DIVISION 40: MINIMUM STANDARDS FOR PHYSICAL THERAPY PRACTICE AND RECORDS

848-040-0100: Definitions

As used in this Division:

(1) “Licensee” means a physical therapist or a physical therapist assistant and includes a temporary permit holder.

(2) “Authentication” means the process by which the licensee reviews and validates the accuracy of the record entry. By authenticating a record entry, the licensee certifies that the services described were performed by the authenticating licensee or performed by a person under that licensee’s supervision.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0105: General Standards for Practice

(1) Licensees shall practice competently. A licensee practices competently when the licensee uses that degree of care, skill and diligence that would be used by a reasonable, careful and prudent licensee under the same or similar circumstances.

(2) A physical therapist must immediately refer a patient to an appropriate medical provider if signs or symptoms are present that require treatment or diagnosis by such provider or for which physical therapy is contraindicated or if treatment for the signs or symptoms is outside the knowledge of the physical therapist or scope of practice of physical therapy.

(3) A licensee shall not delegate to another person any task that the person is not legally authorized to perform or is not qualified by training and experience to perform.

(4) A licensee shall not provide treatment intervention that is not warranted by the patient’s condition.

(5) A licensee shall respect the privacy and dignity of the patient in all aspects of practice.

(6) A licensee shall comply with the laws and rules governing the use and disclosure of a patient’s protected health information as provided in ORS 192.518 to 192.523.
848-040-0110: General Standards for Record Keeping

(1) The licensee who performs the physical therapy service shall prepare a complete and accurate record for every patient, regardless of whether compensation is given or received for the therapy services and regardless of whether the patient receives treatment pursuant to a referral or is self-referred.

(2) The record shall contain information for every physical therapy service provided, the date the service was provided and the date the entry was made in the record.

(3) The record shall be prepared on the date of service.

(4) The record shall be maintained in a readily accessible form.

(5) The licensee who performs the physical therapy service shall authenticate the record of the service that was performed. Authentication may be made by written signature or by computer. If authentication is by computer, the licensee shall not permit another person to use the licensee’s password to authenticate the entry. Authentication may not be accomplished by the use of initials, except when a record entry identifying an error is authenticated. A rubber stamp may not be used to authenticate any entry in a patient record.

(6) Non-licensees, including aides, may prepare treatment-related entries for the patient record for authentication by the treating licensee. The requirement for authentication shall not apply to records not related to treatment.

(7) Either the permanent record or the record prepared on the date of service shall be readily accessible to a licensee prior to when that licensee provides subsequent treatment to the patient.

(8) All entries shall be legible and handwritten records shall be in ink.

(9) Abbreviations may be used if they are recognized standard physical therapy abbreviations or are approved for use in the specific practice setting.

(10) When an error in a record is discovered, the error shall be identified and corrected. The erroneous entry shall be crossed out, dated and initialed or otherwise identified as an error in an equivalent written manner by the author of the erroneous entry.
(11) Late entries or additions to entries shall be documented when the omission is discovered with the following written at the beginning of the entry: “late entry for (date)” or “addendum for (date)” and authenticated;

(12) Documentation by a student physical therapist (SPT) shall be authenticated by the student and by a supervising physical therapist.

(13) Documentation by a student physical therapist assistant (SPTA) shall be authenticated by the student and by a supervising physical therapist or supervising physical therapist assistant.

(14) Documentation by a person who holds a physical therapist temporary permit issued under OAR 848-010-0026 (1)(a) or (1)(c) shall be authenticated by the permit holder and by a supervising physical therapist.

(15) Documentation by a person who holds a physical therapist assistant temporary permit issued under OAR 848-010-0026 (1)(a) shall be authenticated by the permit holder and by a supervising physical therapist or supervising physical therapist assistant.

(16) For purposes of the Board’s enforcement of these rules, patient records shall be kept for a minimum of seven years measured from the date of the most recent entry.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0117: Standards For Authorization To Provide Physical Therapy Services

As a result of legislative changes effective January 1, 2006, physical therapists are no longer required to meet additional educational requirements in order to evaluate and treat a patient without a referral. The various circumstances, conditions and limitations under which a physical therapist may now evaluate and treat a patient are as follows in subsections (1), (2), (3), (4) and (5) of this rule.

(1) A physical therapist may initiate and provide physical therapy to a self-referred patient as follows:

(a) Treatment shall not continue past 30 days from the initial date of treatment unless the therapist receives a written or oral referral or authorization from a provider identified in ORS 688.132(1).

(b) If the therapist receives a referral or authorization after the initial 30 days, treatment may be provided in accordance with the referral or authorization. If the referral specifies or identifies specific physical therapy interventions, precautions or contraindications for therapy, physical therapy shall not be provided beyond those specifications or limitations without further authorization.
(c) As provided in ORS 688.132(2), a motor vehicle liability insurer is not required to pay personal injury protection benefits for physical therapy treatment provided to a self-referred patient.

(2) A physical therapist may initiate and provide physical therapy upon a written or oral referral or authorization from a provider identified in ORS 688.132(1) as follows:

(a) If the referral or authorization specifies or identifies specific physical therapy interventions, precautions, or contraindications for therapy, physical therapy shall not be provided beyond those specifications or limitations without further authorization.

(b) If a patient who is being treated pursuant to a referral or authorization requests treatment for a diagnosis or condition that is different and separate from the diagnosis or condition that is the subject of the referral, the physical therapist may initiate and provide treatment. In such case, the provisions of subsection (1)(a) of this rule shall apply.

(c) If a physical therapist receives a referral or authorization from a provider identified in ORS 688.132(1) at any time during the first 30 days of treatment, such referral or authorization shall satisfy the requirements of ORS 688.132(1)(b). If a referral or authorization specifies the number of treatments or a duration of treatment extending beyond 30 days, the physical therapist may treat the patient for that duration and may extend treatment for a reasonable period of time if necessary for the patient to receive all authorized treatments.

(3) A physical therapist may initiate physical therapy without a written or oral referral or authorization, and is not required to refer the patient after 30 days under ORS 688.132(1)(b), if the patient meets one of the following criteria:

(a) The individual is a child or a student eligible for special education, as defined by state or federal law, and is being seen pursuant to the child’s or the student’s individual education plan or individual family service plan;

(b) The individual is a student athlete at a public or private school, college or university and is seeking treatment in that role as athlete; or

(c) The individual is a resident of a long term care facility as defined in ORS 442.015, a residential facility as defined in ORS 443.400, an adult foster home as defined in ORS 443.705 or an intermediate care facility for mental retardation pursuant to federal regulations.

(4) A physical therapist may provide physical therapy treatment to an animal under a referral from a veterinarian licensed under ORS chapter 686. The referral must be in writing and specify the treatment or therapy to be provided pursuant to ORS 686.040(4). The standard of care and documentation for physical therapy care to an animal shall be as provided for veterinarians under ORS chapter 686.

(5) Notwithstanding the provisions of this rule, and pursuant to ORS 656.250, a physical therapist shall not provide compensable services to injured workers governed by ORS chapter 656 except as allowed by a governing managed care organization contract or as authorized by the worker’s attending physician.
848-040-0120: Standards For Record Of Authorization

(1) A written referral received from a provider identified in ORS 688.132(1) shall be included in the patient record. In order to qualify as an authorization, a written referral must include, at a minimum, the name of the patient, the name of the provider, authentication by the provider and the date of the referral.

(2) An oral referral received from a provider identified in ORS 688.132(1) shall be documented in the patient record. Documentation shall include the name of the provider; the name of the person communicating the referral, if not the provider; the date the referral was received; the name of the person to whom the oral referral was communicated; the name of the patient; and a description of the referral, including diagnosis, frequency and duration, if specified.

(3) An oral referral must be followed-up with a written referral from the provider.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0125: Standards For Initiation Of Physical Therapy

(1) Prior to initiating the first physical therapy treatment, a physical therapist shall perform an initial evaluation of each patient and determine a plan of care as provided in OAR 848-040-0135.

(2) In the course of performing an initial evaluation the physical therapist shall examine the patient, obtain a history, perform relevant system reviews, assess the patient’s functional status, select and administer specific tests and measurements and formulate clinical judgments regarding the patient.

(3) Only a physical therapist may perform an initial evaluation. A physical therapist shall not delegate the performance of an initial evaluation to a physical therapist assistant or to an aide.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0130: Standards For The Record Of An Initial Evaluation

The record of the initial evaluation shall include:

(1) Patient’s full name, age and sex;
(2) Identification number, if appropriate;

(3) Referral source, including patient self-referral;

(4) Pertinent medical diagnoses, medications if not otherwise accessible in another part of the patient’s medical record, history of presenting problem and current complaints and symptoms, including onset date;

(5) Prior or concurrent services related to the present episode of physical therapy care;

(6) Any co-existing condition that affects either the goals or the plan of care;

(7) Precautions, special problems and contraindications;

(8) Subjective information (patient’s knowledge of problem);

(9) Patient’s goals (with family input, if appropriate);

(10) Appropriate objective testing results, including but not limited to:

(a) Critical behavior/cognitive status;

(b) Physical status (e.g., pain, neurological, musculoskeletal, cardiovascular, pulmonary);

(c) Functional status (for Activities of Daily Living, work, school, home or sport performance); and

(d) Interpretation of evaluation results.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0135: Standards For The Plan of Care

(1) Prior to initiation of treatment, the physical therapist who performed the initial evaluation shall determine a plan of care for the patient.

(2) Only a physical therapist may develop a plan of care. A physical therapist shall not delegate the development of the plan of care to a physical therapist assistant or to an aide.

(3) The physical therapist shall identify appropriate treatment tasks to be delegated to a physical therapist assistant or aide.
(4) Only a physical therapist may modify a plan of care. However, a physical therapist assistant may make recommendations to the physical therapist in regards to revision of the plan of care for a patient for whom the physical therapist assistant has been providing treatment.

(5) The physical therapist shall make modifications to the plan of care any time there are significant changes in the patient’s condition or status that would affect the physical therapy goals.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0140: Standards For The Record Of The Plan Of Care

(1) The record of the plan of care shall include:

(a) Objectively measurable treatment goals that incorporate the patient’s goals;

(b) Proposed treatment to accomplish the goals; and

(c) Proposed frequency and duration of treatment or number of visits.

(2) The record of the plan of care plan shall be authenticated and dated by the physical therapist who developed the plan.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0145: Standards For Providing Treatment

(1) A licensee shall not permit an aide to administer a procedure or modality to a patient, unless a licensee has previously administered that procedure or modality to the patient.

(2) A physical therapist or physical therapist assistant shall perform, or attempt to perform techniques or procedures only with qualified education and experience.

(3) A physical therapist or physical therapist assistant shall not continue to provide treatment to a patient unless a reassessment has been performed when required by OAR 848-040-0155.

(4) A physical therapist or physical therapist assistant shall provide treatment in accordance with the provisions of OAR 848-040-0105.
(5) At all times there shall be a physical therapist supervising the treatment provided by a physical therapist assistant as provided in OAR 848-015-0020(2) or an aide as provided in OAR 848-020-0000(5). “Supervising physical therapist” means either the last physical therapist to see the patient, or the physical therapist designated as in-charge of the clinic, department or facility on the day the patient is being treated.

Stat. Auth.: ORS 688.160  
Stats. Implemented: ORS 688.160, 688.010, 688.210  
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0147: Standards for Treatment by Students

(1) A physical therapist may allow a student physical therapist (SPT) or student physical therapist assistant (SPTA) to provide treatment consistent with the individual student’s education, experience and skills.

(2) A physical therapist assistant may allow an SPTA to provide treatment consistent with the individual student’s education, experience and skills.

(3) At all times, a supervising physical therapist must provide on-site supervision of an SPT or SPTA who provides treatment to a patient.

(4) For purposes of this rule “supervising physical therapist” means the physical therapist who is responsible for that patient’s treatment on the day the SPT or SPTA provides treatment.

(5) For purposes of this rule “on-site supervision” means that at all times the supervising physical therapist is in the same building and immediately available to provide in person direction, assistance, advice or instruction to the student.

(6) A physical therapist may delegate supervision of an SPTA to a physical therapist assistant and the provision of subsections (3), (4) and (5) of this rule shall apply to the physical therapist assistant.

(7) Documentation by a student physical therapist (SPT) shall be authenticated on the same day by the student and by a supervising physical therapist. Documentation by a student physical therapist assistant (SPTA) shall be authenticated by the student and by a supervising physical therapist or supervising physical therapist assistant. A SPT’s documentation must be completed pursuant to OAR 848-010-0110.

848-040-0150: Standards For The Record of Treatment Provided

(1) The record of treatment for each patient visit shall include at a minimum:
(a) Subjective status of patient;

(b) Specific treatments and education provided;

(c) Objective data from tests and measurements conducted;

(d) Assessment of the patient’s response to treatment, including but not limited to:

(A) Patient status, progression or regression;

(B) Changes in objective and measurable findings as they relate to existing goals;

(C) Adverse reactions to treatment; and

(e) Changes in the plan of care.

(2) When treatment is provided by an aide, the aide may only document in the patient record objective information about the treatment provided by the aide. The aide shall authenticate the record entry. Authentication shall include the aide’s full name and designation “aide”. The aide shall not use the designations “physical therapist aide,” “physical therapy aide” or “PT aide”.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0155: Standards For The Required Reassessment

(1) The physical therapist shall perform a reassessment for each patient:

(a) At least every 30 days, or at every visit if the patient is seen less frequently;

(b) At least every 60 days if the patient is being treated in an educational setting; or

(c) Anytime there are significant changes in the patient’s condition or status that would result in a change in the goals or the plan of care.

(2) In the course of performing the required reassessment, the physical therapist shall examine the patient, assess the patient’s functional status, select and administer specific tests and measurements, and formulate clinical judgments regarding the patient.

(3) Only a physical therapist may perform the required reassessment. A physical therapist shall not delegate the performance of a required reassessment to a physical therapist assistant or to an aide.
(4) A physical therapist assistant may participate in the gathering of data for a reassessment as provided in OAR 848-015-0030(1)(b).

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0160: Standards For The Record Of The Required Reassessment

The record of each reassessment shall include at a minimum:

(1) Subjective status of patient;

(2) Objective data from tests and measurements conducted;

(3) Functional status of patient;

(4) Interpretation of above data;

(5) any change in the plan of care; and

(6) any change in physical therapy goals (including patient goals).

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0165: Standards For Discharging A Patient From Therapy

(1) A physical therapist shall discharge a patient from physical therapy treatment when:

(a) The patient has reached all physical therapy goals and additional goals are not identified;

(b) The patient will not further benefit from physical therapy due to a lack of progress or a plateau in progress;

(c) The patient declines to continue treatment or self-discharges;

(d) Physical therapy is no longer appropriate for the patient or is contraindicated secondary to medical or psychosocial reasons;

(e) The referring provider directs or instructs that the patient be discharged.
(2) Only a physical therapist may make the decision to discharge a patient from therapy. A physical therapist shall not delegate the decision to discharge a patient to a physical therapist assistant or to an aide.

(3) A physical therapist assistant shall not independently make the decision to discharge a patient from therapy. However, 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.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04

848-040-0170: Standards For Discharge Records

(1) Within 30 days following the patient’s last scheduled visit or last contact, the physical therapist or physical therapist assistant shall document a final summary of the patient’s physical therapy status upon discharge.

(2) The discharge summary shall include, but is not limited to:

(a) Date and reason for discharge, or self discharge, if known;

(b) Degree of goal achievement or reasons for goals not being achieved;

(c) Summary of the patient’s status at the time of discharge; and

(d) Recommendations for follow-up care, if any.

Stat. Auth.: ORS 688.160
Stats. Implemented: ORS 688.160, 688.010, 688.210
Hist.: PTLB 6-2004, f. & cert. ef. 12-29-04