
SENATE BILL 5549

State of Washington

62nd Legislature

2011 Regular Session

By Senators Murray, Regala, Kohl-Welles, White, and Tom

Read first time 01/28/11. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to physical therapy; amending RCW 18.74.010 and
2 18.74.035; adding a new section to chapter 18.74 RCW; and repealing RCW
3 18.74.085.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 18.74.010 and 2007 c 98 s 1 are each amended to read
6 as follows:

7 The definitions in this section apply throughout this chapter
8 unless the context clearly requires otherwise.

9 (1) "Board" means the board of physical therapy created by RCW
10 18.74.020.

11 (2) "Department" means the department of health.

12 (3) "Physical therapy" means the care and services provided by or
13 under the direction and supervision of a physical therapist licensed by
14 the state. The use of Roentgen rays and radium for diagnostic and
15 therapeutic purposes, the use of electricity for surgical purposes,
16 including cauterization, and the use of (~~spinal manipulation, or~~
17 ~~manipulative mobilization of the spine and its immediate~~
18 ~~articulations,~~) chiropractic adjustments of the spine are not included
19 under the term "physical therapy" as used in this chapter.

1 (4) "Physical therapist" means a person who meets all the
2 requirements of this chapter and is licensed in this state to practice
3 physical therapy.

4 (5) "Secretary" means the secretary of health.

5 (6) Words importing the masculine gender may be applied to females.

6 (7) "Authorized health care practitioner" means and includes
7 licensed physicians, osteopathic physicians, chiropractors,
8 naturopaths, podiatric physicians and surgeons, dentists, and advanced
9 registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein
10 shall be construed as altering the scope of practice of such
11 practitioners as defined in their respective licensure laws.

12 (8) "Practice of physical therapy" is based on movement science and
13 means:

14 (a) Examining, evaluating, and testing individuals with mechanical,
15 physiological, and developmental impairments, functional limitations in
16 movement, and disability or other health and movement-related
17 conditions in order to determine a diagnosis, prognosis, plan of
18 therapeutic intervention, and to assess and document the ongoing
19 effects of intervention;

20 (b) Alleviating impairments and functional limitations in movement
21 by designing, implementing, and modifying therapeutic interventions
22 that include therapeutic exercise; functional training related to
23 balance, posture, and movement to facilitate self-care and
24 reintegration into home, community, or work; manual therapy including
25 soft tissue and joint mobilization and manipulation; therapeutic
26 massage; assistive, adaptive, protective, and devices related to
27 postural control and mobility except as restricted by (c) of this
28 subsection; airway clearance techniques; physical agents or modalities;
29 mechanical and electrotherapeutic modalities; and patient-related
30 instruction;

31 (c) Training for, and the evaluation of, the function of a patient
32 wearing an orthosis or prosthesis as defined in RCW 18.200.010.
33 Physical therapists may provide those direct-formed and prefabricated
34 upper limb, knee, and ankle-foot orthoses, but not fracture orthoses
35 except those for hand, wrist, ankle, and foot fractures, and assistive
36 technology devices specified in RCW 18.200.010 as exemptions from the
37 defined scope of licensed orthotic and prosthetic services. It is the
38 intent of the legislature that the unregulated devices specified in RCW

1 18.200.010 are in the public domain to the extent that they may be
2 provided in common with individuals or other health providers, whether
3 unregulated or regulated under Title 18 RCW, without regard to any
4 scope of practice;

5 (d) Performing wound care services that are limited to sharp
6 debridement, debridement with other agents, dry dressings, wet
7 dressings, topical agents including enzymes, hydrotherapy, electrical
8 stimulation, ultrasound, and other similar treatments. Physical
9 therapists may not delegate sharp debridement. A physical therapist
10 may perform wound care services only by referral from or after
11 consultation with an authorized health care practitioner;

12 (e) Reducing the risk of injury, impairment, functional limitation,
13 and disability related to movement, including the promotion and
14 maintenance of fitness, health, and quality of life in all age
15 populations; and

16 (f) Engaging in administration, consultation, education, and
17 research.

18 (9)(a) "Physical therapist assistant" means a person who meets all
19 the requirements of this chapter and is licensed as a physical
20 therapist assistant and who performs physical therapy procedures and
21 related tasks that have been selected and delegated only by the
22 supervising physical therapist. However, a physical therapist may not
23 delegate sharp debridement to a physical therapist assistant.

24 (b) "Physical therapy aide" means a person who is involved in
25 direct physical therapy patient care who does not meet the definition
26 of a physical therapist or physical therapist assistant and receives
27 ongoing on-the-job training.

28 (c) "Other assistive personnel" means other trained or educated
29 health care personnel, not defined in (a) or (b) of this subsection,
30 who perform specific designated tasks related to physical therapy under
31 the supervision of a physical therapist, including but not limited to
32 licensed massage practitioners, athletic trainers, and exercise
33 physiologists. At the direction of the supervising physical therapist,
34 and if properly credentialed and not prohibited by any other law, other
35 assistive personnel may be identified by the title specific to their
36 training or education.

37 (10) "Direct supervision" means the supervising physical therapist
38 must (a) be continuously on-site and present in the department or

1 facility where assistive personnel or holders of interim permits are
2 performing services; (b) be immediately available to assist the person
3 being supervised in the services being performed; and (c) maintain
4 continued involvement in appropriate aspects of each treatment session
5 in which a component of treatment is delegated to assistive personnel.

6 (11) "Indirect supervision" means the supervisor is not on the
7 premises, but has given either written or oral instructions for
8 treatment of the patient and the patient has been examined by the
9 physical therapist at such time as acceptable health care practice
10 requires and consistent with the particular delegated health care task.

11 (12) "Sharp debridement" means the removal of devitalized tissue
12 from a wound with scissors, scalpel, and tweezers without anesthesia.
13 "Sharp debridement" does not mean surgical debridement. A physical
14 therapist may perform sharp debridement, to include the use of a
15 scalpel, only upon showing evidence of adequate education and training
16 as established by rule. Until the rules are established, but no later
17 than July 1, 2006, physical therapists licensed under this chapter who
18 perform sharp debridement as of July 24, 2005, shall submit to the
19 secretary an affidavit that includes evidence of adequate education and
20 training in sharp debridement, including the use of a scalpel.

21 **Sec. 2.** RCW 18.74.035 and 2007 c 98 s 4 are each amended to read
22 as follows:

23 (1) All qualified applicants for a license as a physical therapist
24 shall be examined by the board at such time and place as the board may
25 determine. The board may approve an examination prepared or
26 administered by a private testing agency or association of licensing
27 authorities. The examination shall embrace the following subjects:
28 The applied sciences of anatomy, neuroanatomy, kinesiology, physiology,
29 pathology, psychology, physics; physical therapy, as defined in this
30 chapter, applied to medicine, neurology, orthopedics, pediatrics,
31 psychiatry, surgery; medical ethics; technical procedures in the
32 practice of physical therapy as defined in this chapter; and such other
33 subjects as the board may deem useful to test the applicant's fitness
34 to practice physical therapy(~~(, but not including the adjustment or~~
35 ~~manipulation of the spine or use of a thrusting force as~~
36 ~~mobilization)). Examinations shall be held within the state at least~~

1 once a year, at such time and place as the board shall determine. An
2 applicant who fails an examination may apply for reexamination upon
3 payment of a reexamination fee determined by the secretary.

4 (2) All qualified applicants for a license as a physical therapist
5 assistant must be examined by the board at such a time and place as the
6 board may determine. The board may approve an examination prepared or
7 administered by a private testing agency or association of licensing
8 authorities.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.74 RCW
10 to read as follows:

11 A physical therapist may perform spinal manipulation only upon
12 showing evidence of adequate education and training in spinal
13 manipulation. The physical therapist shall submit such evidence to the
14 board. Adequate education and training in spinal manipulation means
15 demonstrated competency in the following: Scanning/screening
16 examination of the spine, including serious medical pathologies or
17 differential diagnoses; biomechanical examination of the spine;
18 awareness of contraindications; clinical reasoning; and safe
19 application of spinal manipulative techniques. A physical therapist
20 who has graduated from an approved school of physical therapy in 2009
21 or later is not subject to this requirement. Physical therapists may
22 not delegate spinal manipulation.

23 NEW SECTION. **Sec. 4.** RCW 18.74.085 (Advertising of spinal
24 manipulation or mobilization prohibited) and 1988 c 185 s 4 are each
25 repealed.

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