



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2001 Assembly Bill 615

**Assembly Amendments 1 (and
A. Am. 1 to A. Am. 1) and 3**

Memo published: March 12, 2002

Contact: Richard Sweet, Senior Staff Attorney (266-2982)

Current Law

Current law prohibits persons from practicing physical therapy or designating themselves as a physical therapist or using certain titles or initials unless they are licensed as physical therapists. There are a number of exceptions to this prohibition, including physical therapist assistants who are assisting a physical therapist in practice under the general supervision of the physical therapist. Current law defines “physical therapist assistant” as a person who has graduated from a physical therapist assistant associate degree program approved by the American Physical Therapy Association.

Current law defines “physical therapy” as follows:

448.50 (4) “Physical therapy” means that branch or system of treating the sick which is limited to therapeutic exercises with or without assistive devices, and physical measures including heat and cold, air, water, light, sound, electricity and massage; and physical testing and evaluation. The use of roentgen rays and radium for any purpose, and the use of electricity for surgical purposes including cauterization, are not part of physical therapy.

Assembly Bill 615

Assembly Bill 615 makes a number of changes in the statutes regulating physical therapists. The bill changes the definition of “physical therapy” to read as follows:

448.50 (4) “Physical therapy” means any of the following:

(a) Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations

related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this paragraph, “testing” means using standardized methods or techniques for gathering data about a patient.

(b) Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions.

(c) Reducing the risk of injury, impairment, functional limitation, or disability, including by promoting or maintaining fitness, health, or quality of life in all age populations.

(d) Engaging in administration, consultation, or research that is related to any activity specified in pars. (a) to (c).

For purposes of the above definition, the bill defines “diagnosis” as “. . . the result of an evaluation of a condition or impairment by neuromusculoskeletal examination or study of its symptoms for the purpose of a therapeutic intervention.”

The bill also provides for licensure of physical therapist assistants. Under the bill, a physical therapist assistant may assist in the practice of physical therapy only under the direct or general supervision of a physical therapist.

The bill makes a number of other changes relating to the practice of physical therapy, including the following: (1) a requirement that the Physical Therapists Affiliated Credentialing Board promulgate rules establishing a code of ethics for physical therapists and physical therapist assistants; (2) creation of a duty of a physical therapist to refer a patient to an appropriate health care practitioner if the physical therapist has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of practice of physical therapy; (3) creation of a statute that provides for discipline of a physical therapist who engages in sexual misconduct with a patient; and (4) a requirement that the board promulgate rules that require an applicant for renewal of a license to demonstrate continued competence as a physical therapist or physical therapist assistant.

Assembly Amendment 1 (and Assembly Amendment 1 Thereto)

Assembly Amendment 1 makes the following changes to the bill:

1. The amendment modifies the definition of “diagnosis” that is created in the bill. Under the amendment, “diagnosis” is defined as “. . . a judgment that is made after examining the neuromusculoskeletal system or evaluating or studying its symptoms and that utilizes the techniques and science of physical therapy for the purpose of establishing a plan of therapeutic intervention.”

2. The amendment modifies the definition of “physical therapy” that is established in the bill by stating that physical therapy does not include “. . . using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices.”

3. The amendment deletes the provision of the bill that requires a physical therapist assistant to assist in the practice of physical therapy only under the direct or general supervision of a physical therapist.

Assembly Amendment 1 to Assembly Amendment 1 further modifies the definition of “diagnosis” to state that it does not include a chiropractic or medical diagnosis.

Assembly Amendment 3

Assembly Amendment 3 repeals the current statutes that set forth circumstances under which a chiropractor may claim to render physical therapy or physiotherapy services. The amendment repeals the statutes that require the Physical Therapists Affiliated Credentialing Board and the Chiropractic Examining Board to jointly promulgate rules that establish the circumstances under which and the extent to which a chiropractor may claim to render physical therapy or physiotherapy services within the scope of the practice of chiropractic. The amendment also states that a license is not required under the subchapter of the statutes governing physical therapists: (1) for a chiropractor to claim to render physical therapy if the physical therapy is provided by a physical therapist employed by the chiropractor; or (2) for a chiropractor to claim to render physical therapy modality services.

The amendment further provides that a physical therapist may not claim that any manipulation service that he or she provides is in any manner a chiropractic adjustment that is employed to correct a spinal subluxation.

Legislative History

On February 12, 2002, the Assembly Committee on Health recommended adoption of Assembly Amendment 1 on a vote of Ayes, 12; Noes, 2, and recommended passage of the bill, as amended, on a vote of Ayes, 11; Noes, 3.

On March 7, 2002, the Assembly adopted Assembly Amendment 1, Assembly Amendment 1 to Assembly Amendment 1, and Assembly Amendment 3, all on voice votes; and passed the bill, as amended, on a vote of Ayes, 97; Noes, 2.

RNS:rv;jal:ksm:tlu;ksm