



AK PT Scope Modernization Work Group - November 26, 2025

Alaska Division of Corporations, Business and Professional Licensing
Zoom
2025-11-26 11:00 - 13:00 AKST

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1. Call to Order

Please update your Zoom to Name, City

A. Roll Call.....4

Work Group members:

- Jonathan Gates - PHY Board Member
- Leslie Adrian, FSBPT
- Rebecca Byerley; Alec Kay, Molly Self - APTA-AK
- Kristen Neville - AOTA
- Tina McLean - Sterling
- Jason Fagel - Juneau
- Jessica Hoffman, Utqiagvik
- Mark Cunningham - Soldotna

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A. Action Items from Meeting on 11/12/25:

1. Eliminating unnecessary definitions - completed
2. Review conversation of adjusting term protection for “physiotherapy” to title protection. - incomplete
3. Accepted suggested changes to terminology as advised by AOTA - completed
4. Board staff contacted APTA-AK representatives in effort to facilitate participation in the workgroup - completed

B. Action Items from Meeting on 11/19/25:

1. Invite Alaska Chiropractic Society and Board of Chiropractic Examiners to attend next work group meeting 11/26, gather input, and work on agreeable draft language that provides assurance of title protection only; not term protection for “physiotherapist”.
2. Based on 11/26 discussion, write letter to Board of Chiropractic Examiners for consideration of language to be drafted on 11/26.
3. Ask PHY board to authorize J. Gates to attend 12/5 Board of Chiropractic Examiners meeting to gather stakeholder input at 11/21 PHY Board mtg. - Motion approved by the PT/OT board on 11/21.
4. Crosswalk between AS 08.84.190(7) and new scope modernization draft 11 definition
5. Artificial Intelligence emerging in the field of physical therapy and possible HIPPA concern, for possible inclusion in draft language.

4. Purpose and Summary of Workgroup - Review

A. PT Workgroup Objectives - original

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. Identify needs for change/improvement in the current scope of practice language - AS 08.84.190(7) Develop draft language to address any needs that the workgroup identifies. Address the role of PTAs in scope of practice language Develop an updated draft of scope of practice language with future action steps for recommendation to the PHY Board.

B. Objectives - Updated as of 08/07/2025

1. Coordinate with other boards/organizations which may have input and/or concerns (i.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 the 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. 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

- No additional meetings scheduled thus far
- Add meeting dates to discuss the following:
 - Primary care – invite Alaska Medical Board, Alaska State Medical Association, Alaska Primary Care Association
 - Prescriptive rights for PTs.
 - Any Objectives previously described which remain incomplete by the end of the 11/26 meeting.

7. Next Steps

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

8. Adjourn



AK PT Scope Modernization Work Group - November 26, 2025

Alaska Division of Corporations, Business and Professional Licensing
Wednesday, November 26, 2025 at 11:00 AM AKST to 1:00 PM AKST
Zoom

Meeting Details: <https://us02web.zoom.us/meeting/register/txyZo-6tSnK-jR2Yz8HpZQ>

Additional Meeting Details: Registration Required

Agenda

1. Call to Order

11:00 AM

Please update your Zoom to Name, City

A. Roll Call

Work Group members:

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2. Public Comment

11:05 AM

3. History

11:15 AM

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4. Purpose and Summary of Workgroup - Review

11:20 AM

Presenter: Jonathan Gates

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B. Objectives - Updated as of 08/07/2025

1. Coordinate with other boards/organizations which may have input and/or concerns (i. e. chiropractic and physician boards)

5. Discussion - Draft Language

11:25 AM

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6. Next Meeting Dates/Times

12:45 PM

- No additional meetings scheduled thus far
- Add meeting dates to discuss the following:
 - Primary care – invite Alaska Medical Board, Alaska State Medical Association, Alaska Primary Care Association
 - Prescriptive rights for PTs.
 - Any Objectives previously described which remain incomplete by the end of the 11/26 meeting.

7. Next Steps

12:55 PM

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

8. Adjourn

1:00 PM

From: [Mitchell S](#)
To: [Board of Physical and Occupational Therapy \(CED sponsored\)](#)
Subject: Public Comment on AS.360
Date: Friday, November 21, 2025 11:11:25 AM
Attachments: [Regulatory Reform Written Comment Form StClair Mitchell.pdf](#)

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.

To the Board of Physical Therapy and Occupational Therapy,

My name is Mitchell St. Clair, a practicing physical therapist in Alaska for over 4 years. I was one of the individuals that stepped in to observe and listen to the PT/OT Board meeting today on 11/21/2025. I found it very insightful and I hope to attend future visits and possibly grow in my involvement when appropriate. On that note, seeing as the board has yet to formally establish a committee to work on the AS.360 response, I hope it is not too late to submit a comment and propose a statute or regulation change. If so, I would like the board to receive my comment here, over email, and submit it to formal record as allowed. I have attached a pdf. file using the suggested proposal form that was due on November 7th 2025 to the state. Here is also a text response of that:

As an active member of the physical therapy profession, and in effort to assist in the reduction of perceived burdensome or unnecessary regulations, I am proposing a term change in our profession as defined in the Statutes and Regulations of Physical Therapy and Occupational Therapy section 08.84.190 (7).

Currently, the language includes that "...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..." I am proposing the language be changed to strike that condition and instead be read "...for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; 'physical therapy' does not include the use of electricity for surgical purposes..."

While the term 'roetgen rays' and the subsequent radiological studies that are performed using these terms are currently most often ordered by physicians, nurse practitioners, chiropractors, and other health professionals, I feel that our advanced profession should not be burdened with this unnecessary hurdle. Physical and Occupational Therapists are often described as the 'movement specialists', and deal directly with the musculoskeletal system. X-rays performed by allowing physical therapists to interact, or more specifically order roetgen rays would allow us to perform our jobs at the highest level.

If patient safety is of concern here, it should be noted that many if not all physical therapy programs already include education in this area and that those currently allowed to order imaging can include an 'over read' of these studies from radiologists with more expertise. I feel that this language change will help our professional safely provide quicker and more transparent safe clinical care at the highest level we are trained for.

Thank you for your volunteer time and the chance to be heard.

Mitchell St. Clair, PT, DPT, OCS, CSCS

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;

- (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.

AS 08.84.130 False claim of license prohibited. (a) A person not licensed as a physical therapist, or whose license is suspended or revoked, or has lapsed, who uses in connection with the person's name the words or letters "P.T.," "Physical Therapist," "L.P.T." "Licensed Physical Therapist," "Physiotherapist," or other letters, words, or insignia indicating or implying that the person is a licensed physical therapist, or who, in

any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist, is guilty of a class B misdemeanor.

Commented [SR1]: Language added 11/12 per discussion to change strategy from term protection to title protection

ARTICLE 5. GENERAL PROVISIONS

Section

190. Definitions

200. Short title

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.

(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.)** **“Consultation” means a therapist seeking assistance from, or rendering professional or expert opinion or advice to, another professional healthcare provider or individual involved in the plan of care 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.**

Commented [SR2]: Remove per discussion 11/19 - does not meet definition criteria as used in existing reference.

Commented [SR3]: Eliminate 11/19 per discussion - not utilized elsewhere in the drafts (PT or OT) or existing statute.

Commented [SR4]: Eliminate per 11/19 discussion as not referenced elsewhere in the existing statute or new draft language.

Commented [SR5]: Utilized in draft definition for competence (2); physical therapy (11e); draft definition for testing (13).

Patient utilized numerous times in existing statutes
AS 08.84.120(6)Refusal, revocation, and suspension of license; discipline
AS 08.84.188 Compact Enacted - patient/client
Definitions (4) Compact privilege

(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 **related to movement and mobility 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.

Commented [SR6]: Per 11/12 discussion - remove reference to “physiotherapist” or “physio” in this section and instead go for TITLE protection in AS 08.84.130(a). Term protection is a very broad concept. “Title” protection would clarify for the consumer that only a Physical Therapist or Physiotherapist can provide physical therapy. It is highly doubtful that any other profession (chiropractor) would refer to themselves as a “physiotherapist” when providing physical therapy or “physiotherapeutics.”

Commented [SR7]: 11/12 discussion - Language modification per AKOTA and AOTA concerns

- (12) **“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.**
- (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)

DRAFT

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