



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 Kowalczyk
- Mark Venhaus
- Tina McLean
- Mark Cunningham
- Cortland Reger

Meeting dates:

- March 25, 2025 – Jonathan Gates, Tina McLean, Leslie Adrian, Rebecca Byerley, Sarah Kowalczyk, 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 Kowalczyk, Mark Venhaus, LeeAnn Carrothers, Mark Cunningham, Cortland Reger

- May 6, 2025 – Jonathan Gates, Rebecca Byerley, Tina McLean, Mark Cunningham, Sarah Kowalczyk
- May 23, 2025 – Jonathan Gates, Rebecca Byerley, Mark Cunningham, Mark Venhaus, Tina McLean; Guests Jeffrey Gordon and Molly Self
- June 5, 2025 – Jonathan Gates, Rebecca Byerley; written comments submitted by Tina McLean
- June 17, 2025 – Jonathan Gates, Tina McLean, Leslie Adrian, Mark Cunningham, Sarah Kowalczyk, 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. 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.

- 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;

- (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

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.

(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) “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)

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.~~

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