

Chapter PT 5

PHYSICAL THERAPIST ASSISTANTS AND UNLICENSED PERSONNEL

PT 5.001 Authority and purpose.
PT 5.01 Practice and supervision of physical therapist assistants.

PT 5.02 Supervision of unlicensed personnel.

Note: Chapter PT 5 as it existed on April 30, 2004 was repealed and a new chapter PT 5 was created, Register April 2004 No. 580, effective May 1, 2004.

PT 5.001 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2), and 448.56 (6), Stats., and govern physical therapist assistants and unlicensed personnel.

History: CR 12–002: cr. Register August 2012 No. 680, eff. 9–1–12.

PT 5.01 Practice and supervision of physical therapist assistants. (1) A physical therapist assistant, as defined in s. 448.50 (3m), Stats., shall assist a physical therapist in the practice of physical therapy under the general supervision of a physical therapist.

(2) In providing general supervision, the physical therapist shall do all of the following:

(a) Have primary responsibility for physical therapy care rendered by the physical therapist assistant.

(b) Have direct face-to-face contact with the physical therapist assistant at least every 14 calendar days, unless the board approves another type of contact.

(c) Remain accessible to telecommunications in the interim between direct contacts while the physical therapist assistant is providing patient care.

(d) Establish a written policy and procedure for written and oral communication. This policy and procedure shall include a specific description of the supervisory activities undertaken for the physical therapist assistant as well as a description of the manner by which the physical therapist shall manage all aspects of patient care. The amount of supervision shall be appropriate to the setting and the services provided.

(e) Provide initial patient examination, evaluation and interpretation of referrals and create the initial patient record for every patient the physical therapist treats.

(f) Develop and revise as appropriate a written patient treatment plan and program.

(g) Delegate appropriate portions of the treatment plan and program to the physical therapist assistant consistent with the physical therapist assistant's education, training and experience.

(h) Provide on-site assessment and reevaluation of each patient's treatment at a minimum of one time per calendar month or every tenth treatment day, whichever is sooner, and adjust the treatment plan as appropriate.

(i) Coordinate discharge plan decisions and the final assessment with the physical therapist assistant.

(j) Limit the number of physical therapist assistants practicing under general supervision to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter. No physical therapist may at any time supervise more than 2 physical therapist assistants full-time equivalents practicing under general supervision.

History: CR 03–020: cr. Register April 2004 No. 580, eff. 5–1–04.

PT 5.02 Supervision of unlicensed personnel. (1) A physical therapist shall provide direct on-premises supervision of unlicensed personnel at all times. A physical therapist may not direct unlicensed personnel to perform tasks which require the decision making or problem solving skills of a physical therapist, including but not limited to patient examination, evaluation, diagnosis, or determination of therapeutic intervention.

(2) In providing direct on-premises supervision, the physical therapist shall do all of the following:

(a) Retain full professional responsibility for patient related tasks performed.

(b) Be available at all times for direction and supervision with the person performing related tasks.

(c) Evaluate the effectiveness of patient related tasks performed by those under direct supervision by assessing persons for whom tasks have been performed prior to and following performance of the tasks.

(d) Routinely evaluate the effectiveness of patient related tasks performed by those under direct supervision by observing and monitoring persons receiving such tasks.

(e) Determine the competence of personnel to perform assigned tasks based upon his or her education, training and experience.

(f) Verify the competence of unlicensed personnel with written documentation of continued competence in the assigned tasks.

(g) Perform initial patient examination, evaluation, diagnosis and prognosis, interpret referrals, develop and revise as appropriate a written patient treatment plan and program for each patient and create and maintain a patient record for every patient the physical therapist treats.

(h) Provide interpretation of objective tests, measurements and other data in developing and revising a physical therapy diagnosis, assessment and treatment plan.

(i) Direct unlicensed personnel to provide appropriate patient related tasks consistent with the education, training, and experience of the person supervised. Direction should list specific patient related tasks, including dosage, magnitude, repetitions, settings, length of time, and any other parameters necessary for the performance of the patient related tasks.

(j) Limit the number of unlicensed personnel providing patient related tasks under direct supervision to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter.

(k) The total number of physical therapist assistants providing physical therapy services and unlicensed personnel performing patient related tasks under supervision may not exceed a combined total of 4. This number shall be reduced by the number of physical therapists and physical therapist assistants holding temporary licenses who are being supervised under s. PT 3.01 (6).

History: CR 03–020: cr. Register April 2004 No. 580, eff. 5–1–04.