AK PT Scope Modernization Work Group - November 12, 2025

Alaska Division of Corporations, Business and Professional Licensing
Zoom
2025-11-12 11:00 - 13:00 AKST

Table of Contents

e. chiropractic and physician boards)

5. Discussion - Draft Language

Review and edit current draft of AK practice act as presented to the PT/OT board in August of 2025.

Primary discussion to cover the following:

1. Revisit 08.84.190 (11) (b) and (d), and (9).
2. Consider prescriptive authority for musculoskeletal conditions.
3. Consider injection privileges similar to US Army model (FYI this was not a point of primary interest to the stakeholders in previous WG meetings).
4. Revisit Primary Care conversation (11)(d).
    1. Look at other definitions of primary care that exist in Alaska statutes.
5. Address AOTA concern in regard to this sentence: “functional training in self-care and in home, community or work integration or reintegration;” (11)(b).
6. Review and discuss letter of opposition from Dr. Runde submitted to the board for the 08/07/25 meeting.
7. Reach a decision on inclusion/exclusion of each definition in the definitions section.

Resources for discussion of Primary Care:

1. AS 21.07.250 (11) “primary care provider” means a health care provider who provides general medical care services and does not specialize in treating a single injury, illness, or condition or who provides obstetrical, gynecological, or pediatric medical care services;
2. AS 08.64.380 (6) = Practice of medicine or practice of osteopathy
   (6) "practice of medicine" or "practice of osteopathy" means:
   (A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;
   (B) to use or publicly display a title in connection with a person’s name including "doctor of medicine," "physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

6. Next Meeting Dates/Times

Wednesday, November 19 - 11:00 am - 1:00 pm
Wednesday, November 26 - 11:00 am - 1:00 pm

7. Next Steps

Objective: Finalize proposed language to be sent to the PT/OT Board for review.

8. Adjourn

BOARD OF PHYSICAL AND OCCUPATIONAL THERAPY – PT SCOPE MODERNIZATION WORK GROUP MEETING

THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, HEREBY ANNOUNCES THE FORTHCOMING MEETING:

BOARD OF PHYSICAL AND OCCUPATIONAL THERAPY – PT SCOPE MODERNIZATION WORK GROUP MEETING. November 12, 2025. 11:00am. Teleconference/videoconference to conduct further research, gather additional stakeholder input and make recommendations on draft statutory language for physical therapy scope modernization to the board. Participants must register to attend. The Zoom link to attend is

https://us02web.zoom.us/meeting/register/txyZo-6tSnK-jR2Yz8HpZQ

For more information, visit:

www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy/BoardMeetingDatesAgen

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Attachments, History, Details

Attachments
None

Revision History
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Details

Department:	Commerce, Community, and Economic Development
Category:	Boards and Commissions
Sub-Category:	Physical Therapy and Occupational Therapy Board, State
Location(s):	Teleconference, Videoconference
Project/Regulation #:	
Publish Date:	10/15/2025
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Events/Deadlines:	

PT STATUTORY SCOPE MODERNIZATION

Work Group Summary Document

Abstract

Physical Therapy Stakeholder Work Group convened by the Physical Therapy and Occupational Therapy Board to develop draft statutory language for scope modernization.

Jonathan Gates

PT Scope Modernization Workgroup Summary Document

The PT Scope Modernization Workgroup met seven times from March 2025 to June 2025 with the goal to review the current PT scope of practice language, and discuss and develop changes to modernize and allow for future growth of the profession.

The Board reached out to stakeholders to gauge interest in participation in this workgroup through the Board's Listserv. The first meeting gathered feedback from all stakeholders present to develop an agenda of concerns to address during workgroup meetings, as well as to determine if stakeholders present would be interested in participating in the workgroup. The subsequent meetings were coordinated to facilitate active participation from workgroup members in developing draft language to be presented to the Board.

Workgroup Objectives

1. Develop a collaborative plan to address modernization of our scope of practice between all stakeholders (including the state licensing board, APTA-AK, national organizations, and licensees) to create statutory change.
2. Identify needs for change/improvement in the current scope of practice language - AS 08.84.190(7)
3. Develop draft language to address any needs that the workgroup identifies.
4. Address the role of PTAs in scope of practice language
5. Develop an updated draft of scope of practice language with future action steps for recommendation to the PHY Board.

Work Group participants:

- Jonathan Gates - PHY Board Member
- Leslie Adrian, FSBPT
- Rebecca Byerley - APTA-AK
- Sarah Kowalczk
- Mark Venhaus
- Tina McLean
- Mark Cunningham
- Cortland Reger

Meeting dates:

- March 25, 2025 – Jonathan Gates, Tina McLean, Leslie Adrian, Rebecca Byerley, Sarah Kowalczk, Mark Venhaus
- April 8, 2025 – Jonathan Gates, LeeAnn Carrothers, Leslie Adrian, Mark Venhaus, Rebecca Byerley, Tina McLean
- April 22, 2025 – Jonathan Gates, Leslie Adrian, Rebecca Byerley, Sara Kowalczk, Mark Venhaus, LeeAnn Carrothers, Mark Cunningham, Cortland Reger

- May 6, 2025 – Jonathan Gates, Rebecca Byerley, Tina McLean, Mark Cunningham, Sarah Kowalczk
- May 23, 2025 – Jonathan Gates, Rbecca Byerley, Mark Cunningham, Mark Venhaus, Tina McLean; Guests Jeffrey Gordon and Molly Self
- June 5, 2025 – Jonathan Gates, Rbecca Byerley; written comments submitted by Tina McLean
- June 17, 2025 – Jonathan Gates, Tina McLean, Leslie Adrian, Mark Cunningham, Sarah Kowalczk, Rebecca Byerley; public comment Molly Vaughan APTA Alaska Imaging work study group

The workgroup identified the following topics of concern to be addressed as draft language was developed:

- Avoid a long list of permitted interventions. Ensure broad language that can be defined more in regulation.
- Supervision of PTAs, and types of supervision.
- Term Protection
- Direct Access (PTs as primary care for conditions w/in PT SOP)
- Rural Access
- Avoiding language inferring PTs practicing outside of SOP, to avoid negative perception
- No changes to be made to Article 4 (PT Compact)
- Finalized proposed changes and language for submission to the PT/OT Board

Major Changes suggested by the workgroup:

1. Adopt portions of the FSBPT Model Practice Act (MPA) - as this is the gold standard, per FSBPT, for state practice acts; and has been developed and refined by FSBPT. Originally printed in 1997, the most recent revision was in 2022. Review of all state practice acts found that many states have made a similar change to this model, or a portion thereof.

2. Classify Physical Therapists as Primary Care Providers for conditions within the PT SOP, as stated in this document. This is currently the model of the US Army, and has been adopted, or is in process of legislative proposal, in Montana, Oregon, and Utah - setting a precedent as a growing national trend in the field of PT.

Recommendation For Next Steps:

1. It is recommended that the Board create a task force to work in collaboration with stakeholders (APTA-AK, FSBPT, and licensees), to aid in the legislative process for this bill.
    a. <u>There are concerns from the stakeholders, as well as licensees, that the board is going to push these changes through without seeking further public input.</u>

b. We were told that, while the national APTA is in agreement with FSBPT's MPA, the AK-APTA will oppose these changes.

2. Create a regulations project involving omitting the wording in **12 AAC 54.530(a)** that limits telerehabilitation to "geographic constraints or health and safety constraints." See **Centralized Statute 08.02.130**

   (a) The purpose of this section is to establish standards for the practice of ~~telerehabilitation~~ **telehealth** by means of [an interactive telecommunication system] by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state. ~~and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.~~

   a. Telehealth is considered the same as any other practice setting by FSBPT. This language is overly restrictive and antiquated.
   b. Also consider changing the phrasing from "telarehabilitation" to "telehealth", for continuity in phrasing.

3. Collaborate with the OT Modernization Workgroup to ensure statute language is cohesive between the two professions, as recommended by the Scope of Practice Committee.

CHAPTER 84.
PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS

Article

1. State Physical Therapy and Occupational Therapy Board (§§ 08.84.010, 08.84.020)
2. Licensing (§§ 08.84.030 – 08.84.120)
3. Unlawful Acts (§§ 08.84.130 – 08.84.180)

ARTICLE 1.
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

Section
01. Legislative Intent
10. Creation and membership of board
20. Applicability of Administrative Procedure Act

Sec. 08.84.001. Legislative Intent

This act is enacted for the purpose of protecting the public health, safety, and welfare, and provides for jurisdiction administrative control, supervision, licensure, and regulation of the practice of physical therapy and occupational therapy. It is the legislature's intent that only individuals who meet and maintain prescribed standards of competence and conduct may engage in the practice of physical therapy and occupational therapy as authorized by this act. This act shall be liberally construed to promote the public interest and to accomplish the purpose stated herein.

Sec. 08.84.120. Refusal, revocation, and suspension of license; discipline. (a) The board may refuse to license an applicant, may refuse to renew the license of a person, may discipline a person, and may suspend or revoke the license of a person who

(1) has obtained or attempted to obtain a license by fraud or material misrepresentation;
(2) uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy or occupational therapy competently and safely;
(3) has been convicted of a state or federal felony or other crime that effects the person's ability to practice competently and safely;
(4) is guilty, in the judgement of the board, of gross negligence or malpractice or has engaged in conduct contrary to the recognized standards of ethics of the physical therapy profession or the occupational therapy profession;

BOLD and Underlined = adding language to existing statutory language
Strikethrough = remove language from existing statutory language

(5) has continued to practice physical therapy or occupational therapy after becoming unfit because of physical or mental disability;
(6) has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person;
(7) as a physical therapist assistant, has attempted to practice physical therapy that has not been initiated, supervised, and terminated by a licensed physical therapist;
(8) as an occupational therapy assistant, has attempted to practice occupational therapy that has not been supervised by a licensed occupational therapist; or
(9) has failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board.
(10) Practicing or offering to practice beyond the scope of the practice of physical therapy.
(11) Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.

(b) The refusal or suspension of a license may be modified or rescinded if the person has been rehabilitated to the satisfaction of the board.
(c) The board may not impose disciplinary sanctions on a licensee for the evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person if the licensee

(1) or another licensed health care provider is available to provide follow-up care;
(2) requests that the person consent to sending a copy of all records of the encounter to a primary care provider if the licensee is not the person's primary care provider and, if the person consents, the licensee sends the records to the person's primary care provider; and
(3) meets the requirements established by the board in regulation.

(d) The board shall adopt regulations restricting the evaluation, diagnosis, supervision, and treatment of a person as authorized under (c) of this section by establishing standards of care, including standards for training, confidentiality, supervision, practice, and related issues.

ARTICLE 5. GENERAL PROVISIONS

Section
190. Definitions
200. Short title

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Sec. 08.84.190. Definitions. In this chapter, unless the context otherwise requires,

(1) “board” means the State Physical Therapy and Occupational Therapy Board;
~~(2) “occupational therapist” means a person who practices occupational therapy;~~

~~(3) “occupational therapy” means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; “occupational therapy” includes~~

~~(A) developing daily living, play, leisure, social, and developmental skills;~~
~~(B) facilitating perceptual-motor and sensory integrative functioning;~~
~~(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;~~
~~(D) design, fabrication, and application of splints or selective adaptive equipment;~~
~~(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and~~
~~(F) adapting environments for the disabled;~~

~~(4) “occupational therapy assistant” means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;~~
~~(5) “physical therapist” means a person who practices physical therapy;~~
~~(6) “physical therapist assistant” means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation;~~
~~(7) “physical therapy” means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; “physical therapy” does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.~~

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Strikethrough = remove language from existing statutory language

(2) "Competence" is the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client's role and environment.

(3) "Consultation" means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.

(4) "Continuing competence" is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

(5) "Electronic Communications" means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.

(6) "Nexus to practice" means the criminal act of the applicant or licensee posing a risk to the public's welfare and safety relative to the practice of physical therapy.

(7) "Patient/client" means any individual receiving physical therapy from a licensee, permit, or compact privilege holder under this Act.

(8) "Physical therapist assistant" means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation.

(9) "Physical therapist" means a person who is a licensed healthcare practitioner pursuant to this act to practice physical therapy. The terms "physiotherapist" or "physio" shall be synonymous with "physical therapist" pursuant to this act. A Physical Therapist may evaluate, initiate, and provide physical therapy treatment for a client as the first point of contact without a referral from other health service providers.

(10) "Physical therapy" means the care and services provided in-person or via telehealth by or under the direction and supervision of a physical therapist who is licensed pursuant to this act. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to this act.

(11) "Practice of physical therapy" means:

a. Examining, evaluating, and testing patients/clients with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to

determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.
b. Alleviating impairments, pain, functional limitations and disabilities; promoting health; and preventing disease by designing, implementing and modifying treatment interventions that may include, but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/manipulation; functional training in self-care and in home, community or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment.
c. Reducing the risk of injury, impairment, functional limitation, and disability, including performance of participation-focused physical examinations and the promotion and maintenance of fitness, health, and wellness in populations of all ages.
d. Serving as primary care providers for patients and clients experiencing healthcare concerns.
e. Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.
f. Engaging in administration, consultation, education, and research.

(12) "Teleheath" is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

(13) "Testing" means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures.

(*Will need to incorporate new occupational therapy definitions in alphabetical order under AS 08.84.190*)

Work Group Recommendations for associated Regulations Project:

***Telehealth:**
Omit phrase from 12 AAC 54.530(a).
Change Telerehabilitation to Telehealth - 12 AAC 54.530. (regulation project) and omit wording limiting to “geographic constraints or health and safety constraints.” See Centralized Statute 08.02.130

(a) The purpose of this section is to establish standards for the practice of ~~telerehabilitation~~ **telehealth** by means of [an interactive telecommunication system] by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state. ~~and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.~~

DRAFT

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Developing a Crosswalk

Link your practice act and rules to the corresponding section of the Model Practice Act. List all the appropriate section numbers/rules numbers; if you have a uniform code you may need to include this in your crosswalk. If there are sections in your act -that are not part of the Model Practice Act, (e.g., temporary license) add rows to include these as well. You will find a PDF version of the MPA at: **HYPERLINK "https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf" https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf**

Crosswalk between Model Practice Act and State Physical Therapy Practice Act

Article	MPA Section	State Practice Act Section	Recommended Action
Article 1: General Provisions	1.01. Legislative Intent	N/A	Adopt MPA language - add to Sec. 08.84.190
	1.02 Definitions (see below)		
Other Issues			

		State Practice Act Section	Recommended Action
Article 1: General Provisions 1.02 Definitions	Board means the [specify the jurisdiction] board of physical therapy.	**Sec. 08.84.190** (1) "board" means the State Physical Therapy and Occupational Therapy Board;	Keep **Sec. 08.84.190** (1) as is

	Competence is the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/ client's role and environment.	"Competency" is not defined, but is reference under CEU requirements (in regulation).	Add to sec. 08.84.190 as it is reference in "legislative intent"
	Consultation means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.	No current definition	Table for regulation project

	Continuing Competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.	Article 4: (5) "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.	Add definition to **Sec. 08.84.190 (if referenced elsewhere in statute)**. Use MPA language.

	Electronic Communications means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.	12 AAC 54.530 (a,b) “telerehab” “interactive telecommunication system”. AS 47.05.270 (e)	Adopt MPA definiiton This is mentioned under “Teleheath (MPA)”. *Would like to see “…and do not have access to a PT in person…” omitted. (Regulation project to revise 12 AAC 54.530 (a))
	Examination means a national examination approved by the board for the licensure of a physical therapist or the [certification/ licensure] of a physical therapist assistant.	12 AAC 54.030; sec 08.84.030	No action - 12 AAC 54.030 and sec 08.84.030 fine as is.

	Jurisdiction of the United States means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any American territory.	“State” is used in Article 3A-section 4, as well as 08.84.060.	No action - leave as is. (Consider defining in a regulatory project as it is used in regulation).
	Nexus to practice means the criminal act of the applicant or licensee [certificant] posing a risk to the public’s welfare and safety relative to the practice of physical therapy.	N/A- reference 08.84.130/140 and 08.84.120 (1-9)	Adopt MPA language - add to Sec. 08.84.190 See Grounds for action (MPA). See commentary in regard to criminal acts NOT related to pt safety.

	*Onsite supervision means supervision provided by a physical therapist who is continuously onsite and present in the department or facility where services are provided. The supervising therapist is immediately available to the person being supervised and maintains continued involvement in the necessary aspects of patient/client care.	12 AAC 54.590 (1) "continual on-site supervision" means the supervising physical therapist or physical therapist assistant (A) is present in the department or facility where services are being provided; (B) is immediately available to the non-licensed personnel being supervised; and (C) maintains continual oversight of patient-related duties performed by the non-licensed personnel;	Leave 12 AAC 54.590 as is. Additional reference: 12 AAC 54.520
	Patient/client means any individual receiving physical therapy from a licensee [or certificate holder] under this Act.	N/A	Adopt MPA language - add to Sec. 08.84.190

	Physical therapist assistant means a person who is [certified/ licensed] pursuant to this [act] and who assists the physical therapist in selected components of the physical therapy treatment intervention.	08.84.190 (6) “physical therapist assistant” means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation;	Leave as is.

	Physical therapist assistant-patient/client relationship means the formal or inferred relationship entered into by mutual consent between a licensed [certified] physical therapist assistant and a patient/client or their legally authorized representative established once the physical therapist assistant assumes or undertakes the care or treatment of a patient/ client and continues until either the patient/client is discharged or treatment is formally transferred to another practitioner or as further defined by rule.	N/A	Define in regulation - need a regulation project to go along with this bill.

	Physical therapist means a person who is a licensed healthcare practitioner pursuant to this [act] to practice physical therapy. The terms “physiotherapist” or “physio” shall be synonymous with “physical therapist” pursuant to this [act].	08.84.190 (5) “physical therapist” means a person who practices physical therapy;	Adopt MPA language - to Sec. 08.84.190

	Physical therapist-patient/client relationship means the formal or inferred relationship entered into by mutual consent between a licensed physical therapist and a patient/client or their legally authorized representative established once the physical therapist assumes or undertakes the care or treatment of a patient/client and continues until either the patient/client is discharged, or treatment is formally transferred to another healthcare practitioner or as further defined by rule.	N/A	Define in regulation - need a regulation project to go along with this bill.

	Physical therapy aide means a person trained by or under the direction of a physical therapist who performs designated and supervised routine tasks related to physical therapy services.	12 AAC 54.590 (3) and 12AAC 54.520	Keep 12 AAC 54.590 (3) as is.
	Physical therapy means the care and services provided in-person or via telehealth (telerehabiliation ?) by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to this [act].	(7) "physical therapy" means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration,	Adopt MPA language - to Sec. 08.84.190. Then, add an (8) and adopt MPA definition of "Practice of Physical Therapy"

		evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; “physical therapy” does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.	

	Practice of physical therapy a. Examining, evaluating, and testing patients/ clients with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention. b. Alleviating impairments, functional limitations and disabilities; promoting health; and preventing disease by designing, implementing and modifying treatment interventions that may include,	(7) "physical therapy" means the examination, treatment and instruction of **human beings —>** (patients/ clients) to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the	Adopt MPA language as stated in 1st column (MPA) w/ addition of primary care language (f).

	but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/ manipulation; functional training in self-care and in home, community or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic,	provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; "physical therapy" does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease. (Delete this sentence)		

	Restricted [certificate/ license] for physical therapist assistant means a [certificate/ license] on which the board has placed any restrictions and/ or condition as to scope of work, place of work, duration of certified or licensed status, or type or condition of patient/client to whom the certificate holder or licensee may provide services.	Nothing in “definitions”, but reference **Sec.** 08.84.120 (d). 08.84.185 has been repealed (find out why)	Leave **Sec. 08.84.120** as is. Unless we are going to begin issuing restricted license. SOP, not duration of license, as mentioned in “limited permit” in sec 08.84.075.

	Restricted license for physical therapist means a license on which the board has placed any restrictions and/ or conditions as to scope of practice, place of practice, supervision of practice, duration of licensed status, or type or condition of individual to whom the licensee may provide services.	Nothing in “definitions”, but reference **Sec.** 08.84.120 (d). 08.84.185 has been repealed (find out why)	Leave **Sec. 08.84.120** as is. Unless we are going to begin issuing restricted license. SOP, not duration of license, as mentioned in “limited permit” in sec 08.84.075.

	Supervision the process by which a physical therapist (or Occupational Therapist) oversees and directs safe and effective delivery of patient care through appropriate verbal, written, or electronic communication. This may be accomplished with the physical therapist located onsite or remotely as deemed appropriate based on the patient/client needs.	12 AAC 54.590 (6). Language is specific to “presence” alluding to in-person only.	Adopt MPA language w/ inclusion of OT for consistency throughout statue. (Regulation project will need to change 12 AAC 54.590 to include telehealth or rehab - pending decision on below language).

	Telehealth is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.	12 AAC 54.530 "... do not have access to a physical therapist in person due to geographic constraints or health and safety constraints".	Adopt MPA language - to Sec. 08.84.190. Omit " " phrase from 12 AAC 54.530. Change Telerehab to Telehealth - 12 AAC 54.530. (regulation project)

	Testing means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures.	N/A	Adopt MPA language (“testing” is in the practice of PT definition) - to Sec. 08.84.190.

		State Practice Act Section	**Recommended Action (Unless obvious discrepancies are identified on 5/6/25 - no reason to change this section)**
Article 2: General Provisions 2.02 Powers and Duties of the Board	Regulate the practice of physical therapy by interpreting and enforcing this [act].	Sec. 08.84.010 (a)	Keep Sec. 08.84.010 (a).

	Establish mechanisms for assessing the continuing competence of physical therapists to practice physical therapy.	Sec. 08.84.010; 12 AAC 54.405, 410, 420, 430	Keep Sec. 08.84.010 (b6)
	Establish mechanisms for assessing the continuing competence of physical therapists assistants to work in the profession of physical therapy .	Sec. 08.84.010	Keep Sec. 08.84.010

Article 3- N/A

	State Practice Act Section	**Recommended Action**	
Article 4: Examinations and Licensure 4.04 Grounds for Denial of a License [and Certificate]; Disciplinary Action	**Grounds for Disciplinary Action**		

	Practicing or offering to practice beyond the scope of the practice of physical therapy.	Sec. 08.84.160 or .120	Add MPA to existing 08.84.160 (regulation project to look at changing the bulleted list in 08.04.160?)
	Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.	Sec. 08.84.160 or .120	Add MPA to existing 08.84.160 (regulation project to look at changing the bulleted list in 08.04.160?)
	Failing to adhere to the recognized standards of ethics of the physical therapy profession as established by rule.	Sec. 08.84.120 (4) - “ethics” is generally covered	Keep Sec. 08.84.120 (4)

	Providing treatment intervention unwarranted by the condition of the patient or continuing treatment beyond the point of reasonable benefit.	Sec. 08.84.120 (4) - generally covered	Keep Sec. 08.84.120 (4)
	Participating in underutilization or overutilization of physical therapy services for personal or institutional financial gain.	Sec. 08.84.120 (4) - generally covered	Keep Sec. 08.84.120 (4)

Sample State Crosswalk

Article	MPA Section	State Practice Act Section	State Rules Section
Article 1: General Provisions	1.01. Legislative Intent	None	None
	1.02 Definitions	34-25-191	None
Article 2: Board of Physical Therapy	2.01. Board of Physical Therapy	34-24-192	700-X-1-.02,.03,.04
	2.02. Powers and Duties	34-24-193	700-X-1-.05 thru .11, .15
	2.03. Disposition of Funds	34-24-195	
Article 3: Examination and Licensure	3.01. Examination	34-24-212	700-X-2-.05

	3.02. Qualifications for Licensure	34-24-213 34-24-214 34-24-215	700-X-2-.01,.03
	3.03. Licensure by Endorsement	34-24-214	700-X-2-.09
	3.04. Exemptions from Licensure	None	
	3.05. License Renewal	34-24-216	700-X-2-.09
	3.06. Changes in Name and Address	None	700-X-2-.11
	3.07. Reinstatement of License	None	700-X-2-.10
	3.08. Fees	34-24-193 34-24-196 34-24-211,214,215	700-X-2.-04, .12, .13
4: Regulation of Physical Thera	4.01.Ethical Practice	34-24-217 (10)	700-X-2-.02 700-X-3.02
	4.02. Use of Titles and Terms	34-24-217	
	4.03. Patient Care Management	None	700-X-3-.03
	4.04. Grounds for Denial of License and Disciplinary Action	34-24-217	700-X-3-.02 700-X-3.-04, .06
	4.05. Investigative Powers	34-24-194 (b)	
	4.06. Hearings	34-24-194	
	4.07. Disciplinary Actions; Penalties	34-24-194 34-24-196	

	4.08. Procedural Due Process	34-24-194	
	4.09 Unlawful Practice	34-24-210 34-24-217	
	4.10. Reporting Violations; Immunity	34-24-194	
	4.11. Substance Abuse Program	None	
	4.12. Rights of Consumers	34-24-194	700-X-3-.01
	*Temporary license	34-24-215	700-X-2-.08
	*Direct access	None	

APTA Alaska
A Chapter of the American Physical Therapy Association

August 7, 2025

State of Alaska PT/OT Licensing Board

RE: Practice Act Language Modernization

Dear Chair Phelps,

Compliments to you and the Licensing Board for taking on this ambitious project. We recognize and appreciate your efforts to seek public input and provide opportunities for engagement with the work group. Representing APTA Alaska, our Chief Delegate and Legislative Liaison—Rebecca Byerly and LeeAnne Carrothers, respectively—have participated in this process.

As a body, we have helped shepherd multiple bills through the legislature and have learned, through trial by fire, what it takes to make changes to the Practice Act. We've also learned how averse the legislature is to controversy, and we recognize that if APTA Alaska and its members are not aligned with the Licensing Board, there is minimal opportunity to move the profession forward in service of Alaskans. We appreciate the collaborative spirit and energy of the current Board. There is much more we can do as physical therapists to contribute to individual health and to play a larger role in Alaska's health care landscape.

Although draft language was submitted by the work group on June 17, 2025, due to our own inefficiency and misunderstanding of this stage in the process, the document has only just surfaced for our evaluation. The committee report was submitted earlier today and has only now been shared for review by Sheri Ryan.

We do not want this to be our final comments but only at this time based on time available. Our comments at this time refer to **Section 08.84.190**:

9. We had a frustrating and ultimately unsuccessful attempt to protect the terms *"physio"* and *"physiotherapist"* in the past. We were forced to remove them from the last modernization bill we supported, despite significant investment of time and resources. We strongly support protecting these terms. Unfortunately, a few strong testimonies in opposition from chiropractors derailed the effort. Have there been any meetings with the Alaska Chiropractic Society related to this issue?

11(b). We are concerned about the strategy of listing specific treatment modalities. While we understand the desire for clarity—especially given recent questions from licensees that have taken up Board time—listing specific techniques may unintentionally limit the scope of physical therapy in the future if new techniques or terminology are not included. There is a recognized benefit in avoiding exhaustive lists of what we are authorized to do. We believe this approach may ultimately restrict the benefits available to Alaskans receiving care.

APTA Alaska
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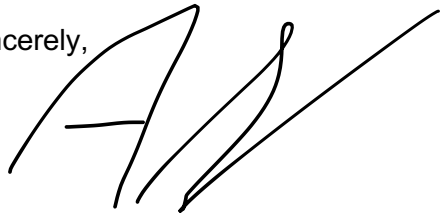
11(d). We strongly support the inclusion of “serving as primary care providers” and thank you for recognizing the value we can provide to Alaskans. This recognition allows us to contribute more fully to addressing unmet health care needs in the state. I assume that this designation would require a change in the Administrative Code, as referenced in the imaging letter dated February 16, 2024, signed by Chair Ruby. As part of our legislative strategy, we are gathering information to pursue this change more concretely.

We also ask whether, in the scope expansion, consideration was given to including prescriptive authority for musculoskeletal (MSK) conditions. We believe this represents another appropriate and safe avenue for practice growth in alignment with these language updates.

Thank you for your continued work to protect the public and for your vision in more accurately describing the scope and capabilities of physical therapists in the state of Alaska.

Sincerely,



Alec Kay, PT
President, APTA Alaska

Sheri,

I am unable to attend the public comment on the "Scope of Practice Modernization Work Group"

I am submitting this email via your position to the board to **oppose** this "Scope of Practice Modernization."

I am, proudly, a member of the American Physical Therapy Association (APTA). I have served as a Delegate for Alaska in the APTA House of Delegates, completing 3 consecutive terms. I am the Term Assistant Professor of Physical Therapy Assistant and Academic Coordinator of Clinical Education with the University of Alaska Anchorage.

I have served on numerous boards across Health Care, including Seward Community Health Clinic, a Federally funded health Care Clinic, as President of the board. I was on the steering committee for the startup of this clinic until we received the federal grant award, then transitioned to President. I served as a member of the Board of the Seward Senior Center for multiple years and held the President seat for a term. In addition to this I served on the Seward Community Foundation board, an endowment that provides grants in areas of health, education, human services, arts and culture, youth and community development. The Seward Community Foundation is an affiliate of The Alaska Community Foundation.

The draft document I reviewed has not presented the effect of modernization. It has limited what a licensed individual of physical therapy is allowed to perform. And in my opinion created more questions than answers. For example, Sec. 08.84.120 (10) and (11): What does this direction of the act intend? Number (1) and (4) covers these items. It is not modernization it is unnecessary redundancy.

In regards to listing of our scope of practice I have reached out to colleagues who work in states where there was a decision to create a "list" of scope. They noted issues of limiting practice do to the "list". There are current statements in our practice act that direct an individual who is practicing physical therapy under a licensed position and protects the public that sufficiently meets the needs clearly. Our work in physical therapy is not a book of exercises nor interventions specific to one individual. Our work is patient centered and allows for trust in our educational foundation to create a therapist's knowledge base for safe practice. Our practice act further supports this by the regulations, accreditations, board certified practice specializations and continuing education expectations.

It is a therapists', working in physical therapy, oath and responsibility to utilize the knowledge they have to the best interest of the patient knowing their limitations and adhering to high standards of care for their patients. Simple- if you have not been trained to do it – do not do it! It is the boards job to review any complaint or grievance presented in an individual manner. Not by checking a list to see if it was allowed. It is a patient right to question and file suit based on their interpretation of wrong doing which becomes a matter of the courts and the skill of the attorney. No practice act will be fully protective to a licensed therapist nor a patient. It is a human factor, our own interactions in our established systems, services areas, and use of gained knowledge that impact patient safety and our protections; not a list.

Opening the Practice Act is not simply opening a word document to make grammatical changes or content changes. It allows for other areas of health care services to ask for additional changes that could in effect reduce our scope of practice. I strongly encourage a judicial review to know if the language is deemed legally binding despite the cost of this process.

I urge the Board to Decline the process of opening the Practice Act for these unnecessary changes.

Patricia Runde PT, DPT, CLT-LANA Date: 8/6/2025

Patricia A. Runde, PT, DPT, CLT- LANA; AK License 1145 APTA Member # 297087

From: AKOTA President <president@akota.org>
Sent: Tuesday, October 7, 2025 6:31 PM
To: Ryan, Sheri J (CED) <sheri.ryan@alaska.gov>
Cc: mkcw90 <mkcw90@gmail.com>; AKOTA VP <vpres@akota.org>
Subject: Clarification and Proposed Revision to Physical Therapy Scope of Practice Language

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sheri,

I hope this email finds you well, we wanted to provide a formal request for language update in the upcoming physical therapy scope of practice modernization. I'm not sure the best way to submit our request, so I have included an email below for the boards consideration. Thank you!

Sincerely,

Brianne Oswald, OTD, OTR/L

Dear Members of the Board,

On behalf of the occupational therapy community, we would like to respectfully express concern regarding the current language used in the scope of practice description—specifically the phrase:
"functional training in self-care and in home, community or work integration or reintegration."

As occupational therapists, we specialize in functional training in self-care, with a particular focus on **Activities of Daily Living (ADLs)** and **Instrumental Activities of Daily Living (IADLs)** across home, community, and work environments. These areas are central to our training and practice.

That said, we fully recognize and respect that physical therapists play a vital role in **movement and mobility**, including within the context of functional activities. We are not asserting exclusive ownership over "self-care," but rather wish to ensure the language clearly reflects the distinct, yet complementary, scopes of practice of our two professions.

With this in mind, we propose the following revision for consideration:
"Functional training related to **movement and mobility** in self-care and in home, community, or work integration or reintegration.**"**

This adjustment would help clarify the specific emphasis of physical therapy while respecting the overlapping, collaborative nature of our work in interdisciplinary care.

We sincerely appreciate your time and consideration, and would be happy to further clarify or advocate for this proposed change as needed.

Brianne "Bri" Oswald, OTD, OTR/L

President | Alaska Occupational Therapy Association

www.AKOTA.org

Alaska Occupational Therapy Association

(2) "occupational therapist" means a person who practices occupational therapy; **An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.**

~~(3) "occupational therapy" means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; "occupational therapy" includes~~

~~(A) developing daily living, play, leisure, social, and developmental skills;~~
~~(B) facilitating perceptual-motor and sensory integrative functioning;~~
~~(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;~~
~~(D) design, fabrication, and application of splints or selective adaptive equipment;~~
~~(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and~~
~~(F) adapting environments for the disabled;~~

Replace (3) above with:

(3) "occupational therapy" means the therapeutic use of goal-directed life activities (occupations) with individuals, groups, or populations who have, or are at risk for injury, disorder, impairment, disability, activity limitation or participation restriction. Occupational therapists evaluate, analyze, and diagnose occupational challenges and provide interventions to support, improve, and/or restore function and engagement in meaningful tasks and activities. This includes treating pain and/or physical, cognitive, psychosocial, sensory-perceptive, visual, and other aspects of performance in a variety of contexts to support and enhance engagement and participation in occupations that affect health, well- being, and quality of life. Occupational therapy services include but are not limited to:

A. Evaluation, treatment and consultation to promote, enhance, or restore safety and performance in areas of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation;

B. Administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;
C. Establishment, remediation, compensation or prevention of barriers to performance skills including; client factors (body structures, body functions), performance patterns (habits, routines, roles), performance skills (physical, neuromusculoskeletal, cognitive, psychosocial, sensory-perceptive, communication and interaction, pain), and contexts (environmental, personal factors);
D. Management of feeding, eating, and swallowing to enable eating and feeding performance;
E. Design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices;
F. Assessment, recommendation, and training in techniques to enhance functional and community mobility;
G. Application of adjunctive interventions and therapeutic procedures in preparation for or concurrently with occupation-based activities including but not limited:
    - electrophysical agents
    - thermal, mechanical, and instrument-assisted modalities
    - wound care
    - manual therapy; and
H. Provide therapeutic interventions to prevent pain and dysfunction, restore function and/or reverse the progression of pathology in order to enhance an individual's ability to execute tasks and to participate fully in life activities.

~~(4) "occupational therapy assistant" means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;~~

Replace (4) above with:
(4) "occupational therapy assistant" means a person who provides occupational therapy services in collaboration with and under the supervision of a licensed occupational therapist. An occupational therapist delegates to an occupational therapy assistant selective activities that are commensurate with the occupational therapy assistant's service competence. The occupational therapy assistant may contribute to the evaluation process by implementing the delegated assessments by providing verbal or written reports of assessments to the supervising occupational therapist.

BOLD and Underlined = adding language to existing statutory language
Strikethrough = remove language from existing statutory language

DRAFT

Add new definition in 08.84.190 Definitions:

(8) “tests and measurements” means the standard methods and techniques used to obtain data about the patient/client including but not limited to imaging, electrodiagnostic and electrophysiological tests and measures.

DRAFT