



Indiana Chapter

American Physical Therapy Association

2019 INDIANA PRACTICE ACT FREQUENTLY ASKED QUESTIONS (FAQs)

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1. If am seeing a patient for direct access in late June, does the change to 42 days affect the duration of care that I can provide for this patient once we change to 42 days as of July 1?

The days of direct access is linked to the episode of care. If your episode of care started before July 1, then you have 24 days of direct access during that episode of care. Therefore, on July 1, you cannot switch from 24 to 42 days. This is a conservative interpretation of the transition from 24 to 42 days. This will only apply to patients in a short window of time because all new patients starting July 1 and after will have 42 days of direct access.

2. How can I express my interest in being on the IN PT Board?

You can express interest in being on the Indiana Board of Physical Therapy by contacting the Indiana Governor. The website to do that is the following:

<https://www.in.gov/gov/2331.htm>

On this site, there is detail about appointments and the link to the application is toward the end.

3. Throughout the Practice Act the word “chapter” is mentioned. Can you clarify what that means?

The Indiana Code (Indiana Physical Therapy Practice Act) is hierarchically divided into titles, articles, chapters and sections. Any time the term “chapter” is used, it refers to a specific subsection of a title and article of the Code. It *does not* mean the Indiana Chapter of APTA.

4. I am a PTA. Can I supervise a PT Aide?

This question pertains to this language in the new law:

A physical therapist may use physical therapy aides for designated tasks. A physical therapy aide shall work under the direct supervision of a physical therapist. Tasks related to patient services must be assigned to a physical therapy aide by a physical therapist or physical therapist assistant.

This language says two things: first an aide shall work under direct supervision of a physical therapist and second, in addition to a PT, a PTA can assign an aide tasks related to patient care. Also, by law, a PTA must work under the general supervision of the PT, making the PT ultimately responsible for both the aide and the PTA. If the PT is physically present and available to the aide performing tasks related to patient services, the PTA or the PT can assign those tasks and supervise the aide.

An example of how this would be interpreted is as follows: If the aide is working with the PTA as an extra pair of hands (which could as easily be the front desk person's hands) and is not doing this task alone then this is alright to do based on the updated Practice Act. However, if the PTA was to ask the aide to walk the patient where the PTA did not accompany the aide then this would be problematic because the PTA does not have the training to make that decision whether the patient is safe to walk with a PT aide.

This lies in contrast to the situation where the PT is there and makes the clinical decision that the PT aide is able to walk the patient because the PT does not assess there to be a risk with this occurring.

5. Is Telehealth practice allowed under the updates to the Indiana Physical Therapy Practice Act?

Telehealth is not included (or excluded) in the updates to the IN PT Practice Act. This is something that we are discussing to put forward in future updates to the IN PT Practice Act.

6. The updates to the Indiana Physical Therapy Practice Act defines supervision levels. Am I correct in assuming that I still have to follow the guidelines for the kind of facility I work in?

You follow the most stringent requirements whether they are federal, state, or your facility.

7. Can I provide cardiac rehab under the updates to the Indiana Physical Therapy Practice Act?

Cardiac rehab is not specifically addressed because this is more likely a coding/billing/regulatory question. The rules around which clinicians provide "cardiac rehab" are not scope of practice issues, but rather how cardiac rehab services have been bundled or identified for payment by the government and other payors. Clinically, PT's are well prepared to provide therapeutic interventions for cardiac conditions; reimbursement is a separate issue.

8. Are there any changes to the CEU requirements?

There are no changes to the CEU requirements with the updates to the Practice Act. When the Rules are updated by the Indiana Board of Physical Therapy, there will be clarification on the education needed for a physical therapist to perform dry needling.

9. Can I supervise more than one new grad on a temporary license?

There is nothing in the updated Practice Act that infers that you cannot. The Rules are also silent on how many new graduates a physical therapist or physical therapist assistant can supervise.

10. Can a PT now provide a spinal manipulation with direct access?

With the updates to the Practice Act, there is no change as it relates to spinal manipulation. The following requirement still stands:

A physical therapist may not perform spinal manipulation of the spinal column or the vertebral column unless:

1. The physical therapist is acting on the order or referral of a physician, an osteopathic physician, or a chiropractor; and
2. The referring physician, osteopathic physician, or chiropractor has examined the patient before issuing the order or referral.

However, the law does not say that the referral must specifically "order" or state spinal manipulation and the law does not specify that the physician, osteopath or chiropractor must have examined the patient within a specified time frame.

11. What are the requirements to perform dry needling?

The language in the updated Practice Act is the following:

Using solid filiform needles to treat neuromusculoskeletal pain and dysfunction (dry needling), after completing board approved continuing education and complying with applicable board rules. However, a physical therapist may not engage in the practice of acupuncture (as defined in IC 25-2.5-1-5) unless the physical therapist is licensed under IC 25-2.5.

Since the board Rules to support this language have not been written, the INAPTA interpretation is that a physical therapist who has completed approved continuing education may do dry needling. Once the Rules are written this will further clarify this area.

12. When will the Indiana Board of Physical Therapy make a decision about which courses it approves in order to practice Dry Needling?

Once the Indiana Board of Physical Therapy is appointed by the Governor, the rule making process can begin.

13. What happens if the Indiana Board of Physical Therapy does not approve a provider of dry needling courses that I have previously completed prior to the updated Practice Act?

It is anticipated that a physical therapist could appeal this decision to the Indiana Board of Physical Therapy.

14. If I have already completed an Indiana Ethics and Jurisprudence course will I need to take one again due to the changes in our Practice Act?

You will not need to take it again since the language in the Practice Act does not specify that it must be Indiana jurisprudence that relates to recent changes or updates. However, taking a jurisprudence course that outlines the updates will better prepare you for practice in Indiana.

15. According to Section 30 of the updated Practice Act must I now display a copy of my license within public view?

Yes, this is the recommendation and language from the Federation of State Boards of Physical Therapy.