of 21 years.

Client—recipient of services, information, advice, education and/or recommendations for activities related to wellness and preventive services including conditioning, injury prevention, reduction of stress, or promotion of fitness.

Clinical Instructor—a PT or a PTA supervising a student pursuing a career in the physical therapy profession.

Clinical Supervisor—a licensed PT or PTA in good standing and selected with approval of the board who directly supervises a CAPTE graduate pending examination holding a provisional license in the clinical environment. A clinical supervisor may directly supervise a foreign-educated physical therapist or foreign-educated physical therapist assistant while completing the period of supervised clinical practice requirements of §331.

Competence—the application of knowledge, skills, and professionalism required to function effectively, safely, ethically and legally within the context of the patient/client role and environment.

Confidentiality—Except for the reporting requirements of R.S. 37:2425, all records of a PT or PTA who has successfully completed or is actively participating in the non–disciplinary alternative program (CRPTP) set forth herein at §357 shall not be subject to public disclosure, and shall not be subject to discovery in legal proceedings except as required by federal and state confidentiality laws and regulations, or order of a Court. However, the records of those participating in the CRPTP will be addressed with their employer as well as with members of the Board and those serving on committees of the Board, as necessary. The records of a PT or PTA who fails to comply with the program agreement or who leaves the program without enrolling in an alternative program in the state to which the practitioner moves, or who subsequently violates the Louisiana Physical Therapy Act or the board rules, shall not be deemed confidential except for those records protected by federal and state confidentially laws and regulations.

Consent Order—an order of the board that has been contractually entered into by the board and respondent, which shall include, in part, a factual basis for the consent order, the violations of law and rule related to the licensee's conduct, and stipulations which may include revocation, suspension, other restrictions, or any combination thereof as mutually agreed between the parties.

Consultative Services—information, advice, education and/or recommendations provided by a physical therapist with respect to physical therapy.

Contact Hour—60 minutes of continuing education instruction.

Contested Case—a disciplinary proceeding in which the legal rights, duties, or privileges of a Respondent are to be determined by the board after an opportunity for an adjudicative hearing.

Continuing Education Year—beginning April 1 and ending March 31 of the following year.

Continuous Supervision—observation and supervision of the procedures, functions, and practice by a supervisor who is physically within the same treatment area.

Coursework Tool (*CWT*)—a tool developed by the FSBPT as a standardized method to evaluate the educational equivalence of non-CAPTE graduates to CAPTE graduates. Each CWT reflects the general and professional educational requirements for substantial equivalence at the time of graduation with respect to a U.S. first professional degree in physical therapy.

CWT—see *coursework tool*.

Criminal History Record Information—information collected by state and federal criminal justice agencies on applicants and licensees consisting of identifiable descriptions and notations of arrests, detentions, indictments, bills of information, or any formal criminal charges, and any disposition arising therefrom, including sentencing, criminal correctional supervision, and release, but does not include intelligence for investigatory purposes, nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

Disciplinary Action—the imposition of a sanction by the board which may include reprimand, probation, suspension, or revocation of a license, and other appropriate requirements.

Discharge Summary—see Documentation Standards, §341.

Documented Conferences—as used in R.S. 37:2418F(2)(e), see Patient Care Conference definition.

Dry Needling—a physical intervention which utilizes filiform needles for the treatment of neuromuscular pain and functional movement deficits. Dry Needling is based upon Western medical concepts and does not rely upon the meridians utilized in acupuncture and other Eastern practices. A physical therapy evaluation will indicate the location, intensity and persistence of neuromuscular pain or functional deficiencies in a physical therapy patient and the propriety for utilization of dry needling as a treatment intervention. Dry needling does not include the stimulation of auricular points.

FEPT—see §135.A.1.

FEPTA—see §135.A.2.

Foreign-Educated Physical Therapist (*FEPT*)—see §135.A.1.

Foreign-Educated Physical Therapist Assistant (*FEPTA*)—see §135.A.2.

Foreign Educated PT Applicant—a person whose education as a PT was obtained in a program not accredited by CAPTE.

FSBPT—the Federation of State Boards of Physical Therapy

Good Moral Character—as applied to an applicant or licensee means the aggregate of qualities evidenced by past conduct, social relations, or life habits, which actually provide persons acquainted with the applicant or licensee a basis to form a favorable opinion regarding his ethics and responsibility to duty. In addition, to achieve and maintain Good Moral Character, an applicant or licensee shall provide accurate, complete and truthful information to the board and shall not, at any time, commit any act or omission which

provides a basis for disciplinary actions or violations under R.S. 37:2420 or R.S. 37:2421.

Graduated, Graduation or *Graduate*—having completed all requirements, including clinical experience, at a CAPTE accredited program for physical therapists or physical therapist assistants. If an educational program certifies that the degree is assured and will be conferred at a later date, an applicant will be considered to have graduated and become a graduate.

HIPDB—Healthcare Integrity and Protection Data Bank, See National Practitioner Databank (NPDB).

Impairment or *Impaired*—a condition that causes an infringement on the ability of an individual to practice, or assist in the practice, of physical therapy with reasonable skill and safety to patients. Impairment may be caused by, but is not limited to, alcoholism, substance abuse, addiction, mental and/or physical conditions.

In Good Standing—a person who holds a current, valid Louisiana license, who is not subject to a board order or consent order, and whose license is not restricted. The board is the ultimate arbiter of whether a licensee is in good standing.

Inactive—a license status indicating voluntary termination of the right or privilege to practice physical therapy in Louisiana. The board may allow a licensee who is not engaged in the practice of physical therapy in Louisiana to inactivate the license as an alternative to an expired license.

Incompetence—lacking competence, as defined in §123.

Informal Conference—a meeting held pursuant to R.S. 49:961.C with a Respondent and an Investigative Committee of the board to determine whether a disciplinary case should proceed.

Initial Physical Therapy Evaluation—as defined in R.S. 37:2407(A)(1).

In Good Standing—describes a person who holds a current, valid license from the board and who has no pending or active disciplinary actions or sanctions against that license. The board is the ultimate arbiter of whether a licensee is in good standing at a given time.

Investigative Committee—the panel designated by board policy to investigate complaints and to conduct Informal Conferences in disciplinary matters, typically composed of one or more board members, the executive director, investigator and legal counsel.

Jurisdiction of the United States—any state, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, or any American territory.

Jurisprudence—the body of law applicable to the practice of physical therapy in Louisiana including the Practice Act and the rules promulgated by the board.

Jurisprudence Examination—an open book examination made up of multiple choice and/or true/false questions covering information contained in the Practice Act and board rules.

Legend Drug—any drug intended for use by humans which carries on its label any of the following: "caution: Federal law prohibits dispensing without a prescription", "Rx," or "Rx only."

Legend Device—any device intended for use by humans which carries on its label "Rx," "Rx Only," or a statement that federal law restricts the device to sale by or on the order of a licensed healthcare practitioner.

Letter of Concern—is non-disciplinary and notifies the licensee that while evidence found does not merit formal disciplinary action, the board believes that the licensee should become educated about the requirements of the Practice Act and board rules. A letter of concern shall be placed in the permanent record of a licensee following the conclusion of a complaint or upon the granting or renewal of a license. A letter of concern shall not be reportable to NPDB, shall not be published with board disciplinary actions, and shall be deemed confidential pursuant to R.S. 37:2406(B). A letter of concern may be utilized as evidence in subsequent disciplinary actions.

License—the lawful authority of a PT or PTA to engage in the practice of physical therapy in the state of Louisiana, as evidenced by a license duly issued by and under the official seal of the board.

Louisiana Physical Therapy Practice Act—Practice Act

MEPTA—see §135.A.3.

Military-Educated PTA Applicant (*MEPTA*)—see §135.A.3.

Minimal Standards of Acceptable and Prevailing Physical Therapy Practice—include, but are not limited to, those set forth in the Code of Ethics and related documents of APTA.

Moral Turpitude—baseness, vileness, or dishonesty of a high degree and contrary to community standards of justice, honesty, or good morals.

NPDB—see *national practitioner databank*.

NPTE—see *national physical therapy examination*.

National Physical Therapy Examination—a national examination administered by the FSBPT and approved by the board for the licensure of a physical therapist or the licensure of a physical therapist assistant.

National Practitioner Databank (*NPDB*)—(formerly the “healthcare integrity and protection data bank” or “HIPDB”) a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers, preventing practitioners from moving state-to-state without disclosure or discovery of previous damaging performance and promoting quality health care and deterring fraud and abuse within health care delivery systems created by the Health Care Quality Improvement Act of 1986 (HCQIA), as

amended, title IV of Public Law 99-660 (42 U.S.C. 11101 et seq.). Section 1921 of the Social Security Act, as amended, (42 U.S.C. 1396r-2) mandates reporting to the NPDB of adverse licensure actions taken against licensees.

Notice—a statement of the intended date, time, place, and nature of a meeting or hearing, and the legal authority and jurisdiction under which a hearing is to be held. Notice may include a formal complaint filed to initiate a contested disciplinary proceeding.

NPTE—the National Physical Therapy Examination administered by the FSBPT.

On Premises—the supervising PT of record is physically present in the treating facility and immediately available to the treatment area.

Participate—as used in R.S. 37:2418F(2)(b) means that a Supervising PT of Record assumes responsibility for the care which he and those under his supervision provide to patients, provides appropriate treatment and that, at a minimum, the PT will:

a. perform the initial evaluation and document the patient's plan of care;

b. treat and reassess the patient at least every sixth treatment day or every 30 days, whichever occurs first;

c. treat the patient for the final treatment session unless the patient is physically unavailable; and

d. write the discharge summary.

Passive Manipulation—manipulation or movement of muscular tissue or joints other than by the spontaneous function of the body or active effort on the part of a patient.

Patient—the recipient of physical therapy services pursuant to a plan of care, treatment plan or program.

Patient Care Conference—see Documentation Standards, §341.

Per Diem—compensation to a board member or committee member for each day during which he is participating in or carrying out an official board approved activity pursuant to R.S. 37:2404(C).

Person—includes a natural person, partnership, corporation, association, or other entity having legal existence, unless the context requires a more limited meaning.

Physical Therapist—as defined in R.S. 37:2407(A)(2), and is licensed by the board pursuant to the Practice Act and rules.

Physical Therapist Assistant—as defined in R.S. 37:2407(A)(3), and is licensed by the board pursuant to the Practice Act and rules.

Physical Therapy—as defined in R.S. 37:2407(A)(4).

Physical Therapy Evaluation—as defined in R.S. 37:2407(A)(1).

Physical Therapy Technician—a worker not licensed by the board who operates under the direction and control of a licensed physical therapist and functions in a physical therapy clinic, department or business and assists with preparation of the patients for treatment and with limited patient care.

Physiotherapy—physical therapy.

Plan of Care—documentation created and signed by the physical therapist specifying the measurable goals, specific treatments to be used and the proposed duration and frequency of specified treatment. It is an integral component of a PT evaluation and must be created by the physical therapist prior to delegating appropriate treatment to a PTA or PT technician and incorporating documentation standards provided for in §341.

Practice of Physical Therapy—as defined in R.S. 37:2407(A)(5).

Practice Setting—unless otherwise defined, the physical location where patient care is performed or client services provided. Practice setting may also refer to the type of organization which provides physical therapy services, such as an outpatient clinic, hospital, nursing home, rehab facility, school or the delivery of home healthcare.

Prescription—a request for diagnostic or therapeutic physical therapy procedures or regimen subscribed by an individual lawfully authorized to make or give such an order or directive.

Preventive Services—the use of physical therapy knowledge and skills by a PT or PTA to provide education or activities in a wellness setting for the purpose of injury prevention, reduction of stress and/or the promotion of fitness and for conditioning. This does not include the administrations of physical therapy treatment.

Probation—license status in which the licensee may practice physical therapy in Louisiana, but may be required to work under certain conditions and/or restrictions as specified and made public in a board order or board agreement.

Progress Note—see Documentation Standards, §341.

Provisional License—a temporary license issued to practice physical therapy in Louisiana. Three types of provisional licenses issued include:

a. *CAPTE graduate pending examination*—applicant pending results of a fixed-date examination;

b. *foreign-educated provisional license*—physical therapist or physical therapist assistant applicant pending completion of the supervised clinical practice requirement of §137;

c. *temporary reciprocal provisional license*—applicant licensed elsewhere and working temporarily in Louisiana under the provisions of §147.

PT—see *physical therapist*.

PTA—see *physical therapist assistant*.

Reassessment or *Reevaluation*—see Documentation Standards, §341.

Reciprocity—the acknowledgment and licensure by the board of a PT or PTA licensed by another state pursuant to procedures established by the board.

Referral—a request for physical therapy evaluation or treatment made by an individual lawfully authorized to make such request.

Reprimand—a form of censure by the board of a licensee for violation of the Practice Act or Rules.

Respondent—a licensee who is the subject of an informal complaint, as addressed in §381, or a formal administrative complaint, as addressed in §387, alleging violation of the Practice Act or board rules.

Restricted—license status indicating that the board has placed restrictions or conditions on a license including, but not limited to, scope of practice, place of practice, supervision of practice, or patient demographic.

Revocation—the withdrawal of a license issued by the board, terminating the right and privilege of practicing physical therapy in Louisiana.

Revoked—license status indicating annulment of a license by an action of the board pursuant to formal disciplinary action which terminates the right to practice physical therapy in Louisiana.

RPTP—the Recovering Physical Therapy Program adopted by the board.

RPTP Agreement—a document approved by the board containing provisions which identify requirements for successful participation in the RPTP, including, but not limited to, evaluation, treatment, after care, testing, monitoring, supervision reports, meeting attendance, and practice restrictions.

RPTP Compliance—conforming to the requirements of the Recovering Physical Therapist Program Agreement.

State—see *jurisdiction of the United States*.

Student—a person who is pursuing a course of study leading to a degree in physical therapy or physical therapist assisting from a professional education program certified by CAPTE and approved by the board, and who is pursuing supervised clinical education requirements related to his physical therapy education.

Subversion—engaging in any activity contrary to honesty, justice, or good morals in an attempt to undermine the integrity of the examination or to receive a passing score on the examination as defined in R.S. 37:2414 and required by R.S. 37:2409-2411.2. For purposes of this Chapter, subversion also includes any unauthorized use or reproduction of copyrighted materials.

Summary Suspension—the suspension of a license by emergency board action which requires a licensee to immediately cease practice pending disciplinary proceedings provided by law.

Supervising PT of Record—the PT who performs the initial evaluation and establishes a plan of care for a patient or a PT who has most recently reevaluated or treated the patient.

Suspended License—restricting the licensee's privilege to practice physical therapy or physical therapist assisting for a specified period of time.

Topical Agents/Aerosols—medications used in physical therapy treatment which are applied to the skin and obtained over–the–counter, by prescription or order, or from a licensed distributor.

Treatment Plan or Program—documentation created by a PT specifying the measurable goals, specific treatments to be used and the proposed duration and frequency of treatment; is an integral component of a PT evaluation and must be completed by the PT prior to delegating appropriate treatment to a PTA or PT technician.

Treatment Record—see Documentation Standards, §341.

Week—any consecutive seven days.

When Feasible—as used in R.S. 37:2418F (2)(g), means whenever the patient is still physically available to receive treatment and assessment.

Wound Debridement—patient care provided by a PT, provisionally licensed PT, or student PT, which removes non–living tissue from pressure ulcers, burns and other wounds as part of wound management, including but not limited to, sharps debridement, debridement with other implements or agents and application of topical agents including enzymes.

Written Record of Physical Therapy—documentation including the prescription or referral (if such exists), the initial evaluation, treatment notes, notes of patient care conferences, progress notes, reevaluations or reassessments, referral to an appropriate healthcare provider pursuant to R.S. 37:2418(B)(2)(b) (if such exists), and patient status at discharge documenting the complete course of patient care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2407(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744, 745, 748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:662, 666 (July 1991), LR 19:208 (February 1993), LR 21:394 (April 1995), LR 21:1243 (November 1995), LR 24:39, 40 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002), LR 34:1908 (September 2008), amended by the Physical Therapy Board, LR 37:3033 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2170 (December 2018), LR 45:1206 (September 2019), LR 47:1132 (August 2021).

Subchapter C. Graduates of Approved Schools of Physical Therapy or Physical Therapist Assisting

§127. Scope of Subchapter [Formerly §105]

A. The rules of this Subchapter govern the licensing of PTs and PTAs who are graduates of physical therapy or physical therapist assistant schools located within any state or US territory.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2409 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3036 (October 2011).

§129. Qualifications for License, Provisional License [Formerly §107]

A. To be eligible for a license as a PT, an applicant shall meet the requirements of R.S. 37:2409, as well as the following requirement:

1. furnish the board with his Social Security number.

B. To be eligible for a license as a PTA, an applicant shall meet the requirements of R.S. 37:2411, as well as the following requirements:

1. be a citizen of a jurisdiction of the United States or an alien lawfully admitted for permanent residence, or an alien otherwise authorized to work lawfully in the United States; and

2. furnish the board with his Social Security number.

C. The burden of satisfying the board as to the qualifications and eligibility of an applicant for licensure is upon the applicant. An applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

D. To be eligible for a provisional license as a PT or PTA, a CAPTE graduate applicant shall possess all of the qualifications for license in this Section except R.S. 37:2409(5) and R.S. 37:2411(4), respectively.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2409, R.S. 37:2411 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 17:662 (July 1991), LR 19:208 (February 1993), LR 22:284 (April 1996), LR 24:39 (January 1998), LR 26:1443 (July 2000), amended by the Physical Therapy Board, LR 37:3036 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2173 (December 2018).

§131. Procedural Requirements [Formerly §109]

A. In addition to the substantive qualifications specified in §129, to be eligible for a license, an applicant shall satisfy the procedures and requirements for application provided by §§149-153 of this Chapter and, if applicable, the procedures and requirements for examination approved by the board as set forth in §§155–161 of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2409 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 26:1444 (July 2000), amended by the Physical Therapy Board, LR 37:3037 (October 2011).

Subchapter D. Foreign-Educated Graduates

§135. Scope of Subchapter [Formerly §115]

A. Applicants. In accordance with R.S. 37:2410(6), the rules of this Subchapter specify additional qualifications, requirements and procedures for the licensing of the following individuals:

1. *foreign-educated physical therapist* (*FEPT*)—a person whose education in physical therapy was obtained outside of a jurisdiction of the United States in a program not accredited by CAPTE;

2. *foreign-educated physical therapist assistant* (*FEPTA*)—a person whose education in physical therapy was obtained outside of a jurisdiction of the United States in a program not accredited by CAPTE;

3. *military-trained physical therapist assistant* (*MTPTA*)—a person whose education in physical therapy was obtained in a military program not accredited by CAPTE.

B. Foreign-educated applicants seeking initial licensure in the United States in Louisiana must obtain a provisional license and complete a period of supervised clinical practice prior to obtaining a permanent license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2410 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:662 (July 1991), LR 18:962 (September 1992), LR 19:208 (February 1993), LR 22:284 (April 1996), LR 24:39 (January 1998), LR 26:1444 (July 2000), LR 28:1979 (September 2002), amended by the Physical Therapy Board, LR 37:3037 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2173 (December 2018).

§137. Qualification for License, Provisional License for Foreign Graduates [Formerly §115]

A. The burden of satisfying the board's requirements and qualifications for licensure as a foreign-educated physical therapist (FEPT) in accordance with R.S. 37:2410, a foreign-educated physical therapist assistant (FEPTA) in accordance with R.S. 37:2411.1, and a military-trained physical therapist assistant (MTPTA) in accordance with R.S. 37:2411.2 is upon the applicant. An applicant shall not be deemed to possess required qualifications unless the applicant demonstrates and evidences such qualifications in the manner satisfactory to the board.

B. Credentials Evaluation. A FEPT, FEPTA and MTPTA applicant must submit to the board a credentials evaluation prepared no more than 18 months prior to the date of the application for licensure. The credentials evaluation report shall be submitted to the board directly by the credential evaluation agency evaluating the professional education and training. The approved credentials evaluation shall determine substantial equivalence of the applicant's education. Such education shall include no less than 150 total semester-hour credits including no less than 90 semester-hours credits of physical therapy education and no less than 60 semester-hour credits of general education. The applicant is responsible for any expense associated with the credentials evaluation.

1. The credentials evaluation must provide documentation that the applicant's education from outside a state or territory of the U.S. is substantially equivalent to the education of a PT who has graduated from a physical therapy education program accredited by CAPTE. The evaluation must also establish that the institution at which the applicant received his physical therapy education is recognized by the ministry of education or an equivalent agency in that country.

2. To determine substantial equivalency, the credentialing evaluation entity shall use a course work tool (CWT) adopted by the FSBPT and approved by the board.

3. To determine substantial equivalency for individuals seeking initial licensure, the credentialing agency shall use the current CWT.

4. To be considered substantially equivalent to the requirements established in this rule, the applicant's foreign education must contain evidence of the content and distribution of coursework identified in the appropriate CWT identified in Paragraph B.3 of this Section.

5. An evaluation prepared by a credentialing agency reflects only the findings and conclusion of that agency, and shall not bind the board. If the board determines that the applicant's education is not substantially equivalent to an entry-level physical therapy program accredited by CAPTE, the board will notify the applicant in writing, identifying the deficiencies.

C. Exam Score. The applicant must achieve a passing score on the national physical therapy examination (NPTE).

D. Authorization to Work in the U.S. The applicant must be a citizen of a jurisdiction of the United States or an alien lawfully admitted for permanent residence, or an alien otherwise authorized to work lawfully in the United States.

E. The board will issue a provisional license to a FEPT or FEPTA only after the applicant is physically present in the U.S. and has met all requirements for licensure except the completion of a supervised clinical practice as required by R.S. 37:2410(5) and R.S. 37:2411.1(5).

F. If a document required by this Title is in a language other than English, the applicant shall arrange for its translation into English by a translation service acceptable to the board and shall submit a translation signed by the translator attesting to its accuracy.

G. Designated Representative Letter

1. An applicant may designate a person as a representative by providing a written authorization to the board which includes the name, telephone number, and address of the person stating that the person will be the designated representative for the applicant.

2. This authorization must be notarized by a notary of the country in which the applicant resides and sent directly to the board. A copy of the notarized authorization shall be sent to the designated representative by the applicant.

3. A designated representative may obtain confidential information regarding the application.

4. The authorization to represent an applicant will be valid until the applicant receives his provisional license or the board is notified in writing by the applicant that the designated representative has been terminated or replaced. An applicant may have only one designated representative at any time.

5. The designated representative is not required by the board to have power of attorney for the applicant. A designated representative or power of attorney for an applicant may not sign for the applicant any document requiring the notarized signature of the applicant. Documents submitted by a designated representative or power of attorney for the applicant must be submitted in accordance with the requirements set by the Practice Act and rules. Any falsification of, or misrepresentation in, documents required for licensing submitted by a designated representative or a person with power of attorney for the applicant may result in denial of license or other penalties to the applicant.

H. Supervised Clinical Practice. To be eligible for an FEPT and FEPTA provisional license to engage in supervised clinical practice as required in §331, a FEPT or FEPTA applicant shall meet all of the substantive qualifications for license as specified by R.S. 37:2010 or R.S. 37:2411.1 respectively. The FEPT or FEPTA applicant and the board-approved supervisor for the period of supervised clinical practice shall participate in a personal meeting with a member of the board, or a designee of the

board, by appointment prior to being issued a provisional license to engage in supervised clinical practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2410 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:662 (July 1991), LR 18:962 (September 1992), LR 19:208 (February 1993), LR 22:284 (April 1996), LR 24:39 (January 1998), LR 26:1444 (July 2000), LR 28:1979 (September 2002), amended by the Physical Therapy Board, LR 37:3037 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2173 (December 2018).

§139. Licensing Procedures for Foreign-Educated Graduates

A. Licensing procedures for FEPT and FEPTA applicants are as follows:

1. application for initial licensure by examination as a FEPT or FEPTA shall:

a. complete the license application process as set forth in §137;

b. satisfy the procedures and requirements for application provided by §§149-153 of this Chapter;

c. satisfy the procedures and requirements for examination administered by the board provided in §§155-171; and

d. have successfully completed at least six months of approved supervised clinical practice as required in §331.

2. licensure by reciprocity for FEPT and FEPTA applicants shall be in accordance with §145.

a. the period of supervised clinical practice may be waived for individuals who have engaged in physical therapy practice for 20 hours or more per week for at least 12 months immediately preceding application in a Jurisdiction of the United States.

B. Licensing procedures for military trained physical therapist assistants (MTPTA) are as follows:

1. application for initial licensure by examination as a MTPTA shall:

a. complete the substantive qualification as specified in §137;

b. satisfy the procedures and requirements for application provided by §§149-153 of this Chapter; and

c. satisfy the procedures and requirements for examination administered by the board provided in §§155-171.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2410 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3038 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2174 (December 2018).

§141. Guidelines for Board–approved Education Credentialing Entities

A. The credentialing entity will review all of an applicant's post–secondary education credentials earned outside of the US. The applicant must have completed, with a passing grade of A, B, C, Pass or Credit, 60 semester hours credit or the equivalent in general education courses from an accredited institution of higher learning. This general education requirement may be met by credits earned at U.S. colleges or universities, by College Level Examination Program (CLEP) credits, or Advanced Placement (AP) according to standards of the American Council on Education. The number of credits earned by CLEP or AP may not exceed 12 semester credits.

B. The credentialing entity must attest that the institution attended by the applicant was accredited by the Ministry of Education or the equivalent in that country.

C. All foreign PT applicants must demonstrate the ability to communicate in English by achieving no less than the minimum score accepted by the board on board–approved English proficiency tests. For graduates of entry–level physical therapy programs in other foreign countries, the board may grant an exception to the English Proficiency test if the applicant holds a current license in physical therapy in another state and has been licensed in the U.S. for no less than 10 years prior to application.

D. The credentialing entity must attest that the applicant is, or was, licensed or authorized to practice in the country in which the entry–level degree in physical therapy was granted. If there is no licensure or official authorization in such country, the applicant must be eligible for unrestricted practice there. The board may waive this requirement for an applicant who is not licensed in the country of education due to a citizenship requirement of that country.

1. If the application is for licensure by examination, the license or authorization in such country must be current and in good standing at the time of application.

2. If the application is for licensure by reciprocity, and the applicant has passed the NPTE meeting Louisiana standards, the license or authorization to practice must have been in good standing at the time the license or authorization in such country expired.

E. The credentialing entity must attest that the applicant has successfully completed an educational program substantially equivalent to U.S. programs accredited by CAPTE and has earned the equivalent of no less than 90 semester hours of professional physical therapy education.

F. If the degree awarded is substantially equivalent to a degree in physical therapy as awarded by CAPTE–accredited programs in the US, the credentialing entity must use the Coursework Evaluation Tool for Foreign Educated PTs (CWT), as developed by the FSBPT when evaluating an applicant's credentials. The version of the tool used must correspond at minimum to the year the entry–level degree was awarded. Education deficiencies must be identified and must indicate the subjects and credit hours necessary to

satisfy the requirements of the CWT. If the degree received by the applicant is from a CAPTE–accredited program located outside the U.S., the program is considered equivalent to a domestic CAPTE–accredited physical therapy program, and the applicant is exempt from meeting the requirements of the CWT.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2410 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3038 (October 2011).

Subchapter E. Licensure by Reciprocity

§145. Qualifications for Licensure by Reciprocity [Formerly §121]

A. Application for licensure by reciprocity under Subchapter E may be made at any time.

B. Licensure by endorsement for members of the military, their spouses and dependents

1. Applications for licensure received from members of the military, their spouses, or dependents, as defined by R.S. 37:3651, will be evaluated and processed in accordance with the applicable section of R.S. 37:3651.

C. Graduates of Approved Schools of Physical Therapy or Physical Therapist Assisting

1. An applicant who possesses and meets all of the qualifications and requirements specified by R.S. 37:2409 and R.S. 37:2411, as interpreted by §§129-139 of this Chapter, but who has taken the board approved licensing exam in another jurisdiction, shall nonetheless be eligible for licensure by reciprocity in accordance with R.S. 37:2412 if the following requirements are satisfied:

a. the applicant possesses, as of the time the application is filed and at the time the board passes upon such application, a current, unrestricted license in good standing or its equivalent issued by another jurisdiction;

b. the applicant has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice physical therapy in this state at the time the act was committed;

c. the jurisdiction from whence the applicant comes accords a similar licensing privilege to individuals licensed as PTs and PTAs in Louisiana; and

d. the requirements for licensure in the other jurisdiction were, at the date of licensing therein, substantially equal to the requirements for licensure in Louisiana, specifically §129, as set forth now or at the time of licensure in the other jurisdiction.

D. Foreign-Educated Physical Therapist (FEPT) or Foreign-Educated Physical Therapist Assistant (FEPTA)

1. An FEPT or FEPTA is eligible for licensure by reciprocity as a PT or PTA in accordance with R.S. 37:2412 if the following requirements are satisfied:

a. the applicant possesses, as of the time the application is filed and at the time the board passes upon such application, a current, unrestricted license in good standing or its equivalent issued by another jurisdiction;

b. the applicant has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice physical therapy in this state at the time the act was committed;

c. the jurisdiction from whence the applicant comes accords a similar licensing privilege to individuals licensed as PTs and PTAs in Louisiana; and

d. the requirements for licensure in the other jurisdiction were, at the date of licensing therein, substantially equal to the requirements for licensure of foreign-educated PT and PTAs in Louisiana, specifically §137, as set forth now or at the time of licensure in the other jurisdiction.

2. An FEPT or FEPTA who meets the requirements of §145.C.1 and who has engaged in the practice of physical therapy for a minimum of 20 hours per week for at least for at least one year in another jurisdiction, may be eligible for licensure by reciprocity as a PT or PTA without completing the period of supervised clinical practice as set forth in §137.C, at the discretion of the board. Such request shall be made in writing and submitted with license application and acceptable documentation of clinical experience.

3. In accordance with R.S. 37:2410(6) and R.S. 37:2411.1(6), the board may, in its discretion, mandate completion of a board approved self-assessment tool, various education activities, or supervised practice prior to issuance of a license by reciprocity to a foreign-educated PT or PTA.

E. To be eligible for licensure under Subsections C. and D. of this Section, applicants shall have met the continuing education requirements contained in the Practice Act and/or board rules for the 24 months preceding their application for the jurisdiction where they are currently licensed and practicing physical therapy.

F. An applicant for reciprocity who has a current, unrestricted license in good standing or its equivalent issued by another jurisdiction, but has not engaged in the practice of physical therapy in any jurisdiction or country for a period of four or more years may be subject to these additional requirements:

1. licensee may be subject to a three-month period of supervised clinical practice;

a. if a three-month period of supervised clinical practice is required, a supervision agreement must be approved by the executive director before a provisional license will be issued. The supervision agreement shall be in force for the entire three-month supervisory period. This

licensee may only practice in those facilities and under the supervision of the PT named in the approved supervision agreement. Any change in practice site or supervisor must be submitted in a revised supervision agreement prior to the change taking place. At the end of the supervisory period, the supervising PT of record shall report to the board the satisfactory or unsatisfactory completion of the supervision period. If an unsatisfactory supervision period is reported by the supervising PT of record, the board, in its discretion, may require an additional three-month supervisory period; and

2. completion of remedial courses which may be prescribed by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2412 and (4) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:745 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 17:663 (July 1991), LR 19:208 (February 1993), LR 34:1906 (September 2008), amended by the Physical Therapy Board, LR 37:3039 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2175 (December 2018), LR 47:1133 (August 2021).

Subchapter F. License Application

§149. Purpose and Scope [Formerly §123]

A. The rules of this Subchapter govern the procedures and requirements for application to the board for licensing as a PT and PTA in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2413 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:745 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3040 (October 2011).

§151. Requirements [Formerly §125]

A. Application for licensure shall be made upon forms supplied by the board. Application forms and instructions may be obtained from the board's website. Upon written request, an application form shall be mailed to the applicant.

B. An application for licensure under this Chapter shall include:

1. a fully completed application using the form provided by the board;

2. proof, documented in a form satisfactory to the board, that the applicant possesses the qualifications set forth in this Chapter;

3. one recent passport size color photograph of the applicant taken within six months of the application date;

4. such other information and documentation as the board may require to evidence qualification for licensure and completion of the requirements for licensure;

5. the application fees due from an applicant shall follow the fee schedule described in §501; and

6. completion of the Physical Therapy Minimum Data Set (PT MDS) survey

C. An applicant for whom supervised clinical practice is required must forward to the board a supervisory request form for approval, including the name of the PT or PTA who is requested to supervise his clinical practice. The supervisor must consent to the supervision and be approved by the board prior to issuance of a provisional license.

D. An applicant must pass the Louisiana jurisprudence exam.

E. In addition to any other requirements established by regulation, the board may require an applicant, as a condition for eligibility for licensure:

1. to submit a full set of fingerprints, in a form and manner prescribed by the board;

2. to authorize the board to obtain state and national criminal history record information on the applicant;

3. to collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board for state and national criminal history record information on the applicant.

F. In accordance with the provisions and procedures prescribed by this Section, the board may request and obtain state and national criminal history record information from the Louisiana State Police and the FBI relative to any applicant for licensure whose fingerprints the board has obtained pursuant to this Section for the purpose of determining the applicant's suitability and eligibility for licensure.

G. Upon request by the board and upon the board's submission of an applicant's fingerprints, and such other identifying information as may be required, the Louisiana State Police shall conduct a search of its criminal history record information relative to the applicant and report the results of its search to the board within 60 days from receipt of any such request. The board shall pay to the Louisiana State Police a processing fee pursuant to R.S. 15:587 for conducting and reporting on any such search.

H. If the criminal history record information reported by the Louisiana State Police to the board does not provide grounds for disqualification of the applicant for licensure under the applicable law administered by the board, the board shall have the authority to forward the applicant's fingerprints and such other identifying information as may be required to the FBI with a request for a search of national criminal history record information relative to the applicant.

I. Any and all state or national criminal history record information obtained by the board from the bureau or FBI which is not already a matter of public record shall be

deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, investigators, agents, and attorneys in evaluating the applicant's eligibility or qualification for licensure. No such information or records shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency.

J. The board may refuse to consider any application which is not complete in every detail, including submission of every document required by the application form and instructions. The board may, in its discretion, require a more detailed or complete response to any request for information set forth in the application form as a condition for consideration of an application.

K. Each application submitted to the board shall be accompanied by the applicable fee, as provided in Chapter 5 of these rules.

L. To assure equal opportunity for all persons, and in accordance with the Americans with Disabilities Act, Public Law 101–336, the board shall make reasonable accommodations for an applicant for licensure by examination if the applicant has a qualified disability pursuant to applicable law and is approved by the board. The board requires notification of an applicant's disability no later than receipt of a completed application form and fee. The notification by the applicant should include the type of accommodation required. A copy of the tests performed and the diagnosis made by a physician qualified to administer such tests must be submitted with objective documentation of the disability. Accommodations to be made by the board should be reasonable in that they should not impose undue hardship on the board. Accommodations for persons with disabilities may include accommodations that are reasonably appropriate for the disability and are not limited to extended time for the examination, a map of the examination facility indicating wheelchair accessible entrances, elevators, restrooms, and examination rooms.

M. Every applicant shall personally complete, electronically sign, and date his application for licensure and oath.

N. An application which is incomplete will be closed after one year of inactivity. At the end of this period, any application which is not completed will be considered abandoned and closed by the board and fees paid to the board will not be refunded. Should the applicant re–apply after his incomplete application is closed, he shall be required to begin the process anew, including the payment of the application fee to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2413 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:745 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 17:663 (July 1991), LR 19:208 (February 1993), LR 26:1444 (July 2000), amended by the Physical Therapy Board, LR 37:3040 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 42:1299 (August 2016), LR 44:2176 (December 2018), LR 47:1134 (August 2021).

§153. Effect of Application [Formerly §129]

A. Submission to the board of an application for licensure constitutes authorization by the applicant to each educational institution at which the applicant has matriculated, each state or federal agency to which the applicant has applied for any license, permit, certificate or registration, each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of physical therapy, each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment, and each professional organization to which the applicant has applied for membership, to disclose and release to the board any and all information and documentation concerning the applicant which the board deems material to the application. With respect to such information or documentation, the submission of an application for licensure to the board constitutes consent by the applicant for disclosure and release of such information and documentation, and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise be entitled to.

B. By submission of an application to the board for licensure or renewal, an applicant agrees to submit to physical, mental, or substance abuse examinations or evaluations, if, when, and in the manner directed by the executive director, and waives all objections to the admissibility or disclosure of findings, reports or recommendations to the board on grounds of privacy or privileges provided by law. The expense of any such examination or evaluation shall be borne by the applicant.

C. Submission of an application for licensure constitutes authorization by the applicant to the board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the board from other persons, firms, corporations, associations or governmental entities pursuant to Subsections A or B of this Section to any person, firm, corporation, association or governmental entity having a lawful, legitimate, and reasonable need therefore including, without limitation, the physical therapy licensing authority of any state; the FSBPT, APTA and its state affiliates; federal, state, county, or parish and municipal health and law enforcement agencies, including the Louisiana Department of Health and Hospitals; and the Armed Services.

D. An applicant who submits false information may be denied licensure by the board.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2413 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:745 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 19:208 (February 1993), amended by the Physical

Therapy Board, LR 37:3041 (October 2011), LR 47:1134 (August 2021).

Subchapter G. Examination

§155. Designation of Examination [Formerly §131]

A. The examination approved by the board pursuant to R.S. 37:2414 shall be standardized and nationally accepted.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:746 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 17:663 (July 1991), LR 26:1445 (July 2000) amended by the Physical Therapy Board, LR 37:3041 (October 2011), LR 47:1134 (August 2021).

§157. Eligibility for Examination [Formerly §133]

A. An applicant must have graduated from a CAPTE accredited program or be enrolled in the final semester of a CAPTE accredited program in order to be eligible to sit for the examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:746 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3042 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2176 (December 2018), LR 47:1134 (August 2021)..

§159. Dates, Places of Examination [Formerly §135]

A. The applicant will be notified of his eligibility to schedule the examination with an approved testing service.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:746 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 23:1445 (July 2000), amended by the Physical Therapy Board, LR 37:3042 (October 2011), LR 47:1134 (August 2021).

§161. Administration of Examination [Formerly §137]

A. The board's licensing examination is administered by an approved testing service and is computer based. The testing service is authorized and directed by the board to obtain positive photographic identification from all applicants appearing and properly registered for the examination; to establish and require examinees to observe an appropriate seating arrangement; to provide appropriate instructions for taking the examinations; to fix and signal the time for beginning and ending the examination; to prescribe such additional rules and requirements as are necessary or appropriate to the taking of the examination in the interest of the examinees; and to take all necessary and appropriate actions to secure the integrity of the examination process.

B. An applicant for examination shall pay the site fee for the examination directly to the testing service at the time of scheduling with the testing service and in the amount and manner prescribed by the testing service.

C. An applicant scheduled for examination shall:

1. present to the appropriate representative of the testing service positive personal photographic and other identification in the form prescribed; and

2. fully and promptly comply with any and all rules, policies, procedures, instructions, directions, or requests made or prescribed by the testing service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:746 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 17:663 (July 1991), LR 26:1445 (July 2000), amended by the Physical Therapy Board, LR 37:3042 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2176 (December 2018).

§163. Subversion of Examination Process [Formerly §139]

A. An applicant who engages or attempts to engage in conduct which subverts or undermines the integrity of the examination process shall be subject to the sanctions specified in §167.

B. Conduct which subverts or undermines the integrity of the examination process includes, but is not limited to:

1. refusing or failing to fully and promptly comply with any rules, policies, procedures, instructions, directions, or requests made or prescribed by representatives of the testing service;

2. removing from the examination room or rooms any of the examination materials;

3. reproducing or reconstructing any portion of the licensing examination by copying, duplication, written notes or electronic recording;

4. selling, distributing, buying, receiving, obtaining, or having unauthorized possession of any portion of current, future, or previously administered licensing examination;

5. any unauthorized use or reproduction of copyrighted materials;

6. communicating in any manner with any other examinee or any other person during the administration of the examination;

7. copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the examination;

8. having in one's possession during the administration of the examination any materials or objects other than the examination materials distributed, including, without limitation, any books, notes, recording devices, or other written, printed or recorded materials or data of any kind;

9. impersonating an examinee by appearing for an applicant and taking the examination for, and in the name of an applicant other than himself;

10. permitting another person to appear for and take the examination on one's behalf and in one's name; or

11. engaging in any conduct which disrupts the examination process for other examinees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:746 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 26:1445 (July 2000), amended by the Physical Therapy Board, LR 37:3042 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2176 (December 2018).

§165. Finding of Subversion [Formerly §141]

A. When, during the administration of examination, there exists reasonable cause to believe that an applicant is engaging, or attempting to engage, in subversion of the exam process, appropriate action shall be taken by the testing service to promptly terminate such conduct and ensure the integrity of the examination. In the event that the testing entity takes action against an applicant, such testing entity shall report such conduct to the board in a timely manner.

B. When the board has reasonable cause to believe that an applicant has engaged in or attempted to engage in conduct which subverts the examination process, either prior to or during the administration of the examination, the board shall notify the applicant and provide him with an opportunity for a hearing pursuant to the Administrative Procedure Act and applicable board rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:746 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:663 (July 1991), LR 26:1445 (July 2000), amended by the Physical Therapy Board, LR 37:3042 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2177 (December 2018).

§167. Sanctions for Subversion of Examination [Formerly §143]

A. An applicant who is found by the board to have engaged in or attempted to engage in conduct which subverts or undermines the integrity of the examination process shall be deemed to have failed the examination. Such failure shall be recorded in the official records of the board.

B. In addition to the sanctions permitted or mandated by §167.A as to an applicant found by the board to have engaged in or attempted to engage in conduct which subverts the examination process, either prior to or during the administration of the examination, the board may:

1. revoke, suspend, or impose probationary conditions on any license which has been issued to such applicant;

2. disqualify the applicant, permanently or for a specific period of time from eligibility for licensure in the state of Louisiana; or

3. disqualify the applicant, permanently from eligibility for examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2414 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:747 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3043 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2177 (December 2018).

§169. Passing Score [Formerly §145]

A. The board adopts a criterion–referenced passing point of the NPTE.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A. (1) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:747 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387 (May 1989), LR 17:663 (July 1991), LR 21:1243 (November 1995), amended by the Physical Therapy Board, LR 37:3043 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 47:1134 (August 2021).

§171. Restriction, Limitation on Examinations, Additional Requirements [Formerly §147, 153 and 155]

A. Applicants must successfully pass the examination to obtain a license to practice in Louisiana as a PT or PTA.

B. An applicant who has failed the examination shall be subject to the testing limits set by the exam vendor selected by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A)(1) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:747 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:387, 388 (May 1989), LR 17:664 (July 1991), LR 19:208 (February 1993), LR 26:1446 (July 2000), LR 34:1907 (September 2008),amended by the Physical Therapy Board, LR 37:3043 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2177 (December 2018), LR 47:1135 (August 2021).

Subchapter H. Provisional License

§172. CAPTE Graduate Applicants Pending Examination

A. An applicant who has graduated from a CAPTE accredited program and met the requirements of §151 may be issued a provisional license to engage in supervised clinical practice under this Rule and §330 when NPTE testing is available only on limited fixed dates.

B. A provisional license granted to a CAPTE graduate pending examination pursuant to this Rule shall be issued for 90 days and shall designate board-approved supervisors at each worksite. No more than one such provisional license shall be issued to an applicant.

C. A provisional license granted pursuant to this Rule entitles the holder to engage in the practice of physical therapy in the State of Louisiana only for the specified time and creates no right or entitlement to licensing or renewal of the provisional license. The holder of a provisional license issued under this Section shall practice physical therapy only at the physical location approved by the board.

D. The holder of a provisional license pending examination must schedule the licensure examination prior to the provisional license expiration date.

E. When the NPTE is available on an "on-demand" or "continuous" basis to applicants, such provisional licenses will not be issued.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2410(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3043 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2178 (December 2018).

§173. Foreign-Educated Provisional License [Formerly §159]

A. A foreign-educated applicant who possesses all of the qualifications for licensure prescribed by §137 of this Chapter, except for §137.C, shall be issued a provisional license to engage in supervised clinical practice under the requirements of §331 for the purpose of fulfilling in whole or part the requirement of §137.C.

B. The holder of a provisional license issued under this Section shall not engage in the practice of physical therapy in any respect other than at the physical location for which he is approved by the board.

C. A provisional license issued under this Section shall expire, and thereby become null and void and of no effect, on the date specified by such provisional license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2410(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 17:664 (July 1991), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3044 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2178 (December 2018).

Subchapter I. License Issuance, Termination, Renewal, Reinstatement

§175. Issuance of License [Formerly §161]

A. If the qualifications, requirements and procedures prescribed by §129 are met, the executive director shall issue to the applicant a license to engage in the practice of physical therapy in the State of Louisiana.

B. Except for applicants seeking licensure pursuant to §139, a license issued pursuant to examination shall be issued within seven days following the satisfaction of all requirements of §§129 and 151. A license issued pursuant to reciprocity under §145 shall be issued within seven days following satisfaction of all requirements of §145.

C. A license issued to an applicant for the first time shall be for a term of one year or two years, to be determined by the birth year of the applicant.

D. Evidence of license status may be verified from the board website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2415(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 17:664 (July 1991), LR 26:1446 (July 2000), amended by the Physical Therapy Board, LR 37:3044 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2178 (December 2018), LR 47:1135 (August 2021).

§177. Replacement of License

A. The board may issue a license to replace a lost or destroyed license upon receipt of a written request and the appropriate fee from the licensee. The board will issue a new original license after name change upon receipt of a name change form, the appropriate fee, and a copy of the legal document enacting the name change.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2415 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3044 (October 2011).

§179. Expiration of Licenses [Formerly §163]

A. Licenses issued by the board shall expire, and thereby become void, on April 30 of the last year for which it is issued.

B. The timely, acknowledged receipt of a complete application for license renewal, as provided by §181, or online verification of license renewal operates to continue licensure in full force and effect pending issuance of the renewal license document.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2417 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 17:664 (July 1991), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3044 (October 2011).

§180. Inactive License

A. Upon written request, the board may approve inactive status to a licensee if, at the time of request, the license is current and in good standing.

B. Upon approval of inactive status by the board, the licensee shall not engage in the practice of physical therapy within the state of Louisiana. Engaging in the practice of physical therapy while inactive is a violation of this Section and may subject the licensee to disciplinary action.

C. Inactive Status Renewal

1. For inactive licensees, continuing education requirements for renewal are waived.

2. Inactive status shall be renewed in accordance with §181.

3. The inactive license renewal fee is equivalent to the fee to renew an active license, as specified in §501.

D. Reactivation of License

1. To restore an inactive license to an active status, the inactive licensee shall:

a. provide documentation satisfactory to the board of completion of the continuing education requirements specified in §194 for the continuing education period immediately preceding reactivation;

b. provide documentation satisfactory to the board that he has engaged in physical therapy practice in any jurisdiction or country within four years preceding his request to restore active license status. An individual who has not engaged in physical therapy practice for four or more years prior to restoring active license status shall comply with Paragraph D.2 of this Section.

2. The board shall restore active status of an inactive license for an individual who has not engaged in the practice of physical therapy in any jurisdiction or country for a period of four or more years under the following conditions:

a. licensee may be subject to a three-month period of supervised clinical practice;

i. if a three-month period of supervised clinical practice is required, a supervision agreement must be approved by the executive director before a provisional license will be issued. The supervision agreement shall be in force for the entire three-month supervisory period. This licensee may only practice in those facilities and under the supervision of the PT named in the approved supervision agreement. Any change in practice site or supervisor must be submitted in a revised supervision agreement prior to the change taking place. At the end of the supervisory period, the supervising PT of record shall report to the board the satisfactory or unsatisfactory completion of the supervision period. If an unsatisfactory supervision period is reported by the supervising PT of record, the board, in its discretion, may require an additional three-month supervisory period; and

b. licensee may only practice under the on-premises supervision of a board approved PT who has practiced no less than three years with a Louisiana license in good standing;

c. completion of the practice assessment and satisfactory completion of continuing education courses indicated by that tool to bring the applicant's knowledge to current standards;

d. a supervision agreement must be approved by the executive director before a provisional license will be issued. The supervision agreement shall be in force for the entire three-month supervisory period. This licensee may only practice in those facilities and under the supervision of the PT named in the approved supervision agreement. Any change in practice site or supervisor must be submitted in a revised supervision agreement prior to the change taking place. At the end of the supervisory period, the supervising PT of record shall report to the board the satisfactory or unsatisfactory completion of the supervision period. If an unsatisfactory supervision period is reported by the supervising PT of record, the board, in its discretion, may require an additional three-month supervisory period; and

e. completion of remedial courses which may be prescribed by the board.

E. The inactive status of any licensee does not deprive the board of its authority to institute or continue any disciplinary or enforcement action against the licensee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2415(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health, Physical Therapy Board, LR 44:2178 (December 2018), amended LR 47:1135 (August 2021).

§181. Renewal of License [Formerly §165]

A. Licensees shall be notified by the board of license renewal deadlines. Standard procedure for license renewal, completion of the Physical Therapy Minimum Data Set (PT MDS) survey and the payment of required fees is by online application through the board website. Upon written request, a renewal application shall be mailed to the licensee. Failure to receive notification of license renewal deadlines shall not be a defense for failure to timely renew a license.

B. Renewal applications received:

1. by March 31 shall be assessed a renewal fee pursuant to §501;

2. after March 31 and before April 30 shall be assessed a late renewal fee, pursuant to §501, as provided by law;

3. after April 30 shall be deemed as applications for license reinstatement pursuant to §187.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2417 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 17:664 (July 1991), amended by the Physical Therapy Board, LR 37:3044 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 42:1300 (August 2016), LR 44:2179 (December 2018), LR 47:1135 (August 2021).

§185. Reinstatement of Suspended or Revoked License [Formerly §349]

A. The board may, upon favorable vote by a majority of the board members present and voting, reinstate or revoke a suspended license.

B. Application for reinstatement of a revoked license must be made in compliance with the requirements of initial licensure in Louisiana, and shall not be heard less than three year from the revocation decision.

C. Prior to reinstatement of a license previously revoked, a hearing shall be held by the Board to afford the Respondent an opportunity to present evidence that the cause for the revocation no longer exists and to provide an opportunity for the Board to evaluate changes in the Respondent and/or the conditions which caused the revocation.

D. After evaluation, the board may:

1. deny reinstatement of a revoked license;

2. reinstate a revoked license;

3. require the satisfactory completion of a specific program or remedial education approved by the board; and

4. require monitoring of the Respondent's physical therapy practice as specified by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3045 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2179 (December 2018), LR 47:1135 (August 2021).

§187. Reinstatement of Lapsed License [Formerly §167]

A. An expired license may be reinstated pursuant to the requirements set forth below.

B. A licensee who fails to timely renew his license as provided in §181 shall submit:

1. a complete reinstatement application;

2. the late renewal fee, pursuant to §501;

3. the reinstatement fee, pursuant to §501; and

4. an explanation for the failure to timely renew his license.

5. completion of the Physical Therapy Minimum Data Set (PT MDS) survey.

C. Reinstatement pursuant to this Section shall also require that applicant or his employer reimburse or reverse charges which have been made for patient treatment during the period for which the applicant did not have a current and valid license.

D. Reinstatement pursuant to this Section does not insulate the applicant from disciplinary action which the board finds appropriate for practicing without a current license after April 30 to the date of reinstatement.

E. A licensee who allows his license to lapse for reasons other than §187.B shall submit:

1. a complete reinstatement application;

2. the renewal fee, pursuant to §501;

3. the reinstatement fee, pursuant to §501;

4. pass the board's online jurisprudence examination;

5. an explanation for allowing his license to lapse;

6. two letters of character recommendation from currently licensed physical therapists and/or physical therapist assistants in good standing; and

7. completion of the Physical Therapy Minimum Data Set (PT MDS) survey.

F. To be eligible for license reinstatement under this Section, an applicant shall have met the continuing education requirements pursuant to §194 within the 24 months preceding his application.

G. Any person whose license has lapsed and who has not practiced physical therapy for more than four years may apply for reinstatement of licensure upon payment of the renewal fee and the reinstatement fee under the following conditions:

1. licensee may be subject to a three-month period of supervised clinical practice;

a. if a three-month period of supervised clinical practice is required, a supervision agreement must be approved by the executive director before a provisional license will be issued to complete the three-month period of supervised clinical practice. The supervision agreement shall be in force for the entire three-month supervisory period. The licensee may only practice in those facilities and under the supervision of the PT named in the approved supervision agreement. Any change in practice site or supervisor must be submitted in a revised supervision agreement prior to the change taking place. At the end of the supervisory period, the supervising physical therapist shall report to the board the satisfactory or unsatisfactory completion of the supervision period. If an unsatisfactory supervision period is reported by the supervising physical therapist, the board, in

its discretion, may require an additional three-month supervisory period; and

2. completion of remedial courses which may be prescribed by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 28:1979 (September 2002), LR 34:1907 (September 2008), amended by the Physical Therapy Board, LR 37:3045 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 42:1300 (August 2016), LR 44:2179 (December 2018), LR 47:1135 (August 2021).

§189. Reinstatement after Military Service

A. An applicant seeking reinstatement of a license which lapsed during active military service shall be required to pay a license renewal fee only, and that fee shall be proportional to the months remaining in his renewal cycle.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3045 (October 2011).

Subchapter J. Continuing Education

§191. Purpose

A. To be approved by the board, a continuing education course or activity as defined in §123, must contribute directly to the professional competence of the licensee and must directly relate to the skills and knowledge required to implement the principles and methods of physical therapy.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3046 (October 2011).

§193. Course Review Requirements [Formerly §169]

A. Courses and activities approved by the board will be posted on the board website and will indicate the hours of credit which may be earned and the classification of the course.

B. Consideration of courses or activities for approved continuing education credits shall be based on the content criteria in §195 and the administrative and program criteria as set forth in the Continuing Education Policy posted on the board website.

C. Proposed continuing education courses or activities shall be submitted to the board for approval on a form provided on the board website. Generally, courses or activities of longer duration will require more time for review than courses of short duration.

D. Courses and activities sponsored by the APTA, Louisiana Physical Therapy Association, and by any Louisiana CAPTE accredited program that meet the content criteria described in §195 are automatically approved by the board for continuing education credits toward the biennial requirements for licensees described in §194.

E. Review charge for APTA, LPTA, and Louisiana CAPTE accredited program sponsors will be waived. A fee schedule for all other course review is described in §501.

F. Courses or activities not approved by the board may generate acceptable continuing education credits for licensees under these circumstances:

1. the licensee submits an application for approval of the course or activity using the form provided on the board website;

2. the course or activity submitted for approval shall only be considered for the licensee who submits for approval;

3. in no case will such application for course or activity approval be considered during the last 60 days of the requestor's license term.

G. Course or activity sponsors may be required to submit to the board verified records of attendance and completion of a sponsored course or activity. No licensee shall receive credit for time not actually spent attending the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(B)(7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:388 (May 1989), amended LR 17:664 (July 1991), LR 19:208 (February 1993), LR 21:394 (April 1995), LR 21:1243 (November 1995), LR 16:1446 (July 2000), LR 28:1980 (September 2002), LR 34:1907 (September 2008), amended by the Physical Therapy Board, LR 37:3046 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 42:1300 (August 2016).

§194. Biennial Requirements [Formerly §169]

A. Unless exempted under §198, licensees shall successfully complete, document and report to the board at least 30 hours of board–approved continuing education courses or activities in the biennial renewal period. No carryover of continuing education hours from one renewal period to another shall be allowed. Continuing education will be granted in the reporting period in which the academic coursework, clinical instruction, tool, residency, or fellowship is completed.

B. The types of approved courses or activities and requirement for each are:

1. jurisprudence—a minimum of two contact hours. Passage of the jurisprudence examination, which may be taken online, or attendance at a traditional board-sponsored Jurisprudence course, either of which fulfills the two-hour Jurisprudence requirement;

2. ethics or professionalism —a minimum of two contact hours;

3. clinical and/or administrative—a minimum of 26 contact hours of continuing education, or activities described in §195.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:388 (May 1989), amended LR 17:664 (July 1991), LR 19:208 (February 1993), LR 21:394 (April 1995), LR 21:1243 (November 1995), LR 16:1446 (July 2000), LR 28:1980 (September 2002), LR 34:1907 (September 2008), amended by the Physical Therapy Board, LR 37:3046 (October 2011), LR 47:1136 (August 2021).

§195. Content Criteria [Formerly §169]

A. Program content must be easily recognizable as pertinent to the physical therapy profession. It shall contain evidence-led information related to the practice of physical therapy or clinical outcomes. Course or activity content shall address physical therapy competence and practice and shall be designed to meet one of the following goals:

1. update knowledge and skills required for competent performance beyond entry level of the PT or PTA at the time the licensee entered the profession;

2. allow the licensee to enhance his knowledge and skills; and/or

3. facilitate personal contribution to the advancement of the profession.

B. The minimum requirement for continuing education contact hours shall be no less than one hour.

C. Continuing education hours may be attained through the following additional activities:

1. teaching an approved clinical/preventive course or activity. A licensee may receive two hours of credit for each contact hour approved for the course or activity, not to exceed 10 hours. This credit will be given only for the first time the course is presented, during the renewal period;

2. ten hours of credit for an initial certification by the American Board of Physical Therapy Specialties;

3. one hour of credit for every two hours spent in an approved post–professional clinical residency or fellowship, not to exceed 10 hours of credit;

4. coursework in a postgraduate physical therapy curriculum, transitional DPT program, or an accredited college or university that meets content criteria may be accepted. Courses will be credited for each satisfactorily completed hour resulting in a grade of B or higher. One semester hour shall be equal to 10 contact hours.

5. teaching in a CAPTE-accredited program. One semester hour shall be equal to 10 contact hours. Credit earned shall not exceed 10 hours.

6. six hours of credit for completing a board-approved self-assessment tool.

7. licensees serving in elected or appointed positions of national or state physical therapy organizations may obtain a maximum of five contact hours for serving in that role.

8. a maximum of five hours of credit for clinical instructors serving as the primary clinical instructor for PT and PTA students or provisional licensees or serving as a mentor to a resident or fellow. One hour of credit may be earned per 120 hours of clinical instruction or residency or fellowship during the renewal period. Proof of clinical instruction or mentorship shall be documented on a form provided by the board and shall be signed by two of the following:

a. clinical instructor or mentor;

b. student or mentee;

c. site coordinator of clinical education;

d. director of clinical education; or

e. program coordinator of the residency or fellowship.

9. a maximum of five-hours credit during the renewal period for publication of scientific papers, abstracts, textbook chapters and poster or platform presentations at conferences relating to PT. Textbook chapter credit will be given only for the year of publication.

D. Board policy regarding submission of materials to demonstrate completion will be available on the board website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(B)(7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:388 (May 1989), amended LR 17:664 (July 1991), LR 19:208 (February 1993), LR 21:394 (April 1995), LR 21:1243 (November 1995), LR 16:1446 (July 2000), LR 28:1980 (September 2002), LR 34:1907 (September 2008), amended by the Physical Therapy Board, LR 37:3047 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 42:1300 (August 2016), LR 44:2179 (December 2018), LR 47:1136 (August 2021).

§197. Reporting Requirements; Audit [Formerly §171]

A. It is the responsibility of each licensee to assure that his continuing education hours are timely reported with his license renewal application.

B. The reporting of continuing education hours by course or activity sponsors and by licensees shall be made only on forms approved by and available from the board website. Forms filed by course or activity sponsors or licensees shall be legibly printed or typewritten, and shall be completed and verified by the course or activity sponsor or licensee. A stamp or other image provided by and imprinted by the course sponsor on course materials shall suffice for proof of completion of that continuing education activity.

C. Continuing education activities undertaken for the purpose of license renewal shall be maintained by the

licensee in a file in which records of activities are kept, including dates, subjects, duration of the program, certificates of participation and completion, and any other appropriate documentation for a period of four years after the program date. Upon request, course or activity sponsors and licensees shall supply the board with such documentation.

D. The board shall conduct an audit of the continuing education records of a number of the licensees to be determined by the board each renewal period. The board will notify licensees who are randomly selected for audit to determine compliance with the continuing education requirements. Licensees chosen for the audit shall submit to the board by the specified date copies of all records and documentation showing completion of the continuing education courses or activities previously submitted for fulfillment of continuing education requirements.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:665 (July 1991), amended LR 19:208 (February 1993), LR 34:1907 (September 2008), amended by the Physical Therapy Board, LR 37:3047 (October 2011).

§198. Exemptions from CE Requirements [Formerly §173]

A. PTs or PTAs licensed in Louisiana are exempt from the Subchapter J continuing education requirements for the continuing education year, beginning April 1 and ending March 31 of the following year, in which they graduate from an accredited physical therapy education program. For the second year of the licensee's renewal period, 15 contact hours must be completed and reported in keeping with the requirements of §194.

B. Upon approval by the board of a written request made in compliance with Subsection C, the board may extend the period for compliance or exempt the following from compliance with the Subchapter J. continuing education requirements:

1. licensees on extended active military service for a period in excess of three months during the applicable reporting period; or

2. licensees who are unable to fulfill the requirement because of illness, natural disaster, or other personal hardship.

C. Written requests for an exemption under Subsection B, including supporting documentation, must be received by the board at least 45 days prior to the end of the renewal period for which the exemption is sought, or immediately after the licensee becomes aware of the facts or circumstances upon which the exemption is sought, whichever is later.

1. A licensee who is a member of the armed forces reserves and called to active military service will have his CEUs prorated in proportion to the number of months of documented active duty.

2. A licensee whose license expires during a period of active military service will be given a complete waiver of continuing education requirements for the renewal period in which he is activated. Active duty military personnel shall be exempt proportionally for continuing education for months of documented active service in the renewal cycle during which active military service terminates.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(B)(7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:665 (July 1991), amended LR 19:208 (February 1993), LR 21:394 (April 1995), LR 34:1908 (September 2008), amended by the Physical Therapy Board, LR 37:3047 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2180 (December 2018).

§199. Noncompliance and Reinstatement [Formerly §175]

A. Noncompliance. Noncompliance with continuing education requirements includes, but is not limited to, incomplete reports, unsigned reports, unsigned verification of course or activity completion, failure to report a sufficient number of approved continuing education hours as defined in §193, or any other matters considered to be noncompliance by the board.

B. Notice. The board shall send written notice of noncompliance to a licensee requesting that the licensee furnish to the board within 30 days of receipt of the notice, the following:

1. a written explanation for failure to complete required CE; or if applicable;

2. an affidavit with documentary proof that the licensee has complied with the continuing education requirements, or an affidavit setting forth the reasons for failure to comply with the continuing education requirements because of illness, natural disaster, other personal hardship or extended active military service during the reporting period and stating that he did not provide physical therapy services during that period.

C. Finding. If the licensee:

1. satisfactorily explains the non-compliance, his license may be determined to be in compliance with the CE Audit upon payment of an administrative fee; or

2. does not successfully establish compliance or acceptable exemption from compliance with continuing educational requirements, he may be subject to disciplinary action and may be required to take the licensing examination and pay the fees for examination. Passage of the examination fulfills the continuing education requirements for the year the noncompliance occurred, but shall not be applicable for subsequent reporting periods.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (7) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:665 (July 1991), amended by the Physical Therapy Board, LR

37:3048 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 47:1137 (August 2021).

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIV. Physical Therapy Board
Subpart 2. Practice

Chapter 3. Practice
Subchapter A. General Provisions

§301. Scope of Chapter

A. The rules of this Chapter govern the practice of physical therapy in the State of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2407 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3048 (October 2011).

§303. Professional Standards [Formerly §§307 and 315]

Editor's Note: This Section was amended utilizing information from the Sections enumerated. The Historical Note reflects prior action for those enumerated Sections. A comprehensive revision of the Louisiana Physical Therapy Board book (LAC 46:LIV) was effective via the board's October 2011 Rule in the *Louisiana Register*.

A. A licensed PT is authorized to engage in the practice of physical therapy as set forth in the Practice Act and the board's rules which includes, but is not limited to, the performance of physical therapy evaluations, consultative services, wound care and debridement, the storage and administration of aerosol and topical agents, the performance of passive manipulation, and preventive services all as more fully defined in §123.

B. A PT is responsible for managing all aspects of the physical therapy care of each patient.

C. A PT shall exercise sound professional judgment based upon his knowledge, skill, education, training, and experience, and shall perform only those procedures for which he is competent. If, during evaluation, reassessment or screening, the PT finds that treatment which is outside the scope of his knowledge, experience, or expertise is needed, the PT shall notify the patient or client and provide a referral to an appropriate healthcare provider.

D. A PTA may act as a clinical instructor for a PTA student, a supervisor of a PTA CAPTE provisional licensee pending examination, or a supervisor of a foreign-educated PTA (FEPTA) provisional licensee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2418 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:749 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 19:208 (February 1993), LR 21:395 (April 1995), LR 24:40 (January 1998), LR 26:1447 (July 2000), LR 34:1909, 1910 (September 2008), amended by the Physical Therapy Board, LR 37:3048 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2180 (December 2018), LR 47:1137 (August 2021).

§307. Physical Therapy Services without Prescription or Referral [Formerly §306]

A. These rules are intended to facilitate and implement the provisions of R.S. 37:2418(C)(4). They are meant as practical guidelines, while maintaining flexibility in the rendering of physical therapy services, without eliminating the opportunity for oversight and supervision.

B. As used in connection with providing wellness or preventive services referred to in R.S. 37:2418 C(4), the PT shall:

1. perform a screening to determine whether treatment or wellness/preventive services are indicated. The therapist shall inform the individual of the screening results and make recommendations for follow–up with the appropriate health care provider if needed;

2. assess the client's wellness/preventive services needs, and, if such services are indicated and desired by the client, develop a written plan, which describes the services to be provided to the client.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2418 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 31:441 (February 2005), amended by the Physical Therapy Board, LR 37:3049 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2180 (December 2018).

§309. Early Childhood Services

A. In the provision of early childhood services through the Early Childhood Intervention (ECI) program, the PT conducts appropriate screenings, evaluations, and assessments to determine needed services to fulfill family–centered goals.

B. Subject to the provisions of this Section, the PT shall implement physical therapy services in accordance with the recommendations accepted by the Interdisciplinary Team, as stated in the Individual Family Service Plan.

C. Evaluation and reevaluation will be conducted in accordance with federal mandates under Part C of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1436, or when warranted by a change in the child's condition, and include reexamination of the child.

D. In the provision of services for children ages 3 through 22 in the school setting:

1. the PT conducts appropriate screenings, evaluations, and assessments to determine if the student has a gross motor delay or a medical condition that affects gross motor functioning in the educational setting.

2. Subject to the provisions of this Section, the PT shall implement physical therapy services in accordance with the recommendations accepted by the Individualized Education Program (IEP) Team.

3. Evaluation and reevaluation in the educational setting will be conducted in accordance with federal mandates under Part B of the Individuals with Disabilities Education Act (IDEA), 20 U.S. Code Subchapter II, Rule 1414, or when warranted by a change in the child's condition and include reexamination of the child.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2418 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3049 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 47:1137 (August 2021).

§311. Treatment with Dry Needling

A. The purpose of this rule is to establish standards of practice, as authorized by R.S. 37:2405 A.(8), for the utilization of dry needling techniques, as defined in §123, in treating patients.

B. Dry needling is a physical therapy treatment which requires specialized physical therapy education and training for the utilization of such techniques. Prior to utilizing dry needling techniques in patient treatment, a PT shall have successfully completed a board-approved course of study consisting of no fewer than 25 hours of in-person, hands-on instruction in intramuscular dry needling treatment and safety. Online and other distance learning courses will not satisfy this requirement. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate discipline by the board.

C. In order to obtain board approval for courses of instruction in dry needling, sponsors must document that instructors utilized have had no less than two years experience utilizing such techniques. Instructors need not be physical therapists, but should be licensed or certified as a healthcare provider in the state of their residence.

D. Prior to performing the initial dry needling treatment on a patient the physical therapist shall educate the patient of the potential risks and benefits of dry needling and receive informed consent from the patient. Documentation of the education and consent shall be maintained in the patient treatment record.

E. Dry needling treatment shall be performed in a manner consistent with generally accepted standards of practice, including sterile needle procedures and the standards of the U.S. Centers for Disease Control and Prevention. Treatment notes shall document how the patient tolerated the technique and the outcome of treatments.

F. PT students who have met the requirements of paragraph B. above may practice dry needling under the continuous supervision of a PT who has successfully completed the dry needling training requirements.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A (8) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3049 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2180 (December 2018), LR 45:1206 (September 2019), LR 47:1137 (August 2021)..

§313. Transfer of Patient Care

A. A PT shall notify the patient and shall document the transfer of care of the patient, as appropriate, to another health care provider in the event of elective termination of physical therapy services by the PT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A)(8) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3049 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2180 (December 2018).

§315. Legend Drugs and Devices

A. In providing physical therapy as authorized by law, PTs are authorized to procure from licensed distributors, store and utilize legend devices and topical legend drugs which are employed in the delivery of physical therapy.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A (8) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3049 (October 2011).

§317. Licensee Information

A. Changes to licensee information. Applicants and licensees must notify the board in writing of any change in a residential or business address, telephone number or email address within 30 days that such change takes effect.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2415 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3050 (October 2011).

§319. Use of Telehealth in the practice of Physical Therapy

A. The board hereby adopts R.S. 40:1223.1 et seq., known as the “Louisiana Telehealth Access Act”, including any amendments thereto, and promulgates these rules to provide for, promote, and regulate the use of telehealth in the delivery of physical therapy services through telehealth. Physical therapists and physical therapist assistants owe a

duty to patients to provide quality physical therapy services in accordance with the laws and rules governing the practice of physical therapy regardless of the mode in which those services are rendered. These rules shall be interpreted, construed and applied so as to give effect to such purposes and intent.

B. Individuals who are licensed physical therapists and physical therapist assistants in good standing in Louisiana may provide physical therapy via telehealth to a patient in an originating site as defined in R.S. 40:1223.3 within the jurisdiction of Louisiana and shall follow all requirements for standard of practice and documentation as provided in the Practice Act and board rules. The standard of care for telehealth services shall be substantially equivalent to the standard of care for services delivered in person.

C. When providing telehealth services, a licensee shall have documented procedures in place to address remote medical or clinical emergencies at the patient's location.

D. A physical therapist licensed in good standing in another jurisdiction who is providing information, advice, or opinion through telehealth to a physical therapist licensed in Louisiana regarding patient care shall be exempt from Louisiana licensure requirements.

E. A Louisiana licensee providing telehealth services to a patient in an originating site as defined in. R.S. 40:1223.3 in a jurisdiction outside of Louisiana may be required to be licensed or registered in the jurisdiction in which the originating site is located.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A)(8) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health, Physical Therapy Board, LR 44:2180 (December 2018), LR 47:1137 (August 2021).

Subchapter B. Prohibitions

§323. Use of Titles and terms; Restrictions [Formerly §307]

A. A PT shall use the letters "P.T." in connection with his name or place of business to denote licensure. A PTA shall use the letters "P.T.A." in connection with his name to denote licensure.

B. A PT student who is pursuing a course of study leading to a degree as a PT in a professional education program approved by the board and is satisfying supervised clinical education requirements related to his physical therapy education shall use the letters "S.P.T." in connection with his name while participating in this program. A PTA student who is pursuing a course of study leading to a degree as a PTA in a professional education program approved by the board and is satisfying supervised clinical education requirements related to his physical therapist assisting education shall use the letters "S.P.T.A." in connection with his name while participating in this program.

C. No person or business entity, its employees, agents, or representatives shall use in connection with that person's name or the name or activity of the business, the words "physical therapy", "physical therapist", "physiotherapy", "physiotherapist", "registered physical therapist", "licensed physical therapist", "doctor of physical therapy", the letters "PT", "DPT", "LPT", "RPT", "physical therapist assistant", "P.T.A.", "physiotherapist assistant", or any other words, abbreviations, or insignia indicating or implying directly or indirectly that physical therapy is provided or supplied, unless such services are provided by or under the direction of a PT licensed pursuant to the Practice Act.

D. No person or business entity shall advertise or otherwise promote another person as being a "physical therapist", "physiotherapist", "P.T.", "physical therapist assistant", "physiotherapist assistant", or "P.T.A" unless the individual so advertised or promoted is licensed as a PT or PTA under the Practice Act. No person or business entity shall offer, provide, or bill any person for "physical therapy" or "physiotherapy" unless the individual performing those services is licensed pursuant to the Practice Act.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2419 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:749 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Examiners, LR 21:395 (April 1995), LR 24:40 (January 1998), LR 26:1447 (July 2000), LR 34:1909 (September 2008), amended by the Physical Therapy Board, LR 37:3050 (October 2011).

§325. Exemptions [Formerly §309]

A. In accordance with R.S. 37:2408(B), a person employed as a physical therapist or a physical therapist assistant by the United States government, or any department, agency, or bureau thereof, shall not be required to obtain a license under the provisions of this Chapter. However, such person may engage in the practice of physical therapy outside the course and scope of such federal employment only after obtaining a license in accordance with this Chapter.

B. A student shall be exempt from licensure when pursuing a course of study leading to a degree in physical therapy or physical therapist assisting in a physical therapy education program approved by the board and while satisfying a supervised clinical rotation related to his education.

C. A physical therapist or physical therapist assistant licensed in another jurisdiction of the United States or credentialed in another country performing physical therapy incidental to teaching, demonstrating or providing physical therapy services in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year, provided such physical therapist or physical therapist assistant is licensed in good standing in another jurisdiction or credentials are in good standing in another country, or holds an appointment on the faculty of a school approved for training physical therapists or physical therapist assistants.

D. A physical therapist or physical therapist assistant licensed in a jurisdiction of the United States or credentialed in another country contracted or employed to provide physical therapy to patients/clients affiliated with or employed by established athletic teams, athletic organizations or performing arts companies temporarily practicing, competing or performing in the jurisdiction for no more than 60 days in a calendar year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:749 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Examiners, LR 24:40 (January 1998), LR 34:1909 (September 2008), amended by the Physical Therapy Board, LR 37:3051 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2181 (December 2018), LR 47:1138 (August 2021).

Subchapter C. Supervised Practice

§329. Scope of Chapter [Formerly §315]

A. The rules of this Subchapter prescribe certain restrictions and requirements for supervision of physical therapists assistants, provisional licensees, technicians and students.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A (1) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:749 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Examiners, LR 19:208 (February 1993), LR 34:1910 (September 2008), amended by the Physical Therapy Board, LR 37:3051 (October 2011).

§330. Supervision Requirements for Graduates of Approved Schools of Physical Therapy or Physical Therapist Assisting Pending Examination

A. A PT holding a provisional license pending examination shall engage in the practice of physical therapy under the supervision of one or more board-approved supervisor(s).

B. Supervision of a PT with a provisional license pending examination shall include:

1. daily face-to-face communication between one board-approved supervisor and the provisional license holder;

2. on premises, as defined in §123, observation of patient care by board-approved supervisors in the provisional licensee's approved practice location(s), a minimum of 2 hours per day with a minimum total of 10 hours per week; and

3. availability of the supervisor at all times to provide advice to the provisional license holder and to the patient during physical therapy treatment given by the provisional license holder.

C. A PTA holding a provisional license pending examination shall engage in the practice of physical therapy under the supervision of a board approved supervisor. The PTA applicant holding a provisional license shall receive continuous supervision as defined in §123.

D. Supervisor Absence. If the board-approved clinical supervisor cannot fulfill his supervisory obligations for a CAPTE graduate pending examination provisional licensee:

1. if absent for five or fewer consecutive days, another PT in good standing may supervise in his place. In such case, the substitute PT is not required to be approved by the board; however, the board designated supervisor, the substitute supervisor, and the supervised individual, shall all be held accountable for the care provided by those supervised;

2. if absent for more than five consecutive days, the board-approved clinical supervisor of the CAPTE graduate pending examination provisional licensee shall send a written request to the executive director for approval of a substitute supervising physical therapist during his period of absence. The substitution can only occur once written approval is provided by the executive director to the designated supervisor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405.2(A)(4).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3051 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2181 (December 2018).

§331. Supervised Clinical Practice of Foreign-Educated Physical Therapist Provisional Licensees and Foreign-Educated Physical Therapist Assistant Provisional Licensees [Formerly §§317 and 319]

Editor's Note: This Section was amended utilizing information from the Sections enumerated. The Historical Note reflects prior action for those enumerated Sections. A comprehensive revision of the Louisiana Physical Therapy Board book (LAC 46:LIV) was effective via the board's October 2011 Rule in the *Louisiana Register*.

A. A clinical supervisor is subject to ratio restrictions pursuant to R.S. 37:2418(F)(2)(a).

B. Before a foreign-educated physical therapist or foreign-educated physical therapist assistant applicant for initial licensure is issued a provisional license, the applicant shall submit to the board:

1. a signed Statement of Responsibility completed by the requesting clinical supervisor;

2. a signed Statement of Placement completed by the director of physical therapy services at the practice site where the clinical supervised practice will take place which includes the name, address, and telephone number and email address for such person; and

3. a description of the types of physical therapy services provided at the site.

C. The executive director shall approve or deny a request made under §331 after assessing whether the facility provides the opportunity for a provisional license holder to attain the knowledge, skills, and attitudes to be evaluated according to a board-approved performance evaluation tool and determines if the site provides a broad base of clinical experience to the foreign-educated provisional licensee including a variety of physical agents, therapeutic exercises, evaluation procedures, and patient physical therapy diagnoses.

1. Clinical sites are approved on a case–by–case basis.

D. As authorized by R.S. 37:2410(6), a foreign-educated provisional licensee shall not begin practicing physical therapy until the executive director has approved the clinical supervisor and the worksite, the foreign-educated provisional licensee has completed the personal interview with a board representative, and the executive director has issued his provisional license.

E. A provisional licensee shall complete a supervised clinical practice at a board-approved clinical site for a minimum of four hours per day, with on premises supervision by a board-approved clinical supervisor who is a physical therapist.

1. The supervised clinical practice shall consist of no less than 1,000 hours and shall be accomplished at a rate of no more than 40 hours and no less than 20 hours per week.

2. The board-approved clinical supervisor of the foreign-educated initial applicant shall cosign all of the foreign-educated provisional licensee's treatment documentation within five days of treatment.

F. Supervisor Absence. If, due to illness or continuing education, the board-approved clinical supervisor for the foreign-educated provisional licensee cannot fulfill his supervisory obligations:

1. if absent for five or fewer consecutive days, another PT in good standing may supervise in his place. In such case, the substitute PT is not required to be approved by the board; however, the board-approved clinical supervisor of the foreign-educated provisional licensee, the substitute clinical supervisor of the foreign-educated provisional licensee, and the supervised foreign-educated provisional licensee shall all be held accountable for the care provided to the patient;

2. if absent for more than five consecutive days, the board-approved clinical supervisor of the foreign-educated provisional licensee shall send a written request to the executive director for approval of a substitute supervising physical therapist during his period of absence. The substitution can only occur once written approval is provided by the executive director to the designated supervisor.

G. The approved clinical supervisor shall:

1. observe, assist and support the provisional licensee during the supervised clinical practice;

2. rate the provisional licensee's performance during his clinical practice using a board-approved performance evaluation form or tool, indicating the dates of observation, demonstration or discussion of each skill;

3. assess skills required for success in such setting with recommendations for improvement upon completion of a supervised clinical practice site;

4. submit the results of the supervised clinical practice to the board in a timely manner. Approval of the next clinical placement or granting of license, shall not take place until this report is received and evaluated by the executive director; and

5. continue with supervised clinical practice until the supervised foreign-educated provisional licensee receives notice of termination of supervision by issuance of permanent license.

H. A provisional licensee shall not supervise any personnel unless assistance is required to ensure the safety and welfare of the patient during ambulation, transfers, or functional activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2410(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:749 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 17:667 (July 1991), LR 19:208 (February 1993), LR 24:41 (January 1998), LR 26:1447 (July 2000), amended by the Physical Therapy Board, LR 37:3051 (October 2011), amended by the Department of Health, Physical Therapy, LR 44:2182 (December 2018), LR 47:1138 (August 2021).

§333. Physical Therapist Responsibilities; Supervision of Physical Therapist Assistants [Formerly §321]

A. A supervising PT of record is responsible for and shall participate in the patient's care.

1. conducting the initial patient evaluation and documenting a plan of care for the patient;

2. treating and reassessing the patient at least every sixth treatment day or every 30 days, whichever occurs first;

3. treating the patient for the final treatment session unless the patient is physically unavailable; and

4. writing the discharge summary.

B. A Supervising PT of Record shall comply with the following requirements in providing patient care and in supervising PTAs.

1. The level of responsibility assigned to a PTA is at the discretion of the supervising PT of record who is ultimately responsible for the care provided by this PTA.

2. In all settings, the Supervising PT of Record shall:

a. perform an initial physical therapy evaluation and create the plan of care on each patient prior to delegation of treatment;

b. treat and reassess the patient at least every sixth treatment day or every 30 days, whichever occurs first;

c. treat and assess the patient for his final treatment session when feasible, as defined in §123, and write a discharge summary;

d. be readily accessible by telecommunication device and available to the patient by the next scheduled treatment session upon request of the patient or PTA; and

e. hold a patient care conference with a PTA regarding the patient. The PT is responsible for determining the frequency of the conferences consistent with accepted standards of practice; however, such conference shall occur at least every sixth treatment day or every 30 days, whichever occurs first.

C. In a wellness setting, after conducting an appropriate screening as to suitability for wellness or preventive services, a PT may delegate the provision of client wellness or preventive services to a PTA or a technician to perform and/or assist in the implementation of wellness services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2418(F) and Act 139 of 2010.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 19:208 (February 1993), LR 24:41 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002), LR 34:1910 (September 2008), amended by the Physical Therapy Board, LR 37:3052 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2183 (December 2018), LR 47:1138 (August 2021)..

§335. Supervision of Physical Therapy Technicians [Formerly §321]

A. The level of responsibility assigned to a PT technician is at the discretion of a Supervising PT of Record who is ultimately responsible for the care provided by the technician. Documentation of education or in–service training completed by the physical therapy technician shall be maintained in the technician's personnel file.

1. In all practice settings, during the provision of physical therapy services, the supervising PT shall provide continuous, in-person supervision of the physical therapy technician.

2. A physical therapy technician may assist a PTA only with those aspects of patient treatment which have been assigned to the physical therapy technician by a PT.

3. To ensure the safety and welfare of a patient during ambulation, transfers, or functional activities, the PTA may utilize one or more physical therapy technicians for physical assistance without the physical therapist on premises.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2418(F) and Act 139 of 2010.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 19:208 (February 1993), LR 24:41 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002), LR 34:1910 (September 2008), amended by the Physical Therapy Board, LR 37:3053 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2183 (December 2018).

§337. Clinical Instruction of Student PTs and PTAs [Formerly §321]

A. A clinical instructor shall provide on-premises supervision to a PT student in all practice settings. A clinical instructor shall provide continuous supervision to a PTA student in all practice settings. A PTA may act as a clinical instructor for a PTA student in all practice settings provided that the PT supervisor of the PTA is available by telecommunication device.

B. A PTA can be a clinical instructor for the PTA student.

C. PT students may perform an initial physical therapy evaluation and create the plan of care on each patient, treat and reassess patients, and write discharge summaries under the supervision of a clinical instructor or Supervising PT of Record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2418(F) and Act 139 of 2010.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 19:208 (February 1993), LR 24:41 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002), LR 34:1910 (September 2008), amended by the Physical Therapy Board, LR 37:3053 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2183 (December 2018), LR 45:1206 (September 2019), LR 47:1138 (August 2021).

§339. Limitation on Supervision Ratios [Formerly §321]

A. Supervision Ratio. Limitations on supervision for a physical therapist shall comply with R.S. 37:2418(F)(2)(a).

B. It is the responsibility of each PT to determine the number of individuals he can supervise safely and within the ratio set forth by law.

C. The number of individuals supervised by PTAs shall be included in the number of individuals supervised by the supervising PT of record for any given day. In no case shall the number of individuals supervised by a PTA on any given day exceed two, nor exceed the following limitations:

1. no more than one PTA provisional licensee; and

2. no more than two PTA students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2418(F) and Act 139 of 2010.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the

Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 19:208 (February 1993), LR 24:41 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002), LR 34:1910 (September 2008), amended by the Physical Therapy Board, LR 37:3053 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2183 (December 2018), LR 45:1206 (September 2019).

§341. Documentation Standards [Formerly §323]

A. A written record of physical therapy treatment shall be maintained for each patient. A complete record shall include written documentation of prescription or referral (if such exists), initial evaluation, treatment(s) provided, PT/PTA conferences, progress notes, reevaluations or reassessments, and patient status at discharge all as defined in §123.

1. A prescription or referral, if it exists, may initially be a verbal order and may be later confirmed in writing. The verbal order shall be documented by the PT in the patient's record.

2. An initial physical therapy evaluation, as defined in R.S. 37:2407(A)(1), shall be created and signed by the PT performing the evaluation within seven days after performing the evaluation.

3. Progress note is the written documentation of the patient's subjective status, changes in objective findings, and progression to or regression from established goals. A progress note shall be created and signed only by the supervising PT of record or PTA. A progress note shall be written a minimum of once per week, or if the patient is seen less frequently, then at every visit.

4. Reassessment or reevaluation is the written documentation which includes all elements of a progress note, as well as the interpretation of objective findings compared to the previous evaluation with a revision of goals and plan of care as indicated. A reassessment shall be written at least once per month, or, if the patient is seen less frequently, then at every visit. A reassessment shall be created and signed by the supervising PT of record.

5. Treatment Record is the written documentation of each patient visit which includes specific treatment and/or any equipment provided which shall be signed or initialed by the Supervising PT of Record or PTA. A treatment record shall be maintained only if a progress note is not written for each patient visit. A treatment record may be in the form of a checklist, flow sheet, or narrative.

6. Patient care conference is the documentation of the meeting held between a PTA who is providing patient care and the PT supervising that care to discuss the status of patients. This conference shall be conducted where the PT and PTA are both physically present at the same time and place, or through live telecommunication conducted in accordance with all standards required by federal and state laws governing privacy and security of a patient's protected health information. The patient care conference shall be signed and dated by the PT and PTA and shall be entered in the patient treatment record within five days of the conference, documenting treatment recommendations and decisions made.

7. Discharge summary is the written documentation of the reasons for discontinuation of care, degree of goal achievement and a discharge plan which shall be created and signed by the supervising PT of record. A discharge summary shall be written at the termination of physical therapy care when feasible.

B. A licensee shall maintain accurate patient treatment and billing records and shall not falsify, alter, or destroy such records, the result of which would be to impede or evade investigation by the board or other lawful authorities.

C. The documentation standards set forth above do not mandate a particular format; however, a complete physical therapy record must include these elements.

D. Forms of electronic signatures, established pursuant to written policies and mechanisms to assure that only the author can authenticate his own entry, are acceptable.

E. Documentation by a student must be co–signed by the Supervising PT of Record or supervising PTA.

F. A written record of an initial screening for wellness or preventive services shall be kept along with plans for implementation of a wellness or preventive program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A)(1) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:389 (May 1989), LR 21:395 (April 1995), LR 26:1447 (July 2000), LR 28:1981 (September 2002), LR 34:1911 (September 2008), amended by the Physical Therapy Board, LR 37:3053 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2183 (December 2018), LR 47:1138 (August 2021).

Subchapter D. Disciplinary Proceedings

§343. Sanctions in Disciplinary Proceedings [Formerly §325]

A. The board, after due notice and hearing as set forth herein and in the Louisiana Administrative Procedure Act, R.S. 49:950 and following, may refuse to issue a license or provisional license, or may suspend, revoke, or impose probationary conditions and/or restrictions on a licensee upon finding that the licensee has violated the Practice Act, or any of the Rules promulgated by the board.

B. Board orders in disciplinary proceeding may require the respondent to reimburse the board in accordance with R.S. 37:2405(B)(11).

C. In placing a respondent on suspension or probation, the board may impose such additional terms, conditions and restrictions as it deems appropriate for the period of suspension or probation. The board shall specify in its order the exact duration of the suspension or probationary period.

Upon finding that a respondent placed on probation has failed to comply with the terms and conditions of the board order, the board may take such additional disciplinary action as it deems appropriate, following notice and hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:389 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3054 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2184 (December 2018).

§345. Unprofessional Conduct [Formerly §327]

A. The board shall deem a violation any charge of conduct which fails to conform to the Practice Act, and board rules to carry out the provisions of the Act, and shall take appropriate action where violations are found. The rules of this Chapter complement the board's authority to deny, suspend, revoke or take such other action against a licensee, or Compact Privilege holder as it deems appropriate.

B. As used in R.S. 37:2420(A)(7) of the Practice Act and in these rules, the term unprofessional conduct does not require actual injury to a patient, and includes, but is not limited to, the following:

1. departure from, failure to conform to, or failure to perform on a continuing basis to the minimal standards of acceptable and prevailing physical therapy practice as defined in §123, or the commission of any act contrary to honesty, justice, good morals, patient safety or the best interest of the patient, whether committed in the course of the licensees practice or otherwise, regardless of whether actual injury to a patient results therefrom, including, but not limited to:

a. failure to use sound professional judgment;

b. failing to assess a patient's status at every visit;

c. performing or attempting to perform procedures for which the licensee is not qualified by education, experience, licensure, or training;

d. failure to inform and refer the patient or client to an appropriate practitioner, when the licensee becomes aware of findings and/or the need for treatment which are outside the scope of the PT's competence;

e. providing treatment interventions that are not warranted by the patient's condition or continuing treatment beyond the point of reasonable benefit to the patient;

f. providing substandard care as a PTA by exceeding the authority to perform components of physical therapy interventions selected by the supervising PT of record or through a deliberate or negligent act or failure to act, whether or not actual injury to any person occurred;

g. causing, or permitting another person to cause, physical or emotional injury to the patient, or depriving the patient of his individual dignity;

h. abandoning a patient without documenting the transfer of care or by inappropriately terminating the patient/practitioner relationship; or

i. providing services as a PTA without the knowledge or supervision of a PT.

2. improperly delegating or supervising—a PT retains responsibility to his patient for the training, delivery and results of physical therapy services rendered to his patient. A PT shall not:

a. delegate professional, physical therapy, or, if applicable, physical therapist assistant responsibilities to a person the PT or PTA knows, or has reason to know, is not qualified by education, training, experience or licensure to perform the function or responsibility involved; or

b. fail to exercise appropriate supervision over a person who is authorized to practice only under PT supervision;

3. failing to create or maintain medical record—a licensee shall create and maintain adequate and legible patient records. In addition, a licensee shall:

a. not falsely create or alter a medical record or destroy a medical record except as authorized by law;

b. upon receipt of proper authorization, and in conformity with R.S. 40:1299.96, make patient medical records in the PT's possession available within a reasonable period of time to the patient, the patient's representative, or another physician or licensed health care provider;

c. make arrangements for patient access to medical records created by the licensee after relocating or closing a physical therapy practice, retiring, or being prohibited from practice by order of the board;

d. make arrangements, or assist another PT practicing in the same group to make arrangements, for access by a patient to his medical records after the PT has left a physical therapy practice, relocated a practice to a new location, closed a practice, or retired;

e. insure proper destruction of medical records by methods approved by state or federal authorities; and

f. not abandon or desert medical records;

4. exercising undue influence—a PT shall exercise his professional judgment in the best interest of his patients. A licensee shall not:

a. place his or her own financial gain over the interest and welfare of a patient in initiation or continuation of physical therapy services that are contraindicated or cannot reasonably result in a beneficial outcome; or

b. exercise influence over a patient in such a manner as to abuse or exploit the physical therapy provider/patient or client relationship for the purpose of securing personal compensation, gratification, gain or benefit of any kind or type, unrelated to the provision of physical therapy services;

5. sexual misconduct—inappropriate sexual or intimate conduct, includes, but is not limited to sexual intimacy, contact, exposure, gratification, abuse, exploitation or other sexual behavior with or in the presence of a patient or any other individual in connection to the licensee's practice of physical therapy regardless of consent by the patient. Such conduct may be verbal, physical, visual, written or electronic, or it may consist of expressions of thoughts, feelings or gestures that are sexual or reasonably may be construed by a patient or other individual as sexual or which may reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or another individual. Sexual misconduct between a licensee and a former patient after termination of the therapist–patient relationship may also constitute unprofessional conduct if the sexual misconduct is a result of the exploitation of trust, knowledge, influence or emotions derived from the professional relationship;

6. disruptive behavior—aberrant behavior, including but not limited to harassment, sexual or otherwise, manifested through personal interaction with employees, co–workers, hospital personnel, health care professionals, patients, family members or others, which interferes with patient care or could reasonably be expected to interfere with the process of delivering quality care or jeopardizing patient safety;

7. conviction of any crime or entry of a plea of guilty or nolo contendere to any criminal charge arising out of or related to the practice of physical therapy or which constitutes behavior which could put the person or property of patients at risk of harm from a treating licensee, or failing to notify the board of the same within seven days of conviction or entry of a plea of guilty or nolo contendere;

8. engaging in conduct which results in an arrest and the initiation of criminal prosecution, even if criminal charges are eventually lessened or dropped, when the conduct leading to the arrest can be verified and constitutes behavior which could put the person or property of patients at risk of harm from a treating licensee;

9. utilizing dry needling techniques in patient treatment without first obtaining appropriate specialized training and education as required by §311.

10. making or participating in any communication, advertisement, or solicitation which is false, fraudulent, deceptive, misleading or unfair in violation of board rules, or which contains a false, fraudulent, deceptive, misleading or unfair statement or claim, including, but not limited to:

a. documenting services provided which have not been provided as documented or billing for services which have not been provided;

11. disclosure to a third party not involved in a patient's care, of information or records relating to the physical therapy provider–patient relationship, except when such disclosure is authorized by the patient or when required or permitted by law;

12. practicing or enabling practice by an impaired provider as defined is §123, a licensee shall not:

a. engage in the practice of physical therapy while under the influence of a mood-altering substance that compromises the professional judgment or practice or has the potential to compromise the medical judgment or practice;

b. enable practice by an impaired provider;

c. fail to submit to physical or mental examination or for drug screening or testing at the time and place directed by the executive director following receipt of apparently reliable information or report alleging impairment, pursuant to §351, or as otherwise provided in the rules;

13. failing to timely notify the board of a name change, or change in business or home address, telephone numbers or email addresses as required by R.S. 37:2415.B.

14. allowing another person to use a licensee's wall certificate, pocket identification card, license number, national provider identifier, or other official document which identifies the holder as a licensee for any purpose other than to identify himself as the lawful holder of those credentials;

15. failure to notify the board of a felony arrest or arrest related to habitual intemperance as defined in §351, institution of formal criminal charges either by indictment or bill of information, and conviction, including, but not limited to, a guilty plea or a plea of nolo contendere, within seven days of such arrest, criminal charge, or conviction.

C. By implementing the meanings set forth in these rules, the board does not intend to restrict and reserves its authority and right to take action based upon R.S. 37:2405(B)(10), in any instance in which the particular facts and circumstances of a complaint, investigation or adjudication rise to a level of conduct that the board may in its discretion, finds to be unprofessional conduct.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:389 (May 1989), amended LR 19:208 (February 1993), LR 28:1981 (September 2002), LR 34:1911 (September 2008), amended by the Physical Therapy Board, LR 37:3054 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2184 (December 2018).

§347. Fraud or Misrepresentation [Formerly §327]

A. A person who "attempts to or attains a license by fraud or misrepresentation," as used in R.S. 2420.A (2) of the Practice Act, includes a person who:

l. makes any representation to the board, knowingly or unknowingly, which is in fact false or misleading as to a material fact or omits to state any fact or matter that is material to an application for a license under Chapter 1 of these rules; or

2. makes any representation, or fails to make a representation or engages in any act or omission, the result

of which is false, deceptive, fraudulent, or misleading in achieving or obtaining any of the qualifications for a license required by Chapter 1 of these rules.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:389 (May 1989), amended LR 19:208 (February 1993), LR 28:1981 (September 2002), LR 34:1911 (September 2008), amended by the Physical Therapy Board, LR 37:3055 (October 2011).

§349. Commission of a Felony [Formerly §327]

A. As used in R.S. 37:2420.A (4) of the Practice Act, a "felony" is a crime defined as such under the laws of the US, or of any state. The term "convicted", as applied to a licensed PT or PTA, or an applicant for such license is a judgment entered against such person by a court of competent jurisdiction on the basis of a finding or verdict of guilty or a plea of guilty or nolo contendere. Such a judgment provides cause for administrative action by the board so long as it has not been reversed by an appellate court of competent jurisdiction, notwithstanding that an appeal or other application for relief from such judgment may be pending.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:389 (May 1989), amended LR 19:208 (February 1993), LR 28:1981 (September 2002), LR 34:1911 (September 2008), amended by the Physical Therapy Board, LR 37:3055 (October 2011).

§351. Substance Abuse and Habitual Intemperance [Formerly §327]

A. As used in R.S. 37:2420.A (5) of the Practice Act, "habitually intemperate" means:

1. repeated excessive use or abuse of alcohol; or

2. the ingestion, self-administration, or other use of legally controlled substances or medications which affect the central nervous system, other than pursuant to and used in accordance with a lawful prescription and/or medical advice; or

3. repeated excessive use or abuse of any mood altering or mind altering substance that may negatively impact the ability of a licensee to safely practice physical therapy.

B. As used in R.S. 37:2420.A of the Practice Act, the phrase "abused controlled dangerous substances as defined by federal or Louisiana law" means physiological or psychological dependence on any legally controlled substance or medication with a potential for inducing physiological or psychological dependence or tolerance.

C. If the board receives apparently reliable information, including, but not limited to, reports made pursuant to R.S. 37:1745.14, which information or report puts in question a licensee's or applicant's current fitness and ability to practice physical therapy with reasonable skill and safety to patients, the licensee or applicant shall submit to such physical or mental examination, evaluation, test, or drug/alcohol screen as requested by the executive director to determine the licensee's or applicant's fitness and ability to practice physical therapy with reasonable skill and safety to patients.

D. A respondent shall appear for drug screening and testing at the facility designated by the executive director within six hours of initial contact by the board representative sent to the telephone number or email address designated for such purposes by respondent pursuant to §355, or as otherwise provided in the rules.

E. Records of such examinations, evaluations, tests, and screens shall be maintained by the board in confidence unless such records are admitted into the record of any adjudication proceeding before the board or subpoenaed by a court order.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:389 (May 1989), amended LR 19:208 (February 1993), LR 28:1981 (September 2002), LR 34:1911 (September 2008), amended by the Physical Therapy Board, LR 37:3056 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2185 (December 2018).

§353. Recovering Physical Therapy Program (RPTP)

A. Under the provisions of R.S. 37:2402 and following, the board has the authority to establish and implement recovery programs for PTs and PTAs as an alternative to the disciplinary process. The RPTP is established to assist board licensees who have demonstrated actual or potential inability to practice physical therapy with reasonable skill and safety to patients because of impairment as defined in §123. The goal of the RPTP is for PTs or PTAs to be treated and to return to practice in a manner which will not endanger public health, safety and welfare.

B. Eligibility. The following persons are eligible for participation in the RPTP:

1. a Louisiana-licensed PT or PTA;

2. a graduate of a school of physical therapy or physical therapist assisting eligible for licensure in Louisiana;

3. a PT or PTA currently enrolled in a peer assistance/alternative program in another jurisdiction and requesting licensure in Louisiana;

C. Objective. The RPTP objectives are:

1. to ensure the health, safety and welfare of the public through a program which closely monitors practitioners whose capacity to practice physical therapy with reasonable skill and safety to patients has been, or may potentially be, compromised because of impairment as defined by §123;

2. to encourage voluntary participation of licensees in appropriate rehabilitative medical treatment and ongoing aftercare and monitoring;

3. to promote safe physical therapy care by preventing and/or restricting the practice of-impaired licensees; and

4. to provide a structured program for participants seeking recovery from impairment.

D. Referrals to RPTP. Upon receipt of a complaint which involves a licensee, or reliable information of the impairment of persons eligible for participation in the RPTP as specified in Subsection B of this Section, the executive director may refer eligible persons for participation in the RPTP. Only eligible persons whose conditions have reliable indicators for return to safe practice will be permitted to participate in the RPTP.

E. Defer or Suspend Disciplinary Proceedings. When disciplinary proceedings have been initiated or could be initiated against a licensee pursuant to R.S. 37:2401-2424, such proceedings may be deferred or suspended to allow the licensee to participate in the RPTP.

F. An eligible person as defined in Subsection B of this Section not meeting the criteria of §357 may be admitted into the RPTP by the board pursuant to any adjudication order.

G. In addition to providing an alternative to discipline, the RPTP accepts eligible persons who have been diagnosed with a physical, and/or mental impairment, or substance abuse and/or dependency and eligible persons already subject to discipline ordered by the board.

H. When a licensee ceases to be in compliance with his RPTP agreement, he shall be referred back to the board for regular disciplinary proceedings or such action as authorized in the RPTP agreement.

I. Use of Outside Contractor. The RPTP may be administered by board staff directly or the board may delegate to a qualified outside contractor the administration and operation of all or part of RPTP on such terms as it deems prudent. Such contractor shall be charged with the powers and responsibilities set forth in these rules. If delegated to a qualified outside contractor, the board shall cooperate with a contract operator of RPTP and shall act responsibly to meet its obligations under the Practice Act, board rules, RPTP agreements and contracts with outside contractors.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3056 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2185 (December 2018).

§357. Admission to the Confidential Recovering Physical Therapy Program (CRPTP)

A. Participation in CRPTP may be voluntary, non-punitive, confidential, as defined by §123, and in place of formal disciplinary proceedings for eligible persons who meet the following admission criteria:

1. voluntary request for admission to RPTP whether referred by self or other sources;

2. addiction to or use of alcohol and/or other mood altering substances including prescription drugs, or has a physical or mental condition, which impairs or potentially impairs the ability of the eligible person to perform duties safely;

3. no previous disciplinary action involving impairment by any licensing authority;

4. has no criminal convictions or pending criminal charge that involves violence or danger to another person, or involves a crime which constitutes a threat to patient care;

5. no diversion of chemicals;

6. no dealing or selling of illicit drugs;

7. no coexisting untreated physical, emotional or psychiatric problems which would impair physical therapy competency;

8. no related practice problems involving death or significant harm to a patient; and

9. agrees to comply with all RPTP requirements and signs the RPTP agreement including a statement acknowledging chemical dependency or other impairment.

B. Involvement by the participant in the CRPTP will remain confidential and shall not be subject to discovery in a legal proceeding except as required by federal and state confidentiality laws as long as the licensee complies with all stipulations of the RPTP agreement.

1. The board may cause to be made non-confidential the records, files and information related to a successfully completed RPTP in the event that a former participant becomes the subject of a subsequent disciplinary action for violation of the Practice Act or board rules related to substance abuse and/or chemical dependency unless such records are protected by federal and state confidentiality laws and regulations.

C. When a licensee ceases to be in compliance with his confidential RPTP agreement, he shall be referred back to the board for regular disciplinary proceedings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3056 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2186 (December 2018), LR 47:1139 (August 2021).

§361. RPTP Non–compliance

A. When a licensee ceases to be in compliance with his RPTP Agreement, he shall be referred back to the board for regular disciplinary proceedings.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3057 (October 2011).

§363. Licensees Leaving the State

A. A RPTP participant who moves from Louisiana to another state with an alternative program shall have records transferred to that program.

B. A RPTP participant who moves to a state where there is no alternative program shall have his records transferred to the licensing board in the receiving state.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3057 (October 2011).

§365. Licensure of Persons with a History of Substance Abuse

A. As authorized by R.S. 37:2420(A)(5), the board may refuse to license any applicant, or may refuse to renew the license of any person, or may restrict, suspend or revoke any license upon proof that a person has been habitually intemperate or abused controlled dangerous substances as defined by federal or Louisiana law.

B. In reviewing a history of substance abuse, the board may consider, among other evidence, the following in determining fitness to practice physical therapy and appropriate board action:

1. documentation demonstrating the degree of sobriety obtained;

2. documentation showing completion of a drug or alcohol rehabilitation program;

3. evidence of participation in board–accepted aftercare;

4. a current status report from a drug/alcohol abuse counselor or board–accepted aftercare sponsor; and

5. notarized letters of recommendation.

C. The burden to provide the foregoing documentation to the board shall be solely at the expense of the respondent/applicant.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3057 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2186 (December 2018).

§369. Disclosure of Financial Interest and Abuse of Referrals [Formerly §327]

A. Declaration of Purpose; Interpretation and Application. Physical therapists and physical therapist assistants owe a fiduciary duty to patients to exercise their professional judgment in the best interests of their patients in providing, furnishing, recommending, or referring patients for health care items and services, without regard to personal financial recompense. The purpose of these rules and the laws they implement is to prevent payments by or to a health care provider as a financial incentive for the referral of a patients to a health care provider for diagnostic or therapeutic services or items. These rules shall be interpreted, construed and applied so as to give effect to such purposes and intent.

B. As used in R.S. 2420 A.(8) of the Practice Act, the phrase "engages directly or indirectly in the division, transferring, assigning, rebating, or refunding of fees received for professional service with a referring practitioner or any relative or business associate of that referring practitioner" means the exploitation of the physical therapy referral mechanism so that a referring practitioner receives compensation, payment, or anything of value, including but not limited to rental fees in excess of fair market value, or any other unearned monies or value in kind, in return for a patient referral when the referring practitioner does not have an ownership interest in the physical therapy practice involved.

C. Violation of R.S. 37:1744 shall be a violation of these rule and the laws they implement.

D. Violation of R.S. 37:1745 shall be a violation of these rules and the laws they implement.

E. General Exceptions. Any payment, remuneration, practice, or arrangement, which is not prohibited by or unlawful under §1128B(b) of the federal Social Security Act (Act), 42 U.S.C. §1320a-7b(b), as amended, with respect to health care items or services for which payment may be made under title XVIII or title XIX of the Act, including those payments and practices sanctioned by the secretary of the United States Department of Health and Human Services, through the Office of the Inspector General, pursuant to §1128B(b)(3)(E) of the Act, through regulations promulgated at 42 CFR §1001.952, as the same may hereafter be amended, shall not be deemed a payment prohibited by R.S. 37:1745(B) or by §369 of these rules with respect to health care items or services for which payment may be made by any patient, private, or governmental payer.

F. Sanctions. Upon proof of a violation, the board may suspend or revoke, refuse to issue, or impose probationary or other restrictions on any license and shall order the refund of all such sums received in payment for the goods and services furnished or rendered without disclosure of financial interest. Such a refund shall be paid to the individual patient, third-party payor, or other entity who made the payment.

G. The board shall submit to the commissioner of insurance an annual report listing the investigations undertaken pursuant to this Section, including the number of violations and the sanctions imposed, if any.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:389 (May 1989), amended LR 19:208 (February 1993), LR 28:1981 (September 2002), LR 34:1911 (September

2008), amended by the Physical Therapy Board, LR 37:3058 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2187 (December 2018).

§375. Disciplinary Process and Procedures [Formerly §329]

A. The purpose of the following rules is to supplement and effectuate the applicable provisions of the Louisiana Administrative Procedure Act, R.S. 49:950 and following, regarding the disciplinary process and procedures. These rules are not intended to amend or repeal the provisions of the Louisiana Administrative Procedure Act, and, to the extent any of these rules are in conflict therewith, the provisions of the Louisiana Administrative Procedure Act shall govern.

B. A disciplinary proceeding, including the formal hearing, is less formal than a judicial proceeding. It is not subject to strict rules and technicalities, but must be conducted in accordance with considerations of fair play and constitutional requirements of due process.

C. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the Respondent did certain acts or omissions and, if he did, whether those acts or omissions violated the Practice Act or board rules; and to determine the appropriate disciplinary action.

D. Pursuant to 45 CFR 60.1, the board is required to report certain information, including final adverse actions it has taken against its licensees, to the NPDB. The board may designate an agent to act on its behalf to report information and submit queries to the NPDB as required by federal law, as may be amended from time-to-time.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:389 (May 1989), amended LR 19:208 (February 1993), LR 26:2792 (December 2000), amended by the Physical Therapy Board, LR 37:3059 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2187 (December 2018).

§377. Initiation of Complaints [Formerly §331]

A. Complaints may be initiated by any person or by the board on its own initiative. A licensee is obligated to report to his supervisor or employer, and to the board, violations of the Practice Act, board rules or the minimal standards of acceptable and prevailing physical therapy practice as defined in §123.

B. Failure by a licensee to report such violations to his supervisor or employer and to the board may subject the licensee to disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:389 (May 1989), LR 19:208 (February 1993), LR 26:1448 (July 2000), amended by the Physical Therapy Board, LR 37:3059 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2187 (December 2018).

§379. Emergency Action [Formerly §343]

A. In accordance with R.S. 49:961, if the board finds that public health, safety, and welfare require emergency action and incorporates a finding to that effect in its order, a summary suspension of a license may be ordered pending proceedings for suspension, revocation or other action. Such proceedings shall be promptly instituted and determined.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3059 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2187 (December 2018).

§381. Disposition of Complaints [Formerly §§333 and 335]

Editor's Note: This Section was amended utilizing information from the Sections enumerated. The Historical Note reflects prior action for those enumerated Sections. A comprehensive revision of the Louisiana Physical Therapy Board book (LAC 46:LIV) was effective via the board's October 2011 Rule in the *Louisiana Register*.

A. Some complaints may be settled informally by the board and the Respondent without a formal hearing. The following types of informal dispositions may be utilized:

1. Disposition by Correspondence. For less serious complaints, the executive director or legal counsel may write to the Respondent explaining the nature of the complaint received. If the Respondent's subsequent response satisfactorily explains the situation, the matter may be dropped. If the situation is not satisfactorily explained, it may be scheduled for an Informal Conference.

2. Informal Conference. An Investigative Committee of the board may conduct an Informal Conference with the Respondent. The Respondent shall be given reasonable notice to participate in the Informal Conference and provided with a description of the issues to be discussed, the possible violations of law or rules and whether admissions by Respondent in the Informal Conference may later be used in a formal hearing.

3. *letter of concern*, as defined in §123;

4. consent order. If the respondent and the board member participating in the Investigative Committee agree on the essential facts and law arising out of the complaint and on sanctions to be imposed on the respondent, the complaint may be resolved by a consent order to be presented by the participating board member or by board legal counsel for approval, amendment or rejection. If accepted by the board and the respondent, the consent order shall be finalized as a board order and shall be reported to the NPDB and published as a disciplinary action of the board;

5. dismissal:

a. a complaint may be dismissed for the following reasons:

i. the absence of adequate, credible evidence; or

ii. other reasons which the Investigative Committee believes are justification for dismissal;

b. when it is the decision of the Investigative Committee to dismiss a complaint, the complainant shall be provided with a letter explanation for dismissal of the complaint;

6. education. After review and investigation of a complaint, the Investigative Committee may require the licensee to participate in an educational meeting with the Investigative Committee, or other persons as delegated by the Investigative Committee, to discuss the laws and rules as they apply to the practice of physical therapy. Request for an educational meeting shall be in writing and shall provide the date, time, location, and matters to be discussed. This meeting shall be confidential and shall not be reported to the NPDB nor published as a disciplinary action of the board. Failure to comply with the request for an educational meeting shall be deemed a failure to cooperate with the board in violation of §383.A.

B. An Agreement reached between a complainant and a Respondent shall not preclude disciplinary action by the board on the issues raised in the complaint brought to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:390, 391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3059 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2188 (December 2018).

§383. Failure to Respond or Cooperate with the Board [Formerly §341]

A. Licensees shall cooperate with and assist the board in carrying out its duties. A licensee shall, among other matters:

1. respond or provide information or items requested, respond to a subpoena, comply to a request for a meeting, or complete an evaluation within the time designated by the board or its staff;

2. not attempt to influence the board, its members, staff or agents by means of intimidation, falsehoods or other means prohibited by law;

3. not contact members of the board directly or through others during the pendency of a complaint in an attempt to influence the outcome of an investigation or disciplinary proceeding; and

4. not contact or attempt to contact a complainant or witness for purposes of intimidation or harassment regarding a complaint or an investigation by the board.

B. If the Respondent does not respond to the original communication from the board within ten days of a request by the board, a second letter shall be sent to the Respondent by certified mail, return receipt requested, seeking a response by a specified date.

C. If the Respondent fails to reply to the board's second request or otherwise fails to cooperate with the board, the board shall record the circumstances of the failure to cooperate and shall notify the Respondent of the date for an Informal Conference or Formal Hearing and that failure to appear and participate may result in action which could eventually lead to suspension or revocation of license, or other appropriate sanctions under the law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3060 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2188 (December 2018).

§385. Monitoring of Licensees

A. A Respondent who is required by board order to provide information or perform certain acts will be monitored by a board representative to ensure that the requirements imposed by the board order are met.

B. Respondents working under a board order resulting from disciplinary proceedings shall provide to the executive director their preferred telephone and/or email address for expedited communications regarding compliance with board orders. Once designated by the Respondent, all communication regarding compliance shall be directed by board representatives to that telephone number or email address and the Respondent shall be responsible for responding to such communications within four hours of the time the message was sent to the designated telephone number or email address. Failure of the Respondent to respond to the board representative within four hours shall be grounds for disciplinary action against the Respondent. If the Respondent desires to change the designated means of communication, they shall do so in writing sent to the executive director.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.A and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Physical Therapy Board, LR 37:3060 (October 2011).

§387. Formal Hearings [Formerly §337]

A. The board is authorized by R.S. 37:2420, to initiate administrative proceedings against persons to whom it has issued a license to practice as a PT or PTA or against any applicant requesting a license. The board and the Respondent accused of a violation are the parties to the proceeding. The person has the right to appear and be heard, either in person or through counsel; the right to notice, a statement of what accusations have been made; the right to present evidence and to cross examine; and the right to have witnesses subpoenaed.

B. If the Respondent does not appear, either in person or through counsel, after proper notice has been given, the Respondent is deemed to have waived these rights and the board may proceed with the hearing without the presence of the Respondent.

C. Disciplinary proceedings shall include certain steps, and may include other steps as follows.

1. The board has received or originated a complaint alleging that a licensee or applicant has acted in violation of the Practice Act or board rules.

2.a. The complaint is investigated by the Investigative Committee as defined in §123 to determine if there is sufficient evidence to warrant disciplinary proceedings. Once the complaint is under investigation, no board member (except board members serving as members of an Investigative Committee) shall receive or review any information relevant to the subject matter of the investigation or communicate with the respondent or his legal representative, potential witnesses, or any member of the Investigative Committee concerning any issue of fact or law relevant to the investigation. A board member who has served on the Investigative Committee shall not serve as a member of a hearing panel of the board in the adjudication of a case previously investigated by the board member.

b. A decision to initiate a formal complaint or charge is made if one or more of the following conditions exist:

i. the conduct complained of is sufficiently serious;

ii. the Respondent, through board correspondence, has been given an opportunity to show compliance with lawful requirements for the retention of his license without restriction as contemplated by R.S. 49:961.C, but the Respondent fails to respond, affirmatively waives the opportunity or provides an unconvincing response to the board's correspondence; or

iii. an Informal Conference is conducted, but fails to resolve all of the issues or reach a Consent Order acceptable to the board and the Respondent.

3. A sworn complaint is filed, charging the violation of one or more of the provisions of the Practice Act and/or board rules and the specific violation thereof.

4. A time and place for a hearing is fixed by the chairman or an agent of the board.

5. a. At least 20 days prior to the date set for the hearing, a copy of the charges in the form of an Administrative Complaint shall be served on the Respondent by certified mail with return receipt as well as by regular first class mail at the most current address reflected in the official records of the board, or by personal service on the Respondent. Respondent is obligated to provide current contact information to the board as required by §317. If service by certified mail is not effective or is returned unclaimed, attempted personal service does not succeed and attempted notice at Respondent's email address and telephone number also are unsuccessful, the complaint may be adjudicated by default pursuant to R.S. 49:955.D.

b. The content of the charges limits the scope of the hearing and the evidence which may be introduced. The charges may be amended at any time up to ten days prior to the date set for the hearing.

c. If the board is unable to describe the matters involved in detail at the time the sworn complaint is filed, this complaint may be limited to a general statement of the issues involved. Thereafter, upon respondent's request, the board shall provide a more definite and detailed statement.

d. The respondent may file a written answer to the complaint within 15 days of service, admitting or denying each of the separate allegations. Any matter admitted by the respondent shall be deemed proved and established for the purpose of adjudication. In the event the respondent does not answer the complaint, all allegations will be deemed denied.

e. At any time after service of the administrative complaint, a respondent who chooses to be represented by legal counsel shall provide written notification to the board's prosecuting attorney of the name, address and telephone number of such counsel. Following receipt of proper notice of representation, all further notices, correspondence, administrative complaints, subpoenas, orders or other process shall be served on Respondent through his counsel of record.

6. Except for extreme emergencies, motions requesting a continuance of a hearing shall be filed no less than five days prior to the time set for the hearing. The motion shall contain the reason for the request, which reason must have relevance to due process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:205(B)(10) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3060 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2188 (December 2018), LR 47:1139 (August 2021).

§389. Issuance of Subpoenas [Formerly §337]

A. The chairman, or an authorized agent of the board, shall issue subpoenas on behalf of the board for disciplinary proceedings and when requested to do so, may issue subpoenas for respondent.

B. Subpoenas include:

1. a subpoena requiring a person to appear and give testimony; and

2. a subpoena duces tecum, which requires that a person produce books, records, correspondence, or other materials over which he has control.

C. A subpoena requested by a respondent shall not be issued unless the respondent deposits with the board sufficient money to pay the fees and expenses to which a witness in a civil proceeding is entitled under R.S. 13:3671.

In addition, the board shall set the amount of any additional compensation for a witness subpoenaed to testify as an expert based on the value of the time employed and the degree of skill and learning required to formulate and present an expert opinion, which additional compensation shall be paid in advance by the party requesting the subpoena for the attendance of such witness.

D. A motion to limit or quash a subpoena may be filed with the board, but not less than 72 hours before the hour set for the hearing.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (4) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3061 (October 2011).

§391. Conduct of Hearing [Formerly §337]

A. The hearing shall be convened by the board chair or acting board chair at the time, date and place provided in the notice to respondent, at which time the board's primary role is to receive evidence and argument, and to reach a decision. Any board member, who, because of bias or interest, is unable to provide a fair hearing, shall be recused from the particular proceeding. The reasons for the recusal are made part of the record. Should the majority of the board members be recused for a particular proceeding, the governor shall be requested to appoint a sufficient number of pro tem members to provide a quorum for the proceeding in accordance with R.S. 49:960B.

B. Any objection to the composition of the hearing panel or the qualifications of any member of the hearing panel shall be made and ruled on by the chair before any evidence is received.

C. The board shall be represented by its investigating board member who has conducted the investigation and by its prosecuting attorney who presents evidence to support the charges contained in the administrative complaint.

D. Respondent may present evidence personally or through an attorney, and witnesses may testify on his behalf.

E. Evidence includes the following:

1. oral testimony given by witnesses at the hearing, except that, for good cause, testimony may be taken by deposition. The cost of such deposition shall be borne by the requesting party;

2. documentary evidence, such as written or printed materials including public, business or institutional records, books and reports;

3. visual, physical and illustrative evidence;

4. admissions, which are written or oral statements of the respondent a party made either before or during the hearing; and

5. facts officially noted into the record, usually readily determined facts making proof of such unnecessary.

F. All testimony shall be received under oath. If the witness objects to swearing, the word "affirm" may be substituted.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (10) and Act 535 of 2009.

HISTORICAL NOTE: promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3061 (October 2011).

§392. Order of Hearing [Formerly §337]

A. Unless respondent is notified otherwise no less than 72 hours prior to the beginning of the hearing, the order of proceedings shall be as follows:

1. the board's representative makes an opening statement of what he intends to prove, and what action is sought from the board;

2. the respondent or his attorney makes an opening statement, explaining why he believes that the charges against respondent are not legally founded;

3. the board's representative presents the evidence against the respondent;

a. which evidence may include, but is not limited to, all evidence admissible pursuant to R.S. 49:956(2) and (3);

b. as part of the board’s case in chief, the board’s representative may call the respondent under cross examination;

4. the respondent or his attorney cross examines;

5. the respondent presents evidence;

a. which evidence may include, but is not limited to, all evidence admissible pursuant to R.S. 49:956(2) and (3);

6. the board's representative cross examines;

7. the board's representative rebuts the respondent's evidence;

8. the respondent surrebuts the evidence against him;

9. each party makes closing statements. The board's representative makes the initial closing statement and the final statement; and

10. motions may be made before, during, or after a hearing. All motions shall be made at an appropriate time, according to the nature of the request. Motions made before a hearing or after the hearing pursuant to §396, shall be in writing. Those made during the course of the hearing may be made orally since they become part of the record of the proceeding.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(B)(10) and Act 535 of 2009.

HISTORICAL NOTE: promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3062 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 44:2188 (December 2018), LR 47:1139 (August 2021).

§393. Decision of the Board [Formerly §337]

A. The decision of the board shall be reached in the following manner:

1. determine the facts established by the evidence presented in the hearing;

2. determine whether the facts in the case support the charges brought against the respondent; and

3. determine whether charges brought are a violation of the Practice Act or board rules.

B. The vote of the board shall be recorded. A majority of the quorum of the board in attendance at the hearing shall be necessary to render a decision, unless otherwise agreed upon by the parties. Minority views may be made part of the record.

C. Sanctions against the respondent shall be based upon the findings of fact and conclusions of law determined by the board. The respondent shall be notified by mail of the decision of the board.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (10) and Act 535 of 2009.

HISTORICAL NOTE: promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3062 (October 2011).

§395. Record of the Hearing [Formerly §337]

A. The record of the hearing shall include:

1. all papers filed and served in the proceeding;

2. all documents and other materials accepted as evidence at the hearing;

3. statements of matters officially noticed;

4. notices required by the statutes or rules, including notice of the hearing;

5. affidavits of service or receipts for mailing or process or other evidence of service;

6. stipulations, settlement agreements or consent orders, if any;

7. records of matters agreed upon at a prehearing conference;

8. reports filed by the hearing officer, if one is used;

9. orders of the board and its final decision;

10. actions taken subsequent to the decision, including requests for reconsideration and rehearing; and

11. a transcript of the proceedings, if one has been made, or a tape recording or stenographic record.

B. The record of the proceeding shall be retained until the time for any appeal has expired, or until the appeal has been concluded. The record is not transcribed unless a party to the proceeding so requests, and the requesting party shall pay for the cost of the transcript.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (10) and Act 535 of 2009.

HISTORICAL NOTE: promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3062 (October 2011).

Subchapter E. Post–adjudication Remedies

§396. Reconsideration of Decisions [Formerly §337]

A. A petition by a party seeking reconsideration or rehearing must be in proper form and filed within ten days after notification of the board's decision. The petition shall set forth the grounds for the rehearing, which shall include one or more of the following:

1. the board's decision is clearly contrary to the law and evidence;

2. there is newly discovered evidence by the party since the hearing which is important to the issues and which the party could not have discovered with due diligence before or during the hearing;

3. there is a showing that issues not previously considered ought to be examined in order to dispose of the case properly; or

4. it would be in the public interest to review and further consider the issues and the evidence.

B. The board’s decision to grant or deny a requested reconsideration of its decision is final and not subject to review or appeal.

C. The board shall reconsider a matter when ordered to do so when the case is remanded for reconsideration or rehearing by a court to which the board's decision has been appealed.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (10) and Act 535 of 2009.

HISTORICAL NOTE: promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:391 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3062 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 47:1139 (August 2021).

§397. Judicial Review of Adjudication [Formerly §345]

A. Any respondent whose license has been revoked, suspended, denied or otherwise sanctioned by the board has the right to have the proceedings of the board reviewed by the state district court having jurisdiction over the board,

provided that such petition for judicial review is filed within 30 days from mailing of the notice of the decision of the board. If judicial review is granted, the board's decision is enforceable in the interim unless the court orders a stay.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2405.B (10) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:392 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3063 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 47:1140 (August 2021)..

§399. Appeal
[Formerly §347]

A. A respondent aggrieved by any final judgment rendered by the state district court may obtain a review of said final judgment by appeal to the appropriate circuit court of appeal. Pursuant to the applicable Section of the Louisiana Administrative Procedure Act, La R.S. 49:965, this appeal shall be taken as in any other civil case.

AUTHORITY NOTE: Promulgated in accordance with La R.S. 37:2420 and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:392 (May 1989), LR 19:208 (February 1993), amended by the Physical Therapy Board, LR 37:3063 (October 2011).

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIV. Physical Therapy Board
Subpart 3. Fees

Chapter 5. Fees

§501. Fees

A. The board may collect the following fees:

1. application—$250;
2. re–instatement—$75;
3. renewal of license, per year—$140;
4. license verification—$40;
5. duplicate wall license—$50;
6. duplicate wallet license—$20;
7. CE review (courses <8 hrs)—$100;
8. CE review (courses 8+ hrs)—$150;
9. late renewal of license—$400;
10. licensee course review—$20.
11. mailing list—$250 maximum;
12. compact state fee—$95.

B. The biennial renewal fee provided in this Rule shall be received by the board office prior to May 1 of each period.

C. If the biennial renewal fee is received by the board office on or subsequent to May 1, the applicant shall apply for reinstatement pursuant to §187 and shall pay the renewal fee and the reinstatement fee.

D. The board may assess reasonable fees with regards to administrative business expenses and services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2405(A)(1) and Act 535 of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospital, Board of Physical Therapy Examiners, LR 15:392 (May 1989), LR 17:667 (July 1991), LR 18:963 (September 1992), LR 21:396 (April 1995), LR 28:1982 (September 2002), amended by the Physical Therapy Board, LR 37:3063 (October 2011), amended by the Department of Health, Physical Therapy Board, LR 42:1301 (August 2016), amended by the Department of Health, Physical Therapy Board, LR 42:1301 (August 2016), LR 44:2189 (December 2018), LR 45:1206 (September 2019).