## SENATE BILL 5230

State of Washington 61st Legislature 2009 Regular Session

By Senators Fairley, Regala, and Murray

Read first time 01/16/09. Referred to Committee on Health & Long-Term Care.

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

(3) "Physical therapy" means the care and services provided by or 12 under the direction and supervision of a physical therapist licensed by 13 14 The use of Roentgen rays and radium for diagnostic and the state. 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.

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

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

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

14 (a) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in 15 movement, and disability or other health and movement-related 16 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;

(b) Alleviating impairments and functional limitations in movement 20 21 by designing, implementing, and modifying therapeutic interventions 22 that include therapeutic exercise; functional training related to 23 posture, and movement to facilitate self-care balance, and 24 reintegration into home, community, or work; manual therapy including soft tissue and joint mobilization and manipulation; therapeutic 25 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;

(c) Training for, and the evaluation of, the function of a patient 31 32 wearing an orthosis or prosthesis as defined in RCW 18.200.010. Physical therapists may provide those direct-formed and prefabricated 33 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;

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

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

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

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

(b) "Physical therapy aide" means a person who is involved in direct physical therapy patient care who does not meet the definition of a physical therapist or physical therapist assistant and receives 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 the supervision of a physical therapist, including but not limited to 31 32 licensed massage practitioners, athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, 33 and if properly credentialed and not prohibited by any other law, other 34 35 assistive personnel may be identified by the title specific to their 36 training or education.

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

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facility where assistive personnel or holders of interim permits are performing services; (b) be immediately available to assist the person being supervised in the services being performed; and (c) maintain continued involvement in appropriate aspects of each treatment session 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 from a wound with scissors, scalpel, and tweezers without anesthesia. 12 13 "Sharp debridement" does not mean surgical debridement. A physical therapist may perform sharp debridement, to include the use of a 14 15 scalpel, only upon showing evidence of adequate education and training as established by rule. Until the rules are established, but no later 16 than July 1, 2006, physical therapists licensed under this chapter who 17 perform sharp debridement as of July 24, 2005, shall submit to the 18 19 secretary an affidavit that includes evidence of adequate education and training in sharp debridement, including the use of a scalpel. 20

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 shall be examined by the board at such time and place as the board may 24 25 determine. The board may approve an examination prepared or 26 administered by a private testing agency or association of licensing 27 The examination shall embrace the following subjects: authorities. 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 subjects as the board may deem useful to test the applicant's fitness 33 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

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once a year, at such time and place as the board shall determine. An
applicant who fails an examination may apply for reexamination upon
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 <u>NEW SECTION.</u> 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 and shall submit to the secretary an affidavit that 14 includes evidence of adequate education and training in spinal 15 manipulation. A physical therapist who has graduated from an approved 16 school of physical therapy in 2009 or later is not subject to this 17 requirement.

18 <u>NEW SECTION.</u> Sec. 4. RCW 18.74.085 (Advertising of spinal 19 manipulation or mobilization prohibited) and 1988 c 185 s 4 are each 20 repealed.

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