

CHAPTER 1

GENERAL PROVISIONS

Section 1. Statement of purpose. The Wyoming State Board of Physical Therapy Rules and Regulations are set forth and promulgated for the purpose of interpreting and implementing W. S. 33-25-101 through 33-25-116 et seq.

Section 2. Severability. If any provisions of these rules or the application thereof to any license or certificate holder or circumstance is determined to be invalid, such invalidity shall not affect other provisions or application of these rules which can be given effect without the invalid provision or application, and to this end the provisions of these rules are declared to be severable.

Section 3. Terms defined by Statute. Terms defined in W. S. 33-25-101 through 33-25-116 shall have the same meaning when used in these rules unless the context or subject matter clearly requires a different interpretation.

Section 4. Definitions. Unless specifically stated otherwise, the following definitions are applicable throughout this title:

(a) "Approved program" means a school of physical therapy or a program of physical therapist assistant training which is CAPTE accredited and approved by the Board.

(b) "Board" means the Wyoming State Board of Physical Therapy.

(c) "CAPTE" means Commission on Accreditation in Physical Therapy Education.

(d) "Consultation by means of telecommunications" means that a physical therapist renders professional or expert opinion or advice to another physical therapist or health care provider via telecommunications or computer technology from a distant location. It includes the transfer of data or exchange of educational or related information by means of audio, video, or data communications. The physical therapist may use telehealth technology as a vehicle for providing only services that are legally or professionally authorized. The patient's written or verbal consent will be obtained and documented prior to such consultation. All records used or resulting from a consultation by means of telecommunications are part of a patient's record and are subject to applicable confidentiality requirements.

(e) "Direct supervision" means the physical therapist/physical therapist assistant is physically present on the premises and immediately available for direction and supervision.

(f) "Dry needling" is a manual therapy technique that uses a filiform needle as mechanical device to treat conditions within the scope of physical therapy practice. It is based upon Western medical concepts, requires a physical therapy examination and physical therapy diagnosis, and treats specific anatomic entities. Dry needling does not include the stimulation of auricular or acupuncture meridians.

(g) “Examination” means a national examination approved by the Board for the license of a physical therapist or certificate of a physical therapist assistant.

(h) “NPTE” means the National Physical Therapy Examination.

(i) “Restricted” for a physical therapist assistant means a license or certificate on which the Board places restrictions or conditions, or both, as to scope of practice, place of practice, supervision of practice, duration of licensed status, or type or condition of patient or client whom the license may provide services.

(j) “Student” is an individual who is currently engaged in the fulfillment of a physical therapy or physical therapist assistant educational program approved by the Board.

(k) “Supportive personnel” are persons other than licensed physical therapists who function in a physical therapy setting and assist with physical therapy care.

(l) “Testing” means standard methods and techniques used to gather data about the patient.

Section 5. Incorporation by Reference. The Board hereby incorporates by reference the following:

(a) Each rule and code incorporated by reference is further identified as follows:

(i) Chapter 2 – Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, available on the Board’s website at <http://physicaltherapy.wyo.gov>.

(ii) Chapter 2 – Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, available on the Board’s website at <http://physicaltherapy.wyo.gov>.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board office and available for public inspection and copying at cost at the same location.

CHAPTER 2
EXAMINATIONS

Section 1. Examinations

(a) Frequency and locations of examinations. Computer-based examinations are available by appointment at designated sites.

(b) Repeating examinations. An applicant who fails an examination may repeat the examination, but must pay another examination fee each time the examination is repeated

(i) No applicant will be licensed or certified if they have taken the NPTE more than six (6) times.

(c) Eligibility to take examination. An applicant must have graduated from a CAPTE accredited program, or be enrolled in the final semester of a CAPTE accredited program in order to be eligible to sit for the examination.

CHAPTER 3

LICENSE OR CERTIFICATION

Section 1. General license or certification requirements for graduates of approved programs. The following requirements apply to all applicants for license or certification who are graduates of physical therapy or physical therapist assistant programs:

- (a) Application procedures. All applicants shall submit:
 - (i) A complete and legible application form with a recent, unmounted, full-face photograph;
 - (ii) Proof of Lawful Presence in the United States;
 - (iii) Payment of the fees set by the Board;
 - (iv) An official transcript giving evidence of graduation from nationally accredited program approved by the Board;
 - (v) Passing scores on the National Physical Therapy Examination (NPTE);
 - (vi) Verification of license/certificate in good standing from all jurisdictions in which the applicant has been licensed or certified;
 - (vii) A successfully completed state jurisprudence examination with a passing score of at least seventy-five (75) percent;
 - (viii) Two (2) professional letters of recommendation attesting to the applicant's good moral character and professional abilities;
 - (ix) License and certificate holders from other jurisdictions applying for a license or certificate in Wyoming must provide evidence of completion of fifteen (15) hours of continuing competence credits within the last year;
 - (x) In order to obtain state and national criminal history record information, legible fingerprint cards as required by W.S. 7-19-201(a)(xv);
 - (xi) Evidence of passing a Board-approved English proficiency examination if the applicant's native language is not English.
- (b) No applicant for license or certificate shall have been convicted of an offense involving moral turpitude or controlled substances which may impair the applicant's ability to provide competent health care or which could pose a threat to the safety of the consumer public. A plea of nolo contendere shall establish guilt to the underlying criminal charge(s).

(c) The Board may issue a temporary practice permit to a military spouse who holds a current license or certificate in good standing from another jurisdiction which state mandates substantially equivalent or more stringent educational, training, examination and experience requirements for licensure or certification. The temporary permit shall be valid for ninety (90) days, or until the Board office is in receipt of the criminal background check.

Section 2. Renewal of license and certification.

- (a) A license or certificate not renewed annually by October first is expired.
- (b) It is the license or certificate holder's responsibility to renew before the October first deadline.
- (c) Renewal of a license or certificate shall include:
 - (i) The successful completion of thirty (30) continuing competence units, including successful completion of the jurisprudence examination every two years;
 - (A) A score of at least seventy-five percent (75%) is required on the jurisprudence examination.
- (d) Each license or certificate holder is responsible for reporting a name change and changes in business and home addresses to the Board within thirty (30) days of the change.

Section 3. Expired license or certificate.

- (a) A license or certificate holder who fails to renew the license or certificate on or before the expiration date shall not practice as a physical therapist or physical therapist assistant in this state.
- (b) License or certificate holders who allow their license or certificate to expire must complete the licensing or certification requirements specified in Rules and Regulations, Chapter 3, Section 1 if they choose to reapply for a license or certificate in this state.

CHAPTER 4

CODE OF ETHICAL CONDUCT

Section 1. Code of ethical conduct for physical therapists and physical therapist assistants. An individual licensed or certified by the Board has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that place the license or certificate holder in a position of compromise with this code of ethical conduct.

Section 2. Ethical integrity. License and certificate holders shall use the provisions contained in paragraphs (a) to (g) of this rule as guidelines for promoting ethical integrity and professionalism. Failure to comply with paragraphs (a) to (g) of this rule may be grounds for disciplinary action pursuant to W.S. 33-25-111.

(a) A license or certificate holder shall respect the rights and dignity of all patients and provide compassionate care.

(i) A license or certificate holder shall recognize individual differences with patients and shall respect and be responsive to those differences.

(ii) A license or certificate holder shall be guided by concern for the physical, psychosocial, and socioeconomic welfare of patients.

(b) A license or certificate holder shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A license or certificate holder shall strive to effect changes that benefit the patient.

(c) A license or certificate holder shall only seek compensation that is reasonable for the physical therapy services delivered. A license or certificate holder shall never place the license or certificate holder's own financial interests above the welfare of the license or certificate holder's patients. A license or certificate holder, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices.

(d) A license or certificate holder shall not influence a patient or the patient's family to utilize, purchase, or rent any equipment based on the direct or indirect financial interests of the licensee. Recommendations of equipment must be based solely on the therapeutic value of that equipment to the patient. A licensee who owns or has a direct financial interest in an equipment or supply company must disclose the financial interest to the patient if the licensee sells or rents, or intends to sell or rent, to the patient.

(e) A license or certificate holder shall ensure the patient's rights to participate fully in their care, including the patient's right to select the physical therapy provider, regardless of the practice setting.

(f) A license or certificate holder shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

(g) A license or certificate holder shall safeguard the public from underutilization or overutilization of physical therapy services.

Section 3. Ethical conduct. Ethical conduct includes conforming to the minimal standards of acceptable and prevailing physical therapy practice. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred. Failure to comply with paragraphs (a) to (k) of this rule may be grounds for disciplinary action pursuant to W.S. 33-25-111.

(a) A license or certificate holder shall adhere to the standards of ethical practice by practicing in a manner that is moral and honorable. A license or certificate holder may be disciplined for violating any provision contained herein.

(b) A license or certificate holder shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to:

(i) Failing to assess and evaluate a patient's status;

(ii) Performing or attempting to perform techniques, procedures, or both in which the license or certificate holder is untrained by education or experience;

(iii) Delegating physical therapy functions or responsibilities to an individual lacking the ability or knowledge to perform the function or responsibility in question;

(iv) Causing, or permitting another person to cause, physical or emotional injury to the patient, or depriving the patient of their dignity;

(v) Providing treatment interventions that are not warranted by the patient's condition or continuing treatment beyond the point of reasonable benefit to the patient;

(vi) Providing substandard care as a physical therapist assistant by exceeding the authority to perform components of physical therapy interventions selected by the supervising physical therapist or through a deliberate or negligent act or failure to act, whether or not actual injury to any person occurred;

(vii) Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee.

(c) A license or certificate holder shall not engage in conduct that constitutes harassment or verbal or physical abuse of, or unlawful discrimination against, patients.

(d) A license or certificate holder shall not engage in any sexual relationship or

conduct, including dating, with any patient, or engage in any conduct that may reasonably be interpreted by the patient to be sexual, whether consensual or nonconsensual, while a therapist-patient relationship exists.

(i) A license or certificate holder shall not intentionally expose or view a completely or partially disrobed patient in the course of treatment if the exposure of viewing is not related to the patient diagnosis or treatment under current practice standards.

(ii) A license or certificate holder shall not engage in a conversation with a patient that is sexually explicit and unrelated to the physical therapy plan of care.

(e) A license or certificate holder shall not engage in sexual harassment of patients. Sexual Harassment includes, but is not limited to, making sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature that results in:

(i) Withholding physical therapy services to a patient;

(ii) Creating an intimidating, hostile, or offensive environment for the patient; or

(iii) Interfering with the patient's ability to recover.

(f) A license or certificate holder shall not falsify, alter, or destroy patient/client records, medical records, or billing records without authorization, or fail to maintain accurate patient or billing records.

(g) A license or certificate holder shall not practice physical therapy while the ability to practice is impaired by alcohol, controlled substances, narcotic drugs, physical disability, mental disability, or emotional disability. If a license or certificate holder's ability to practice is in question, the license or certificate holder shall submit to a physical or mental examination or drug/alcohol screen as requested by the Board to determine the applicant's or licensee's qualifications to practice physical therapy.

(h) A license or certificate holder shall not obtain, attempt to obtain, or deliver medications through means of misrepresentation, fraud, forgery, deception, and/or subterfuge.

(i) A licensee shall transfer the continuum of care of the patient, as appropriate, to another health care provider in the event of elective termination of physical therapy services by the licensee.

(j) A license or certificate holder shall not aid, abet, authorize, condone, or allow the practice of physical therapy by any person not legally authorized to provide services.

(k) A license or certificate holder shall not permit another person to use an individual's wall certificate, pocket identification care, or license/certificate number for any illegal purpose.

Section 4. Reporting requirements. A license or certificate holder shall self-report to the Board, within thirty days, any of the items outlined in paragraphs (a) to (e) of this rule. Failure to comply with this rule may be grounds for disciplinary action pursuant to W.S. 33-25-111.

(a) Impairment by illness, chemical use, or chemical dependency that affects the applicant's or license or certificate holder's ability to practice with reasonable skill and safety.

(b) Conviction of a felony.

(c) Conviction of a misdemeanor when the act that constituted the misdemeanor occurred during the practice of physical therapy.

(d) The termination, revocation, or suspension of a license, certificate, or membership by a state or national physical therapy professional association.

(e) A positive drug and/or alcohol screening.

CHAPTER 5

FEES

Section 1. General information.

(a) Fees shall be payable in the exact amount, by money order or cashier's check for all services and shall be paid in advance of the services rendered. Fees for renewal of license or certification may be paid by personal check. License or certificate holders renewing online shall use a credit card.

(b) All fees collected by the Board are non-refundable

(c) In accordance with W.S. 1-1-115 the Board may charge a collection fee for any returned checks.

Section 2. Fees.

(a) Application fee for a physical therapist is \$240.00.

(b) Application fee for a physical therapist assistant is \$190.00.

(c) Annual renewal fee for a physical therapist is \$75.00.

(d) Annual renewal fee for a physical therapist assistant is \$50.00.

(e) Duplicate certificate or pocket card is \$25.00.

(f) License verification to another jurisdiction is \$25.00

CHAPTER 6

CONTINUING COMPETENCE

Section 1. Hours and requirements.

(a) All physical therapists and physical therapist assistants shall obtain thirty (30) continuing competence units (CCUs) every two years to be eligible for renewal. There may be no carryover of CCUs to the next reporting period. The Board shall determine reporting groups, methods, and deadlines.

(b) A licensure/certification reporting cycle begins on October 2 and ends on October 1 of the second year.

(c) At least fifteen (15) of the required thirty (30) CCUs shall be from Category A.

Section 2. Categories.

(a) Category A Activities include:

(i) Registered attendance at courses or conferences offered live in real time by approved providers. Approved providers include:

(A) The American Physical Therapy Association (APTA), including any sections, credentialed residencies and fellowships and its accrediting subsidiary;

(B) State Chapters of the APTA;

(C) Federation of State Boards of Physical Therapy and any accrediting subsidiary;

(D) The International Association for Continuing Education Training;

(E) Any providers approved or accredited by the agencies or organizations listed in subparagraphs (A) through (D) of this paragraph;

(ii) The Wyoming Department of Health and the Wyoming Department of Education activities directly related to physical therapy.

(b) Category B Activities include:

(i) Self-study, which may be directed by a correspondence course, video, internet, or satellite program;

(ii) Attendance at in-service education programs pertaining to safety or

governmental regulation;

- (iii) Teaching or lecturing principally for health care professionals;
 - (iv) Author or reviewer of a peer-reviewed publication;
 - (v) Clinical instruction;
 - (vi) Physical therapy association or licensing Board and committee work;
 - (vii) Structured interactive study (group study);
- (c) Activities excluded from Continuing Competence Credit:
- (i) Staff meetings, presentations, or publications directed at lay groups;
 - (ii) Routine teaching as part of a job requirement;
 - (iii) Regularly scheduled institutional activities such as rounds;
 - (iv) Breaks in instruction time; and
 - (v) Credit for repetitions of the same activity.

Section 3. Affirmation of compliance with continuing competency requirements.

License and certificate holders shall provide a signed statement on the form provided by the Board listing the CCUs taken and indicating compliance with the required thirty (30) CCUs upon renewal. The Board, in its discretion, may require additional evidence from a license or certificate holder to verify compliance.

Section 4. Continuing competence audits.

(a) The Board shall periodically select a sample of physical therapists and physical therapist assistants and may request supporting evidence of their continuing competence. Supporting evidence may come directly from the license or certificate holder or from state or national organizations that maintain those records.

(b) The Board shall notify an audited license or certificate holder whether the license or certificate holder is in compliance with continuing competence requirements within thirty (30) working days following the Board's determination. License and certificate holders shall retain evidence of continuing competence activities for one (1) year after the reporting period.

Section 5. Waiver of continuing competence requirements. The Board may waive continuing competence requirements on an individual basis for reasons of extreme hardship such as illness, disability, active service in the military, or other extraordinary circumstance as

determined by the Board. A license or certificate holder who seeks a waiver of the continuing competence requirements shall provide to the Board in writing the specific reasons for requesting the waiver and additional information that the Board may request in support of the waiver application.

CHAPTER 7

STANDARDS OF PRACTICE

Section 1. Standards of practice. A physical therapist shall:

- (a) Practice in a safe manner that minimizes risk to patients, self, and others.
- (b) Complete documentation related to physical therapy practice in an appropriate, legible, and timely manner that is consistent with all applicable laws and regulatory requirements.
- (c) Supervise assistive personnel and students in a manner that assures safe and efficient care.
- (d) Consistently and critically evaluate sources of information related to physical therapy practice, outcomes, research, and education and applied knowledge from these sources in a scientific manner and to appropriate populations.
- (e) Select and use outcome measures to assess the results of interventions administered to individuals and group patients.
- (f) Communicate effectively with clients, caregivers, and professional colleagues.
- (g) Conduct critical self-assessment in order to practice to the fullest extent of knowledge, skills and abilities and take responsibility to make accommodations as necessary.
- (h) Demonstrate an understanding of and compliance with all laws and regulations governing the practice of physical therapy in his jurisdiction.
- (i) Form a professional relationship with patients/clients, colleagues and other members of the health care team in an effort to maximize patient/client outcomes.
- (j) Avoid potential conflict of interest situations and circumstances that could be construed as harassment or abuse of patients, colleagues, associates or employees.
- (k) Establish and monitor a plan of care in consultation, cooperation and collaboration with the patient/client and other involved health care team members to insure that care is continuous and reliable and takes into consideration environment, equipment, care giver support and finances.
- (l) Evaluate and update the plan of care as indicated based on the patient/client status and applicable laws and regulations.
- (m) Deliver, evaluate and adjust the physical therapy intervention.

- (n) Utilize supportive personnel in accordance with legal requirements.
- (o) Educate patients/clients, family, and caregivers, using relevant and effective teaching methods to assure optimal patient care outcomes.
- (p) Plan for discharge in consultation with the patient/client and care givers.
- (q) Discharge the patient/client after expected outcomes have been achieved or document rationale for discharge when outcomes have not been achieved.
- (r) Assist in the coordination of ongoing care if required.

Section 2. Evidence of competence; manual therapy.

(a) Qualification for grade V joint manipulation (high velocity, low amplitude thrust manipulation) requires hands-on practical evaluation and includes one or more of the following:

(i) Physical therapists that graduated from CAPTE accredited doctoral degree physical therapy programs shall obtain and maintain evidence showing that high velocity, low amplitude thrust techniques were included in their program.

(ii) Foreign-educated physical therapists shall provide evidence of doctoral-level physical therapy training in manual therapy techniques that included high velocity, low amplitude thrust techniques as part of their curriculum.

(iii) Physical therapists that hold the Orthopedic Clinical Specialist or Sports Clinical Specialist certification from the American Board of Physical Therapy Specialties with documentation that high velocity, low amplitude thrust techniques were included in the study program.

(iv) Physical therapists that successfully complete a formal, credentialed, manual therapy fellowship or other certification program.

(v) Physical therapists that successfully complete a post entry-level education program in high velocity, low amplitude thrust techniques that fall within Chapter 6, Section 2(i)(A) – (E).

Section 3. Evidence of competence; dry needling.

(a) Dry needling may not be performed by a PTA or a physical therapy aide.

(b) Licensed physical therapists shall demonstrate that they have received training in dry needling in a course approved by state boards of physical therapy, the American Physical Therapy Association or individual chapters of the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or the International Association for Continuing

Education Training.

(i) The course shall include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.

(ii) The course shall include a minimum of twenty-seven (27) hours of live face-to-face instruction. Online courses are not appropriate training in dry needling.

(c) The physical therapist shall supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action taken by the Board.

Section 4. Delegation. The physical therapist assistant may assist in the practice of physical therapy only to the extent allowed by the supervising physical therapist. When a physical therapist delegates patient care to physical therapist assistants or other supportive personnel, the physical therapist holds responsibility for supervision of the physical therapy program. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the physical therapist. The primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that the supervising physical therapist perform the following activities:

- (a) Designate or establish channels of written and oral communication.
- (b) Interpret available information concerning the individual under care.
- (c) Provide initial evaluation.
- (d) Develop plan of care, including functional long-term goals.
- (e) Select and delegate appropriate tasks for plan of care.
- (f) Assess competence of supportive personnel to perform assigned tasks.
- (g) Direct and supervise supportive personnel in delegated tasks.
- (h) Identify and document precautions, goals, anticipated progress, and plans for reevaluation.
- (i) Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish follow up plan of care.

Section 5. Physical therapist assistants.

- (a) Definitions that apply to this section:

(i) “Physical therapist assistant” is a person who is certified and who assists a physical therapist in the administration of physical therapy. The physical therapist assistant’s function is to assist the physical therapist in patient-related activities and to perform delegated procedures that are commensurate with the physical therapist assistant’s education, training, experience, and skill.

(ii) “Physical therapist assistant supervision” means that at all times a supervising physical therapist is readily accessible for consultation with the physical therapist assistant, either in person or by means of telecommunications.

(iii) “Supervising physical therapist” means either the last physical therapist to see the patient or the physical therapist designated as in charge of the patient on the day the patient is being treated.

(b) Scope of Practice.

(i) For purposes of the provision of physical therapy services, a physical therapist assistant shall practice solely under the supervision and direction of a physical therapist.

(ii) A physical therapist assistant may provide physical therapy treatment only when supervised by a physical therapist.

(iii) The physical therapist assistant shall ensure the aide’s competence in tasks delegated.

(iv) The physical therapist assistant shall report any changes in the patient status to the supervising physical therapist before providing physical therapy services.

(v) When components of a patient’s treatment are delegated to a physical therapist assistant in the outpatient setting, a physical therapist must provide the treatment and documentation of its appropriateness at least every six (6) treatment sessions or three (3) weeks.

(vi) When components of a patient’s treatment are delegated to a physical therapist assistant in home health, long-term care, or school settings:

(A) The physical therapist must be accessible in person or by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating the patient;

(B) A joint visit by the physical therapist and physical therapist assistant or a conference between the physical therapist and physical therapist assistant must be made prior to or on the first physical therapist assistant visit to the patient;

(C) At least once every thirty (30) calendar days the physical therapist must visit the patient and the medical/education record must reflect a documented

conference with the physical therapist assistant outlining treatment goals and program modification;

(D) The on-site visit must include:

(I) An on-site functional assessment;

(II) Review of activities with appropriate revisions or termination of plan of care;

(III) Assessment of utilization of outside resources.

(c) Prohibited Acts. A physical therapist assistant shall not:

(i) Perform an initial evaluation;

(ii) Perform reassessment. A physical therapist assistant may participate with the physical therapist on gathering data to be included in the reassessment of a patient for whom the physical therapist assistant has been providing treatment;

(iii) Independently make modifications to the plan of care or objective goals. A physical therapist assistant may collaborate with the physical therapist in making modifications or changes to the plan of care or goals based on the physical therapist assistant's treatment of that patient and the patient's condition, progress or response to the treatment;

(iv) Independently make the decision to discharge a patient from therapy. A physical therapist assistant may make recommendations regarding discharge to the supervising physical therapist based on the physical therapist assistant's treatment of the patient;

(v) Perform high velocity manipulation of the spine or peripheral joints;

(vi) Perform dry needling.

(d) No person shall practice as a physical therapist assistant unless that person is certified as provided in W.S. 33-25-102.

Section 6. Physical therapy aides.

(a) Definitions that apply to this section:

(i) "Physical therapy aide" or "aide" means a person who is not licensed as a physical therapist or certified as a physical therapist assistant, who aids a physical therapist or physical therapist assistant by performing treatment-related tasks or by performing non-treatment, patient-related tasks. Although they may be providing services to a patient pursuant to direction or instruction from a physical therapist or physical therapist assistant, the following persons are not considered physical therapy aides:

(A) Educational or instructional aides or assistants working in a school setting; or

(B) Nurses aides, restorative aides or personal care assistants, persons performing facility maintenance, equipment assembly and maintenance, housekeeping, clerical, or other similar tasks.

(ii) “Treatment-related task” means a physical therapy service rendered directly to a patient.

(iii) “Non-treatment, patient-related task” means a task related to preparation of treatment areas, transport of patients, preparation of patients for treatment, and clerical tasks.

(iv) “Supervise” means to provide the amount of personal direction, assistance, advice and instruction necessary to reasonably assure that the supervisee provides the patient competent physical therapy services given the supervisor’s actual knowledge of the supervisee’s ability, training and experiences. Additionally, supervision of:

(A) A treatment-related task requires that the supervising physical therapist or physical therapist assistant be in the same building within sight or earshot of the aide who is performing the treatment-related task. The supervising physical therapist or physical therapist assistant shall be immediately available at all times to provide in-person direction, assistance, advice, or instruction to the aide or the patient. A physical therapist may delegate supervision of an aide to a physical therapist assistant.

(B) A non-treatment patient-related task requires that the supervising physical therapist or physical therapist assistant be within the building where the aide is performing the task.

(b) Supervision; Delegation of Supervision; Professional Responsibility of Supervisors and Supervisees:

(i) The physical therapist shall supervise the physical therapy aide in each treatment task and each non-treatment patient-related task assigned to the aide. The supervising physical therapist may delegate to a physical therapist assistant supervision of the aide.

(ii) A physical therapist or physical therapist assistant is responsible for the competent performance of tasks assigned to an aide whom the physical therapist or physical therapist assistant is supervising.

(iii) When a treatment-related task is performed by an aide, the supervising physical therapist or physical therapist assistant shall, at some point during each treatment, provide direct service to the patient to assess and monitor the patient’s progress, and so document in the patient’s record.

(c) Prohibited treatment-related tasks. A physical therapist or physical therapist assistant shall not permit an aide to perform any of the following treatment-related tasks:

- (i) Administer mechanized or manual traction;
- (ii) Perform manual stretching with the goal of increasing range of motion, neuro-facilitation, or cardiac therapeutic exercise;
- (iii) Wound debridement;
- (iv) Administer tilt table or standing frame.
- (v) Joint mobilization or manipulation;
- (vi) Determine or modify a plan of care;
- (vii) Instruct a patient or a patient's caregiver in the application of any treatment.
- (viii) Except as required to respond to an inquiry by the Board or other person authorized to receive the information, answer or discuss any questions regarding a patient's status or treatment with anyone other than the physical therapist or physical therapist assistant.

(d) Limited Treatment Related Tasks.

(i) The physical therapist or physical therapist assistant shall not delegate the following tasks to an aide unless specific treatment protocol and parameters have been defined by the physical therapist;

- (A) Administer iontophoresis;
- (B) Administer phonophoresis;
- (C) Administer electrotherapy; and
- (D) Administer ultrasound.

(ii) No physical therapy aide shall independently make entries in a patient record, except for objective information about the treatment provided by the aide. A physical therapist or physical therapist assistant may dictate information to an aide for entry into a patient medical record. The physical therapist or physical therapist assistant shall authenticate these entries;

Section 7. Supervision ratios. A physical therapist may supervise a maximum of five

(5) physical therapy personnel to include no more than three (3) aides. A physical therapist assistant may supervise no more than two (2) physical therapy aides.

Section 8. Physical therapy personnel identification. All physical therapy personnel shall wear an identification badge identifying them as a physical therapist, physical therapist assistant or physical therapy aide. Supportive personnel shall not use any term that implies they are licensed physical therapists.

CHAPTER 8

APPLICATIONS, COMPLAINTS, AND HEARING PROCEDURES

Section 1. Application review process.

(a) Upon receipt of a complete application, the Board office shall review the application and, if it is complete and there are no known grounds for denial of the license or certificate requested, issue the license or certificate. If there are known grounds for denial, the Board office may forward the application to the Application Review Committee (ARC) to provide recommendations to the Board.

(b) The ARC shall review the application and all other information available and following the review may:

(i) Recommend that the Board approve the application if the applicant meets all requirements, or;

(ii) Recommend that the Board forward the application and the ARC report to the Assistant Attorney General assigned to the Board for prosecution of hearing matters for review if there are questions as to whether denial is appropriate.

(c) If, after review, and following consultation with the assigned Attorney General, the ARC concludes that grounds exist to recommend denial of an application:

(i) A preliminary denial letter shall be sent to the applicant, which shall:

(A) State the basis for the denial including relevant statutes and rules; and;

(B) Advise the applicant of the right to request reconsideration.

(ii) If the applicant fails to request reconsideration in writing within thirty (30) days of the date of the preliminary denial letter, the preliminary denial becomes final.

(iii) If the applicant requests reconsideration within thirty (30) days, a reconsideration conference shall be held with the ARC, the Attorney General, and the applicant.

(iv) Following a reconsideration conference, the ARC shall either approve or deny the application and notify the applicant.

(v) If denied, the applicant must submit a written request for a hearing, before the Board within thirty (30) days of the date of the denial letter or the denial is final.

Section 2. Notice of Hearing for Denied Applicants.

(a) If a written request for hearing is received by the Board office from the applicant within the thirty (30) day period, the Board office shall service a Notice of Hearing by certified or regular mail at least thirty (30) days prior to the date set for hearing. Such service shall be made to the last address provided to the Board by the applicant.

(b) There shall be a presumption of lawful service when the Notice of Hearing is sent to the last address of the applicant by certified or regular mail.

(c) The Notice of Hearing shall contain:

(i) The name and last address of the applicant;

(ii) A statement in ordinary and concise language, of the matters asserted, which shall contain the nature of the issues relating to the denial of the application, the facts upon which the denial is based, the specific statutory provisions, and the specific Board rules and regulations the applicant is alleged to have violated or with which the applicant has failed to comply;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction under which the hearing is being held;

(d) Members of the ARC or Board staff may attend a contested case hearing.

(e) The Board may enter an order dismissing an applicant's hearing and denying the application in any case where the applicant or the applicant's representative has not appeared at a scheduled, properly noticed hearing.

Section 3. Application Denial Hearings.

(a) An application denial hearing is a formal contested case hearing conducted pursuant to the Wyoming Administrative Procedure Act and applicable provisions of the formal hearing procedures established later in this Chapter.

(b) The hearing is to be conducted in the presence of a quorum of the Board, with a hearing officer presiding.

(c) The applicant has the burden of proving that he/she meets all requirements for the license requested.

Section 4. Incomplete Applications.

(a) An incomplete application requires no action by the Board, until such time as the application is deemed "complete" by Board staff on behalf of the Board, and has been

reviewed for recommendations by the ARC. Any new application, which remains incomplete, one year from the date of its original receipt by the Board office, shall expire.

(b) An application is “incomplete” when material and requisite information has not been provided as part of the application process. Such information may include, but is not limited to:

(i) Failure by the applicant to complete or answer any information requested on the application form;

(ii) Failure by the applicant to demonstrate lawful presence in accordance with Federal Law;

(iii) Failure by the applicant to respond to any Board staff or ARC inquiry or to produce any documents or information requested by Board staff or the ARC;

(iv) Failure by the applicant to provide payment for application fees. If any payment is made by the applicant, processed, and rejected or returned to the Board, then the applicant has failed to provide proper payment for application fees.

Section 5. Renewal Applications.

(a) A renewal applicant is an individual who currently holds a license or certificate, and has timely and sufficiently submitted an application for renewal of the license or certificate.

(b) If the renewal application of a licensee reveals any information which merits further investigation, the matter shall be assigned to the ARC, and the investigative process shall apply as if a written complaint form had been filed against the licensee or certificate holder, subject to procedures for contested case hearing in application matters.

(c) If the license or certificate was current when the renewal application was submitted, the licensee or certificate holder may continue to practice on the license or certificate subject to renewal pending investigation or further action of the Board.

(d) Practice after failure to timely renew, resulting in an expired license or certificate shall constitute the unauthorized practice of physical therapy in violation of the Act and further may constitute an independent ground for denial of an application or discipline of a license or certificate.

Section 6. Reinstatement Applications. Any application for reinstatement by a licensee or certificate holder who was the subject of prior disciplinary action shall be subject to investigation by the ARC to determine satisfaction of any conditions previously imposed by the Board. The investigative process shall apply as if a written complaint form had been filed against the licensee and also shall apply to a person whose license or certificate was subject to restrictions, or was suspended, surrendered or revoked.

(a) To the extent possible, if the licensee was subject to prior disciplinary action, the ARC should consist of the same Board member(s) who originally participated in the disciplinary matter;

(b) The ARC shall make a preliminary determination to recommend or deny reinstatement, which may also include recommended restrictions or other sanctions authorized by the Board or these rules;

(c) A licensee who disagrees with or disputes the recommendation by the ARC shall be entitled to a contested case hearing as in other application matters.

Section 7. Administrative Complaint in Discipline Matters. If any information concerning a possible violation of the Act or these rules is received or obtained by a Board member or members of the staff, the Board shall investigate that information in accordance with the Wyoming Administrative Procedure Act. The Board may initiate an investigation on its own motion. Any administrative complaint against a licensee shall be submitted in writing to or initiated by the Board office and should provide the following information, as may be applicable:

(a) Name, address, place of employment, and position of the individual alleged to have violated the Act or Board rules and regulations;

(b) The nature of the complaint and a description of the incident(s) involved including date(s), time(s), location(s), and any observed behavior of the licensee or certificate holder;

(c) The name and address of other witnesses, if any;

(d) The signature and address of the person(s) making the complaint.

Section 8. Review of Administrative Complaint.

(a) If an administrative complaint is filed or if any information concerning a possible violation of the Act or these rules is received or obtained by the Board, an investigation may be conducted prior to the initiation of formal proceedings.

(b) One or more Board members, known as the Investigative Board Member(s) (IBM), appointed by the Chairperson of the Board or Board designee will make recommendations to the Board concerning the findings of the investigation. The Chairperson of the Board or Board designee may also appoint one or more past Board members or other professionals to a committee to assist the IBM(s) in the investigation of the administrative complaint. The IBM(s) appointed shall not take part in the consideration of any contested case in which they participated in the investigation of the complaint, although they may attend any disciplinary hearing.

(c) Following review and/or investigation of a complaint, the IBM(s) may bring the Board a recommendation for any appropriate action, including but not necessarily limited to the following:

(i) Forward the complaint filed by the complainant to the Board attorney assigned for prosecution purposes with a recommendation that formal disciplinary proceedings commence;

(ii) Send a written letter of warning to the individual listed in the complaint;

(iii) Accept the voluntary surrender of a certificate or license;

(iv) Recommend terms for a conditional certificate or license; or

(v) Dismiss the complaint.

(d) The IBM(s) shall send appropriate notice to the licensee or certificate holder of its intent to take action as provided in these rules.

Section 9. Investigation.

(a) Upon the filing and initial review of an administrative complaint, the IBM(s) shall be responsible for investigation, or the IBM(s) may select a retained investigator or assist in the investigation of the administrative complaint. The retained investigator may be a licensed physical therapist in good standing in the profession.

(b) The purpose of the investigation shall be to determine if there is sufficient evidence to warrant any action against the license or certificate holder.

(c) The Executive Director shall contact the retained investigator and inform the investigator that a complaint has been filed and shall tell the retained investigator the name of the licensee and the allegations contained in the complaint. The Executive Director shall ask if the retained investigator has any conflict of interest that would prevent the investigator from fully and impartially investigating the complaint. The retained investigator may accept the investigation task only if the investigator can do so without a conflict of interest.

(d) The Board may reimburse the retained investigator for all necessary and reasonable expenses incurred conducting an investigation and shall pay for services under the terms of a Contract to be entered into by and between the investigator and the Board.

Section 10. Conduct of Investigation

(a) The IBM(s) or retained investigator are empowered to conduct a full and complete investigation.

(b) In pursuit of the investigation, the IBM(s) or retained investigator may review documents and interview the complainant and other witnesses, the IBM(s) or retained investigator may interview the license or certificate holder only if the license or certificate holder voluntarily agrees and if the license or certificate holder has been furnished a copy of the complaint.

(c) As part of the investigation, the IBM(s) or retained investigator shall be authorized to serve an administrative subpoena on any person who is in possession of any documents or records relevant to the allegations in the administrative complaint or from facts discovered during the investigation.

Section 11. Investigative Report.

(a) Upon completing the investigation, the retained investigator shall submit a written report to the IBM(s) setting forth the facts discovered.

(b) The IBM(s) may prepare an investigative report as part of the investigation, which may be provided to the assigned Assistant Attorney General for review if a recommendation is made that formal disciplinary proceedings commence.

(c) Investigation files of any investigation which is pending are confidential and not subject to public inspection until a formal hearing is concluded or until final disciplinary action is taken if not hearing is commenced.

Section 12. Informal Conference Procedures.

(a) Upon notification of the findings of an investigation, a license or certificate holder may be asked to attend an informal conference with the IBM(s), Executive Director and/or the Board attorney assigned for prosecution purposes. The license or certificate holder may appear either with or without counsel. The purpose of the informal conference will be to discuss formal or informal settlement of the investigative matter.

(b) At any time either before or after formal disciplinary proceedings have been instituted against a license or certificate holder, the license or certificate holder and IBM(s) may submit to the Board an offer of settlement whereby, in lieu of formal disciplinary action by the Board the license or certificate holder agrees to accept certain sanctions such as suspension, civil penalties, enrolling in continuing education courses, limiting the scope of the license or certificate holder's practice, submitting the license or certification holder's work product for professional peer review, or other sanctions authorized by the Act or these rules. If the Board determines that the proposed settlement will adequately protect the public welfare, the Board may accept the offer and enter a decision that is consented to by the license or certificate holder and incorporates the proposed settlement.

Section 13. Service of Notice of Intent and Opportunity to Show Compliance.

(a) Prior to commencing formal proceedings for discipline of a license or certificate holder, the Executive Director, on behalf of the IBM(s), shall send a notice of intent to initiate formal disciplinary action by regular or certified mail to the last address provided by the license or certificate holder to the Board. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the license or certificate holder an opportunity to show compliance with all lawful requirements for the retention of the license or certificate without any disciplinary action against the license or certificate holder.

(b) The opportunity to show compliance shall expire fifteen (15) days from the date of mailing the notice of intent.

Section 14. Formal Hearing Procedures. Formal proceedings for board disciplinary action against a license or certificate holder shall be commenced by notice issued by the Board.

(a) The complaint and/or notice shall be served pursuant to the Wyoming Rules of Civil Procedure, and by any traceable delivery method of mail. The complaint shall, at a minimum, contain the following information:

(i) The name and license or certificate number of the license or certificate holder;

(ii) The name, address, and phone number of the Board's attorney assigned to assist in prosecution of the complaint;

(iii) A statement of the legal authority and jurisdiction of the Board;

(iv) A statement of the particular sections of the statutes and rules involved;

(v) A statement, in ordinary and concise language, of the nature of the complaint and the facts upon which the complaint is based;

(vi) The time in which the license or certificate holder must respond to the complaint;

(vii) A statement that failure to respond may result in entry of judgment by default for the relief demanded in the complaint.

(b) At any time following the expiration of the period in which the licensee or certificate holder must respond to the complaint, the Board or the Executive Director may set the matter for hearing. The Complaint and Notice of Hearing shall be mailed to the license or certificate holder at least thirty (30) calendar days prior to the date set for the hearing, or such shorter time as may be agreed to by the parties.

Section 15. Default. The Board may enter an order based on the allegations of a complaint in any case where the license or certificate holder has not responded within the time

limits contained in Section 14(a)(vi) above or in any case in which the license or certificate holder or his/her representative has not appeared at a scheduled hearing of which he/she had notice.

Section 16. Motions. All motions made to the Board shall be made in writing and submitted at least ten (10) business days prior to the date set for hearing.

(a) The Board may, within its discretion and upon good cause shown, allow a motion to be filed at any time.

(b) For purposes of this rule, any request for settlement of a contested case shall be considered a motion before the Board.

Section 17. Docket.

(a) When formal proceedings are initiated and notice has been provided, the case shall be assigned a number and entered upon a docket provided for such purpose.

(b) A separate file shall be established for each docketed case, in which all papers and evidence shall be systematically placed.

Section 18. Contested Case Hearings. The Office of Administrative Hearings (OAH) shall act as the hearing officer and shall preside over the formal contested case hearing which shall be conducted pursuant to the Wyoming Administrative Procedure Act and Chapter 2 of the OAH rules concerning contested case proceedings.

CHAPTER 9

REFUSAL AND DISCIPLINE

Section 1. Grounds for disciplinary actions. The Board may refuse to license any physical therapist or certify any physical therapist assistant on the grounds identified in 33-25-111. In addition, the Board may discipline or suspend or revoke the license of any physical therapist or certificate of any physical therapist assistant for:

- (a) Engaging in sexual misconduct defined as:
 - (i) Engaging in or soliciting any intimate, sexual, or otherwise exploitive behavior relationships, whether consensual or non-consensual, with a patient throughout the existence of a patient while a physical therapist/patient or physical therapist assistant/patient relationship exists;
 - (ii) Making sexual advances, either verbally or physically;
 - (iii) Requesting sexual favors;
 - (iv) Failing to obtain, document and maintain informed consent for any procedure which may be deemed “sexual” by a reasonable person;
 - (v) Engaging in any verbal or physical conduct which:
 - (A) Deviates from generally accepted and prevailing practices for any given patient care situation;
 - (B) Violates professional boundaries;
 - (C) Exploits the trust of a patient by performing a procedure or technique on the patient for which there is no clinically valid reason;
 - (vi) While providing clinically valid and generally acceptable treatment the license or certificate holder exploits a patient’s/client’s trust through conduct or physical contact of a sexual nature with the patient or client.
 - (vii) Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.

CHAPTER 10

MISCELLANEOUS

Section 1. Terms and titles.

(a) The designations "SPT" and "SPTA" should be used for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation.

(b) In order to promote consistent communication of the presentation of credentials and letter designations, the preferred order of credentials should be:

(i) PT/PTA.

(ii) Highest earned physical therapy-related degree.

(iii) Other earned academic degrees.

(iv) Specialist certification credentials in alphabetical order (specific to the American Board of physical therapy specialties).

Section 2. Standards of practice for medications.

(a) A physical therapist may purchase, store, and administer topical medications, including topical aerosol medications, as part of the practice of physical therapy. A physical therapist shall comply with any protocols of the United States pharmacopoeia for storage of medications.

(b) A valid order or prescription for medication classified as a legend drug is needed before administration to a patient. Physical therapy facilities must work with a pharmacist to assist with proper protocols for storage of medications. A record of dosage form, quantity, and strength of medication administered to each patient is required in the medical record.