

CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE HOUSE BILL 2160

Chapter 116, Laws of 2014

63rd Legislature
2014 Regular Session

PHYSICAL THERAPISTS--SPINAL MANIPULATION

EFFECTIVE DATE: 07/01/15 - Except for section 2, which becomes effective 07/01/20.

Passed by the House February 13, 2014
Yeas 92 Nays 6

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate March 6, 2014
Yeas 49 Nays 0

BRAD OWEN

President of the Senate

Approved March 28, 2014, 2:25 p.m.

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2160** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

March 31, 2014

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 2160

Passed Legislature - 2014 Regular Session

State of Washington 63rd Legislature 2014 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Jinkins, Pollet, Appleton, S. Hunt, Buys, Haler, Warnick, Pettigrew, Manweller, Goodman, Clibborn, Santos, Harris, and Kagi)

READ FIRST TIME 02/05/14.

1 AN ACT Relating to allowing physical therapists to perform spinal
2 manipulation; amending RCW 18.74.---, 18.74.010, 18.74.035, and
3 18.74.085; adding a new section to chapter 18.74 RCW; and providing
4 effective dates.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.74 RCW
7 to read as follows:

8 (1) Subject to the limitations of this section, a physical
9 therapist may perform spinal manipulation only after being issued a
10 spinal manipulation endorsement by the secretary. The secretary, upon
11 approval by the board, shall issue an endorsement to a physical
12 therapist who has at least one year of full-time, orthopedic,
13 postgraduate practice experience that consists of direct patient care
14 and averages at least thirty-six hours a week and who provides evidence
15 in a manner acceptable to the board of all of the following additional
16 requirements:

17 (a) Training in differential diagnosis of no less than one hundred
18 hours outlined within a course curriculum;

1 (b) Didactic and practical training related to the delivery of
2 spinal manipulative procedures of no less than two hundred fifty hours
3 clearly delineated and outlined in a course curriculum;

4 (c) Specific training in spinal diagnostic imaging of no less than
5 one hundred fifty hours outlined in a course curriculum; and

6 (d) At least three hundred hours of supervised clinical practical
7 experience in spinal manipulative procedures. The supervised clinical
8 practical experience must:

9 (i) Be supervised by a clinical supervisor who:

10 (A) Holds a spinal manipulation endorsement under this section;

11 (B) Is a licensed chiropractor or osteopathic physician and
12 surgeon; or

13 (C) Holds an endorsement or advanced certification the training
14 requirements for which are commensurate with the training requirements
15 in this section;

16 (ii) Be under the close supervision of the clinical supervisor for
17 a minimum of the first one hundred fifty hours of the supervised
18 clinical practical experience, after which the supervised clinical
19 practical experience must be under the direct supervision of the
20 clinical supervisor;

21 (iii) Be completed within eighteen months of completing the
22 educational requirements in (a) through (c) of this subsection, unless
23 the physical therapist has completed the educational requirements in
24 (a) through (c) of this subsection prior to the effective date of this
25 section, in which case the supervised clinical practical experience
26 must be completed by January 1, 2017.

27 (2) A physical therapist holding a spinal manipulation endorsement
28 under subsection (1) of this section shall consult with a health care
29 practitioner, other than a physical therapist, authorized to perform
30 spinal manipulation if spinal manipulative procedures are required
31 beyond six treatments.

32 (3) A physical therapist holding a spinal manipulation endorsement
33 under subsection (1) of this section may not:

34 (a) Have a practice in which spinal manipulation constitutes the
35 majority of the services provided;

36 (b) Practice or utilize chiropractic manipulative therapy in any
37 form;

38 (c) Delegate spinal manipulation; or

1 (d) Bill a health carrier for spinal manipulation separately from,
2 or in addition to, other physical therapy procedures.

3 (4) A physical therapist holding a spinal manipulation endorsement
4 under this section shall complete at least ten hours of continuing
5 education per continuing competency reporting period directly related
6 to spinal manipulation. At least five hours of the training required
7 under this subsection must be related to procedural technique and
8 application of spinal manipulation.

9 (5) If a physical therapist is intending to perform spinal
10 manipulation on a patient who the physical therapist knows is being
11 treated by a chiropractor for the same diagnosis, the physical
12 therapist shall make reasonable efforts to coordinate patient care with
13 the chiropractor to prevent conflict or duplication of services.

14 (6) By November 15, 2019, the board shall report to the legislature
15 any disciplinary actions taken against physical therapists whose
16 performance of spinal manipulation and manipulative mobilization of the
17 spine and its immediate articulations resulted in physical harm to a
18 patient. Prior to finalizing the report required under this
19 subsection, the board shall consult with the chiropractic quality
20 assurance commission.

21 **Sec. 2.** RCW 18.74.--- and 2014 c ... s 1 (section 1 of this act)
22 are each amended to read as follows:

23 (1) Subject to the limitations of this section, a physical
24 therapist may perform spinal manipulation only after being issued a
25 spinal manipulation endorsement by the secretary. The secretary, upon
26 approval by the board, shall issue an endorsement to a physical
27 therapist who has at least one year of full-time, orthopedic,
28 postgraduate practice experience that consists of direct patient care
29 and averages at least thirty-six hours a week and who provides evidence
30 in a manner acceptable to the board of all of the following additional
31 requirements:

32 (a) Training in differential diagnosis of no less than one hundred
33 hours outlined within a course curriculum;

34 (b) Didactic and practical training related to the delivery of
35 spinal manipulative procedures of no less than two hundred fifty hours
36 clearly delineated and outlined in a course curriculum;

1 (c) Specific training in spinal diagnostic imaging of no less than
2 one hundred fifty hours outlined in a course curriculum; and

3 (d) At least three hundred hours of supervised clinical practical
4 experience in spinal manipulative procedures. The supervised clinical
5 practical experience must:

6 (i) Be supervised by a clinical supervisor who:

7 (A) Holds a spinal manipulation endorsement under this section; or

8 (B) Is a licensed chiropractor or osteopathic physician and
9 surgeon(~~(; or~~

10 ~~(C) Holds an endorsement or advanced certification the training~~
11 ~~requirements for which are commensurate with the training requirements~~
12 ~~in this section));~~

13 (ii) Be under the close supervision of the clinical supervisor for
14 a minimum of the first one hundred fifty hours of the supervised
15 clinical practical experience, after which the supervised clinical
16 practical experience must be under the direct supervision of the
17 clinical supervisor;

18 (iii) Be completed within eighteen months of completing the
19 educational requirements in (a) through (c) of this subsection, unless
20 the physical therapist has completed the educational requirements in
21 (a) through (c) of this subsection prior to the effective date of this
22 section, in which case the supervised clinical practical experience
23 must be completed by January 1, 2017.

24 (2) A physical therapist holding a spinal manipulation endorsement
25 under subsection (1) of this section shall consult with a health care
26 practitioner, other than a physical therapist, authorized to perform
27 spinal manipulation if spinal manipulative procedures are required
28 beyond six treatments.

29 (3) A physical therapist holding a spinal manipulation endorsement
30 under subsection (1) of this section may not:

31 (a) Have a practice in which spinal manipulation constitutes the
32 majority of the services provided;

33 (b) Practice or utilize chiropractic manipulative therapy in any
34 form;

35 (c) Delegate spinal manipulation; or

36 (d) Bill a health carrier for spinal manipulation separately from,
37 or in addition to, other physical therapy procedures.

1 (4) A physical therapist holding a spinal manipulation endorsement
2 under this section shall complete at least ten hours of continuing
3 education per continuing competency reporting period directly related
4 to spinal manipulation. At least five hours of the training required
5 under this subsection must be related to procedural technique and
6 application of spinal manipulation.

7 (5) If a physical therapist is intending to perform spinal
8 manipulation on a patient who the physical therapist knows is being
9 treated by a chiropractor for the same diagnosis, the physical
10 therapist shall make reasonable efforts to coordinate patient care with
11 the chiropractor to prevent conflict or duplication of services.

12 (6) By November 15, 2019, the board shall report to the legislature
13 any disciplinary actions taken against physical therapists whose
14 performance of spinal manipulation and manipulative mobilization of the
15 spine and its immediate articulations resulted in physical harm to a
16 patient. Prior to finalizing the report required under this
17 subsection, the board shall consult with the chiropractic quality
18 assurance commission.

19 **Sec. 3.** RCW 18.74.010 and 2007 c 98 s 1 are each amended to read
20 as follows:

21 The definitions in this section apply throughout this chapter
22 unless the context clearly requires otherwise.

23 (1) "Board" means the board of physical therapy created by RCW
24 18.74.020.

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

26 (3) "Physical therapy" means the care and services provided by or
27 under the direction and supervision of a physical therapist licensed by
28 the state. Except as provided in section 1 of this act, the use of
29 Roentgen rays and radium for diagnostic and therapeutic purposes, the
30 use of electricity for surgical purposes, including cauterization, and
31 the use of spinal manipulation, or manipulative mobilization of the
32 spine and its immediate articulations, are not included under the term
33 "physical therapy" as used in this chapter.

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

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

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

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

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

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

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

27 (c) Training for, and the evaluation of, the function of a patient
28 wearing an orthosis or prosthesis as defined in RCW 18.200.010.
29 Physical therapists may provide those direct-formed and prefabricated
30 upper limb, knee, and ankle-foot orthoses, but not fracture orthoses
31 except those for hand, wrist, ankle, and foot fractures, and assistive
32 technology devices specified in RCW 18.200.010 as exemptions from the
33 defined scope of licensed orthotic and prosthetic services. It is the
34 intent of the legislature that the unregulated devices specified in RCW
35 18.200.010 are in the public domain to the extent that they may be
36 provided in common with individuals or other health providers, whether
37 unregulated or regulated under Title 18 RCW, without regard to any
38 scope of practice;

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

8 (e) Reducing the risk of injury, impairment, functional limitation,
9 and disability related to movement, including the promotion and
10 maintenance of fitness, health, and quality of life in all age
11 populations; and

12 (f) Engaging in administration, consultation, education, and
13 research.

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

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

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

33 (10) "Direct supervision" means the ~~((supervising — physical~~
34 ~~therapist))~~ supervisor must (a) be continuously on-site and present in
35 the department or facility where ~~((assistive personnel or holders of~~
36 ~~interim permits are))~~ the person being supervised is performing
37 services; (b) be immediately available to assist the person being
38 supervised in the services being performed; and (c) maintain continued

1 involvement in appropriate aspects of each treatment session in which
2 a component of treatment is delegated to assistive personnel or is
3 required to be directly supervised under section 1 of this act.

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

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

19 (13) "Spinal manipulation" includes spinal manipulation, spinal
20 manipulative therapy, high velocity thrust maneuvers, and grade five
21 mobilization of the spine and its immediate articulations.

22 (14) "Close supervision" means that the supervisor has personally
23 diagnosed the condition to be treated and has personally authorized the
24 procedures to be performed. The supervisor is continuously on-site and
25 physically present in the operatory while the procedures are performed
26 and capable of responding immediately in the event of an emergency.

27 **Sec. 4.** RCW 18.74.035 and 2007 c 98 s 4 are each amended to read
28 as follows:

29 (1) All qualified applicants for a license as a physical therapist
30 shall be examined by the board at such time and place as the board may
31 determine. The board may approve an examination prepared or
32 administered by a private testing agency or association of licensing
33 authorities. The examination shall embrace the following subjects:
34 The applied sciences of anatomy, neuroanatomy, kinesiology, physiology,
35 pathology, psychology, physics; physical therapy, as defined in this
36 chapter, applied to medicine, neurology, orthopedics, pediatrics,
37 psychiatry, surgery; medical ethics; technical procedures in the

1 practice of physical therapy as defined in this chapter; and such other
2 subjects as the board may deem useful to test the applicant's fitness
3 to practice physical therapy(~~(, but not including the adjustment or~~
4 ~~manipulation of the spine or use of a thrusting force as~~
5 ~~mobilization)~~). Examinations shall be held within the state at least
6 once a year, at such time and place as the board shall determine. An
7 applicant who fails an examination may apply for reexamination upon
8 payment of a reexamination fee determined by the secretary.

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

14 **Sec. 5.** RCW 18.74.085 and 1988 c 185 s 4 are each amended to read
15 as follows:

16 (1) Physical therapists shall not advertise that they perform
17 spinal manipulation (~~(or)~~), manipulative mobilization of the spine,
18 chiropractic adjustment, spinal adjustment, maintenance or wellness
19 manipulation, or chiropractic care of any kind.

20 (2) A violation of this section is unprofessional conduct under
21 this chapter and chapter 18.130 RCW.

22 NEW SECTION. **Sec. 6.** Except for section 2 of this act, this act
23 takes effect July 1, 2015.

24 NEW SECTION. **Sec. 7.** Section 2 of this act takes effect July 1,
25 2020.

Passed by the House February 13, 2014.

Passed by the Senate March 6, 2014.

Approved by the Governor March 28, 2014.

Filed in Office of Secretary of State March 31, 2014.