

# WV BOPT - BOARD NEWS

Spring/Summer 2006

## **Dear Physical Therapists and Assistants:**

(By: Sally B. Oxley PT, CHT, CMDT Board Chair)



Dear PT's and PTA's,

On a May weekend, I was blessed to attend the graduation of 47 doctors of Physical Therapy, one of whom was my son. The joy on the faces of these students lit up the room. After three years of hard work they were ready to embark on careers in Physical Therapy. One of the things that caught my attention was the awards that were given. Clinical excellence was mentioned, but more than that, the emphasis was on caring and compassion. We, as Physical Therapists, have an obligation to use our clinical skills to help our patients by decreasing their pain and increasing their functional ability to live and work independently, all the while showing our concern and consideration for their situations.

As human beings our charge is even greater in the clinical setting, to provide emotional support through a difficult time and instill hope for the future. Providing the best possible care for the physical as well as the emotional person is what we must ask of ourselves.

Never the less, we cannot lose sight of the fact that we are role models for the Physical Therapists of the future. I personally applaud all of these students for their achievement and all of you who are educators, clinical instructors and mentors for taking the time to shape and form these young professionals for the future.

Regards,

Sally Oxley, Board Chair



## AN OPEN LETTER FROM

### THE FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

By: E. Dargan Ervin, Jr., PT, President

“Ever since the development of the term “personal trainer”, there have been issues of title protection between personal trainers and Physical Therapists. The obvious initials for personal trainer are P.T. which is protected by most Physical Therapy practice acts. One thing that makes this issue very complex is the fact that personal trainers are not regulated, so there is no uniformity. Anyone can call themselves a personal trainer. There are many different certification programs for personal trainers. These certification programs are non-governmental with no accreditation or regulatory requirements. Each organization is able to develop its own titles and abbreviations.

One of the organizations that provides certificates for personal trainers is the American College of Sports Medicine (ACSM). ACSM develops a certification course in exercise science to help individuals wishing to work with exercise physiologists and others in the area of cardiac rehabilitation. The apparent success of that course has led to the development of the SCSM certified Personal Trainer “CPT” course. The SCSM web page, <http://www.acsm.org/>, describes this course as follows:

*“The ACSM certified Personal Trainer™ (cPT) is a professional involved in developing and implementing an individualized approach to exercise leadership in healthy populations and/or those*

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(Cont.)

*individuals with medical clearance to exercise. Using a variety of teaching techniques, the Personal Trainer is proficient in leading and demonstrating safe and effective methods of exercise by applying the fundamental principles of exercise science. The ACSM certified Personal Trainer™ is familiar with forms of exercise used to improve, maintain, and/or optimize health-related components of physical fitness and performance. The certified ACSM Personal Trainer™ is proficient in writing appropriate exercise recommendations, leading and demonstrating safe and effective methods of exercise, and motivating individuals to begin and to continue with their healthy behaviors.”*

Over the last few months, FSBPT staff has been getting inquiries about the use of the designation of “cPT” by certified personal trainers. Staff has been informing Physical Therapists who call about this issue that they need to read their jurisdiction’s practice act and determine the title protection; and then contact their Licensure Board if they feel there has been a violation of the practice act.

To date this issue has been dealt with on an individual basis but the number of inquiries has increased. The fact that ACSM through this certification course is encouraging its certificate holders to use a designation that is potentially illegal has the potential to develop into a title protection problem in more than one jurisdiction. Both the FSBPT and the American Physical Therapy Association (APTA) have sent letters to ACSM strongly suggesting that they encourage their certified personal trainers to utilize a different designation. We have also offered to work with ACSM to identify an appropriate term. Enclosed please find our letter for your review. Please feel free to draft your own letter to the ACSM.”

*Carl Foster, PhD*  
*President*  
*American College of Sports Medicine*  
*P. O. Box 1440*  
*Indianapolis, IN 46206-1440*



*Dear Dr. Foster:*

*I am writing to express our concern that the American College of Sports Medicine (ACSM) promotes the use of the letters “CPT” to designate ACSM Certified Personal Trainers. Because it uses the initials, P.T., this designation may be prohibited in many States. In addition, healthcare and fitness consumers may find the designation confusing as to whether they are being treated by a Licensed Physical Therapist or Certified Personal Trainer. By promoting this term, ACSM may be unknowingly encouraging its certificants to violate State Laws.*

*In most, if not all, States the initials “P.T.” and any words, abbreviations, or insignias indicating or implying that Physical Therapy is being provided are reserved by Law solely for the use of Physical Therapists. Use of these initials by non-Physical Therapists would be a violation of the State Licensing Laws that govern the practice of Physical Therapy.*

*More importantly, however, the initials “P.T.” are widely recognized by the general public to designate*

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By: E. Dargan Ervin, Jr., PT, President  
(Cont.)

*“Physical Therapy” or “Physical Therapist”. Physical Therapists are highly qualified healthcare professionals whose services are needed by and provided to individuals with varying kinds of disabilities. Members of the public should not be misled to believe that they are receiving services from a Physical Therapist when, in fact, this is not the case. When State Boards are notified of illegal use of the protected terms such as “PT” or “CPT”, they have the authority to conduct an investigation. If sufficient evidence of violation of the practice act is present, they have the authority to bring the individual or company using the title or terms improperly before the Licensing Board for a hearing and potential corrective action.*

*We have included text from the Model Practice Act for Physical Therapy, which addresses restrictions in the use of terms and titles related to Physical Therapy. This text reflects many State Physical Therapy practice acts.*

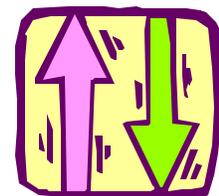
“B. A person or business entity, its employees, agents or representatives shall not use in connection with that person’s name or the name or activity of the business, the words “Physical Therapy”, “Physical Therapist”, “Physiotherapy”, “Physiotherapist”, “Registered Physical Therapist”, “Doctor of Physical Therapy”, the letters “PT”, “DPT”, “LPT”, “RPT”, or any other words, abbreviations or insignia indicating or implying directly or indirectly that Physical Therapy is provided or supplied, unless such services are provided by or under the direction of a Physical Therapist licensed pursuant to this [act]. A person or business entity shall not advertise or otherwise promote another person as being a “Physical Therapist” or “Physiotherapist” unless the individual so advertised or promoted is licensed as a Physical Therapist under this [act]. A person or business entity that offers, provides, or bills any other person for services shall not characterize those services as “Physical Therapy” or “Physiotherapy” unless the individual performing those services is a person licensed as a Physical Therapist under this [act].”

*In many fitness settings, Physical Therapists work closely with Personal Trainers to enhance the general health of individuals or to maintain the health and function achieved as a result of Physical Therapist intervention. Our primary concern, which is one shared by many in the fitness industry, is that the public not be misled to believe that Personal Trainers are Physical Therapists or that they provide Physical Therapy.*

*We ask that the SCSM reconsider the use of the initials “P.T.” in its designation for Certified Personal Trainers and put an end to such usage. We are very willing to work with ACSM in finding a more appropriate designation that will serve the best interests of the public while recognizing the unique contributions of Certified Personal Trainers.*

*We appreciate your attention to this matter and look forward to your response.*

*Sincerely,  
E. Dargan Ervin, Jr., PT  
President (FSBPT)*



## BOUNDARIES IN ETHICAL PRACTICE

By: Cynthia Fox PT

We have all heard the expressions that someone has “stepped over the line” or “this time he’s gone too far.” Among nations the concept of boundaries includes physical boundaries (borders) and behavioral boundaries - many readers are old enough to remember the first President George Bush “drawing a line in the sand” just prior to the Gulf War. Boundaries are established in all human relationships, whether those boundaries are unspoken, articulated or even legislated. Some professions, notably the various psychotherapeutic professions have spent a lot of time in self-examination, and the topic of boundaries has been extensively debated and written about relative to their professions. Although there is little in the Physical Therapy literature regarding this subject, Physical Therapists routinely establish boundaries in their interactions with patients – we just don’t talk about it!



Boundaries encompass routine things like financial agreements, time/ place of treatment, duration/intensity of treatment; these parameters of treatment also form a perimeter of treatment. i.e. a boundary. Boundaries also encompass where the lines are drawn between the Therapist and the client/patient. Those boundaries are worth consciously considering for a moment. For some Therapists patient-Therapist boundaries form a line that is rigid and invariable: they maintain the same formal, emotionally somewhat distant relationship with each and every patient. Your facility’s risk manager may like the sounds of that. But does that really sound like most Physical Therapists that you know? (And do we really want our risk managers to be making our ethical decisions – isn’t that OUR job?)

Conversely, for most Therapists, boundaries are something that arise unconsciously and from context. What are the elements we should consider? Context includes several considerations:

**The Therapist:** Each Therapist has a personality and cultural background that will exert influence on what that Therapist is comfortable with (e.g.. the “rigid boundaries” therapist).

**The Setting:** a patient who currently lives in an institutional setting, not only nursing homes but hospitals, residential schools, prison; is to some degree a “captive audience” and our relationship with this patient is often one of unequal power. In the home health setting, we may be alone with the patient in an isolated setting, again making the patient more vulnerable to exploitation.

**The Patient:** the age, gender, cultural background, personality of the individual patient should help guide you in deciding what physical boundaries and what emotional boundaries are appropriate. Physical boundaries include personal touch, specific therapeutic techniques that involve touch, and the physical distance between you during conversations. Emotional boundaries would encompass the style or relative formality of address, and conversations (in both style and content, how much you diverge from strictly the “business” of therapy) Emotional boundaries include attitudes about receiving or giving gifts, which is the topic of a future article. Sharing personal information of any variety with a patient (this is termed “disclosure”, and is also the topic of an upcoming article) also falls under the heading of emotional boundaries.

The Therapist must also carefully consider the specific vulnerabilities of that patient. Culturally we all acknowledge the specific vulnerabilities of certain populations, such as children. As Therapists we

**BOUNDARIES IN ETHICAL PRACTICE**

By: Cynthia Fox PT

(Cont.)

also need to think about the vulnerability that arises from social isolation, loss of physical or cognitive capacity, or a sense of gratitude.

Setting appropriate boundaries is guided by one overriding principle: the appropriate boundary in all circumstances is the one that benefits the patient. After all, benefitting the patient, not the therapist, is the entire basis of the relationship.

Next installment: The problem with “disclosure”

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**Questions Submitted for Board Review**

1. (16-1-9.3.a. - h.) In regards to “indirect supervision” and co-visits in the home health setting...: According to Law, the PT has to make a joint on-site visit with the PTA every 21 days or every 10 visits whichever occurs first. Does the 21 days begin the day the PT and the PTA have the joint on-site visit together or does the 21 days begin the first visit that the PTA goes solo?

\*\*\* *The 21 days begin from the day that the joint visit between the PT and the PTA is made.*

2. Do PT Aides figure into the two to one supervision ratio?

\*\*\* *They do figure in if they are involved in patient care. They do not figure in if they are not involved in patient care.*



3. Can fully licensed PTA’s supervise PTA students who are out on clinical rotations? .

\*\*\* *This question is not addressed by an answer to be found in the Law; however, the Board has deemed that it would be appropriate for a PTA to supervise a PTA student who is doing clinical rotations. (Licensed PTA’s would not be allowed to supervise PT students.)*

4. The Board previously decided that students out on clinical rotations do not figure into the two to one ratio of supervision (this answer appears in the Fall/Winter 2000 Board News Letter)

\*\*\* *This has not changed and the Board still concurs with their previous decision.*

**Questions Submitted for Board Review**

(Cont.)

5. Is it permissible for PT's to perform manipulation techniques in WV?

*\*\*\*Provided they have the appropriate education and training.*

6. Is it permissible for PTA's to perform mobilization techniques in WV?

*\*\*\*Provided they have the appropriate education, training and supervision. The supervising PT is ultimately responsible for appropriate supervision and appropriate delegation of tasks commensurate with the training of the PTA.*

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**Disciplinary Actions Taken By The Board:**

**Kurt M. Grottenthaler PTA**

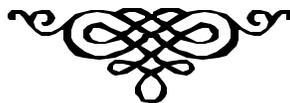
**The Board determined that there was Probable Cause to believe that the Respondent exhibited unprofessional and unethical conduct in the practice of Physical Therapy as a Physical Therapist Assistant, in violation of the provisions of WV Code § 30-20-1 et seq. and the Rules of the Board, 16 C.S.R. §1 et seq.**

**In lieu of a hearing, the parties reached an agreement for the resolution of the matter by entering into a Consent Agreement and Order. Respondent received a Reprimand and will reimburse the Board for any and all administrative, procedural or legal costs associated with this Case.**

**Ann Bobalik PT**

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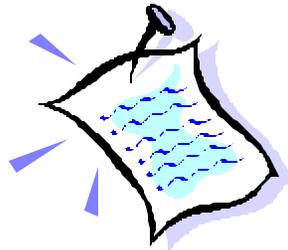


**Address Change Reminder**

Remember that the Board Office moved effective March 1, 2006. Our new address is: 642 Davisson Run Road, Clarksburg, WV 26301.

**Continuing Education Reminder**

Remember that if you are “Actively” Licensed during the calendar year of 2006, you are required to get 10 contact hours of Continuing Education. A random audit is run each year to check for compliance. You do not have to send in any proof that you have complied with the requirement unless you receive an audit letter. Our Web Site is updated weekly with information regarding approved courses.



**Board Members:**

Sally B. Oxley PT, CHT, OCS, CMDT Board Chair  
John E. Williams PT  
John F. DeBlasis PT, ATC  
Cynthia A. Fox PT  
Elizabeth Swinler-Meyer PT  
Don Sensabaugh, Public Member

**Office Staff:**

Frankie S. Cayton, Administrator  
Conda K. Mace, Admin. Assistant  
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