

COLORADO DEPARTMENT OF REGULATORY AGENCIES
OFFICE OF POLICY AND RESEARCH

PHYSICAL THERAPY PRACTICE ACT

2000 Sunset Review



October 15, 2000

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado Department of Regulatory Agencies has completed the evaluation of the Physical Therapy Practice Act. I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2001 Legislative Committees of Reference. The report is submitted pursuant to §24-34-104(8)(a), of the Colorado Revised Statutes (C.R.S.), which states in part:

"The department of regulatory agencies shall conduct an analysis of the performance of each division, board or agency or each function scheduled for termination under this section...

The department of regulatory agencies shall submit a report and supporting materials to the office of legislative legal services no later than October 15 of the year preceding the date established for termination . . ."

The report discusses the question of whether there is a need for the regulation provided under Article 41 of Title 12, C.R.S. The report also discusses the effectiveness of the Division of Registrations and staff in carrying out the intention of the statutes and makes recommendations for statutory and administrative changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

M. Michael Cooke
Executive Director

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Background

The Sunset Review Process

In accordance with the intent of Article 34 of Title 24 of the Colorado Revised Statutes (sunset legislation), the Department of Regulatory Agencies (DORA) has reviewed the activities of the Physical Therapy Practice Act to determine whether it should be continued. The law currently specifies that the program will terminate on June 30, 2001 and will have one year from that date to conclude its affairs. During the year prior to this date, it is the duty of DORA to conduct an analysis and evaluation of physical therapy regulation by the Division of Registrations (Division) pursuant to §24-34-104(30)(a)(II), C.R.S.

The purpose of this review is to determine whether the Physical Therapy Practice Act should be continued for the protection of the public, and to evaluate the performance of the Director. During this review, the Director of the Division must demonstrate that there is a need for the program's continued existence, and that regulation under the program is the least restrictive regulation consistent with the public interest. DORA's findings and recommendations are submitted via this report to the Legislative Committee of Reference of the Colorado General Assembly.

The sunset review process includes a review and analysis of applicable statutes and rules, interviews with Division staff, physical therapists, other health care practitioners, professional associations, educational faculty, advisory committee members, and an assistant attorney general. Complaints, disciplinary files, and the minutes from the advisory committee meetings were reviewed. To better understand the practice of physical therapy, the author of this report visited physical therapy operations in a nursing home facility, an outpatient clinic of Children's Hospital, the acute care unit of a major hospital, and a privately managed (corporate) physical therapy clinic. Other states were contacted regarding their regulation of physical therapist assistants.

Introduction - Overview

Nature of the Work

According to the *Occupational Outlook Handbook 2000-01* edition, physical therapists provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health. Their patients include accident victims and individuals with disabling conditions such as low back pain, arthritis, heart disease, fractures, head injuries, and cerebral palsy.

Physical therapists examine patients' medical histories then test and measure their strength, range of motion, balance and coordination, posture, muscle performance, respiration, and motor function. They also determine patients' ability to be independent and reintegrate into the community workplace after injury or illness. Next, they develop treatment plans describing a treatment strategy, the purpose, and anticipated outcome.

Treatment includes exercise for patients who have been immobilized and lack flexibility, strength, or endurance. Physical therapists encourage patients to use their own muscles to further increase flexibility and range of motion before advancing to other exercises improving strength, balance, coordination, and endurance. Their goal is to improve how an individual functions at work and home. Physical therapists use electrical stimulation, hot packs or cold compresses, and ultrasound to relieve pain and reduce swelling. They may use traction or deep-tissue massage to relieve pain. Therapists also teach patients to use assistive and adaptive devices such as crutches, prostheses, and wheelchairs.

The American Board of Physical Therapy Specialties (ABPTS) has board-certified 2,028 individuals nationally who have demonstrated advanced clinical knowledge and skills in physical therapy specialty areas: Cardiopulmonary, Clinical Electrophysiologic, Geriatric, Neurologic, Orthopaedic, Pediatric, and Sports.

Working Conditions

Physical therapists practice in hospitals, clinics, and private offices that have specially equipped facilities or they treat patients in hospital rooms, homes, or schools. According to the U.S. Department of Labor's *Occupational Outlook Handbook 2000-01* edition, physical therapists held about 120,000 jobs in 1998. Over two-thirds of physical therapists were employed in either hospitals or offices of physical therapists. Others were employed by home health agencies, outpatient rehabilitation centers, offices and clinics of physicians, and nursing homes. Physical therapists also teach in academic institutions and conduct research. Physical therapists often consult and practice with a variety of other professionals such as physicians, educators, social workers, occupational therapists, speech-language pathologists, and audiologists.

In many different types of practices there are often physical therapist assistants and physical therapist aides under the direction and supervision of a physical therapist. Assistants may be involved in the implementation of the treatment plan, while physical therapist aides perform routine support tasks, as directed by the physical therapist.

Education and Examination

All 50 states require physical therapists to pass a licensure exam developed and maintained by the Federation of State Boards of Physical Therapy after graduating from an accredited physical therapy educational program before they can practice. The physical therapist examination is designed to determine basic entry-level competence of the candidate. This four-hour examination consists of 200 objective, multiple-choice questions. The Federation of State Boards of Physical Therapy is responsible for issuing the admission document that allows individuals to sit for the exam and for reporting scores to the state jurisdictions.

According to the American Physical Therapy Association, there were 189 accredited physical therapy programs in 1999. Of the accredited programs, 24 offer bachelor's degrees, 157 offer master's degrees, and 8 offer doctoral degrees. By 2002, all physical therapy programs seeking accreditation will be required to offer degrees at the master's degree level and/or above, in accordance with the Commission on Accreditation in Physical Therapy Education.

A physical therapy program begins the course of study with basic science courses such as biology, chemistry, and physics, and then introduces specialized courses such as biomechanics, neuroanatomy, human growth and development, manifestations of disease, examination techniques, and therapeutic procedures. The professional curriculum is based on a clinical decision-making and practice delivery model.

History of Physical Therapy Licensure in Colorado

The Colorado State Board of Physical Therapy (Board) was created in 1959 under the Secretary of State and given authority to license physical therapists by waiver, examination, or endorsement. The statutory definition of physical therapy was originally defined as:

“the treatment of a human being by the use of exercise, massage, heat or cold, air, light, water, electricity, or sound, for the purpose of correcting or alleviating any physical or mental disability which may result from such disease or injury, or the performance of tests of neuromuscular function as an aid to the diagnosis or treatment of any human condition, provided however, that physical therapy shall not include radiology or electrosurgery.”

Physical therapy regulation in Colorado has undergone changes since its inception, including sunset review and procedural changes. The Board was transferred to the Department of Regulatory Agencies through the Administrative Organization Act of 1968. Originally, the Board consisted of three licensed physical therapists, each with at least five years experience in physical therapy. In 1971, the legislature amended the statute to allow a physical therapist to practice under the prescription and direction of a person licensed to practice medicine, dentistry, or podiatry rather than only under the direction of a licensed physician.

In 1977, the number of board members was increased to five members, with the addition of two public members. At that time, the Board licensed approximately 1,500 physical therapists.

Until 1978, licensing fees for physical therapists were set by statute and the Board was funded through the General Fund. In 1978, the Division of Registrations and each of its boards became a cash funded agency pursuant to §24-34-105, C.R.S.

The Physical Therapy Practice Act was repealed and reenacted as a result of the 1979 Sunset Review of the Physical Therapy Board. Major revisions included title protection for the terms “physical therapist”, P.T., or any other generally accepted terms or letters; and the Board was given the power to employ hearing officers to conduct hearings for disciplinary cases. The General Assembly amended the definition of physical therapy to include the administration and evaluation of physical therapy tests and medical devices for use in therapy.

In 1984, license by waiver was repealed and replaced with a section enabling persons to acquire temporary permits while waiting to take the examination or for examination results.

As a result of the sunset review process in 1985-86, the State Board of Physical Therapy was abolished and a registration program under the Director of the Division of Registrations in the Department of Regulatory Agencies was implemented. The provisions of the Act were modified to give the Director the authority to implement rules and regulations to register, examine, and discipline physical therapists.

A major change in the statute became effective July 1, 1988. The provision of the Act that had required the physical therapist to evaluate and treat upon physician, dentist, or podiatry prescription only was repealed. Physical therapists were now authorized to practice independently and consumers were given direct access to physical therapists.

In 1989, the grounds for disciplinary action were expanded to include unnecessary care, testing, and treatment; falsified or repeatedly incorrect entries on patient's records; failure to make essential entries on such records; and fraudulent insurance acts.

The 1990 Sunset Review of the Physical Therapy Registration Program made 36 statutory recommendations and two administrative recommendations to improve the effectiveness and efficiency of regulation. Many of these recommendations were an attempt to make entry into the physical therapy occupation easier while still maintaining the necessary level of public protection. Major revisions to the statute included the following:

- Repealed the term “registration” in the physical therapy Act and replaced it with the term “licensure”;
- Revised the definition of “physical therapy” and “physical agents” for clarification and to better reflect the current practice and changing technology;
- Included the administration of topical and aerosol medications consistent with the scope of physical therapy practice;
- Lessened the restrictions on the supervision requirements for physical therapists granted temporary permits;
- Clarified the language regarding negligence and incompetent care by giving the Director the authority to take disciplinary action for any act or omission that does not meet generally accepted standards of physical therapy practice;

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- Amended the grounds for disciplinary action to include violations of the Director's orders and aiding and abetting in the violation of such orders; failure to refer a patient to the appropriate health care practitioner when required; abandonment of a patient by any means; failure to provide adequate or proper supervision of unlicensed persons; refusal to submit to a physical or mental examination ordered by the Director; and prohibited the receipt of commissions or other forms of remuneration for the referral of clients;
 - Granted the Director the authority to suspend a license and order a physical or mental examination if there is reasonable cause to believe that the therapist cannot perform services with reasonable skill and safety; and
 - Required insurance companies to report to the Director any payments made in settlements or judgment against physical therapists.

Summary of Statute and Regulations

Statute

The Legislative Declaration creating the regulatory scheme declares that, “the practice of physical therapy by any person who does not possess a valid license issued under the provisions of this article is inimical to the general public welfare.” Furthermore, “the General Assembly finds that there is a shortage of physical therapists in the state that must be overcome to protect the health and well-being of the people of Colorado.”

The Physical Therapy Practice Act is found in §12-41-101, C.R.S., et. seq. The Director of the Division of Registrations (Division) within the Department of Regulatory Agencies is responsible for administering and enforcing the provisions of the Act.

Powers and Duties of the Director

The Director is empowered to perform the following duties under §12-41-125, C.R.S.:

- Administer and enforce the Act and any rules and regulations adopted;
- Evaluate qualifications of applicants for licensure;
- Administer examinations;
- Issue and renew licenses and permits;
- Conduct hearings;
- Assess fines of not greater than \$1,000 for any violation of the provisions of the Act or rules;
- Maintain a register of licensed physical therapists, including place of business, residence, and license number;

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- At least annually, publish a roster of licensees to be available to the public for a fee;
 - Establish and set fees for the administration of the program; and
 - Prepare and submit an annual report to the Governor and the General Assembly on the effectiveness of the program.

Licensure

An applicant for a physical therapy license must have graduated from a physical therapy education program nationally accredited or deemed to be substantially equivalent by the Director; pass a written examination administered by the Director, and pay an application fee.

A foreign-trained applicant must have received education and training in physical therapy; possess an active, valid license in good standing from an appropriate authority in the country where the applicant practiced; pass a written examination administered by the Director, and pay an application fee.

The Director may issue a temporary license to persons who qualify for licensure by endorsement if there is evidence of an active, valid license in good standing from another jurisdiction. Such a license is valid for no longer than four months. The Director may issue a temporary permit to a person who qualifies for licensure by examination, including foreign-trained applicants. However, a temporary permit may only be issued if the applicant performs services under the personal supervision and direction of a physical therapist who agrees to be responsible for the services rendered by a temporary permit holder (§12-41-108, C.R.S.). The temporary permit is valid from the date of its issuance until the publication of the results of the examination.

The Director may also issue a license by endorsement to an applicant who is already licensed by another state or territory of the United States. The standards for licensure in other states and territories must be substantially equivalent to those licensure standards in effect in Colorado. The Director may deny a license to anyone who has committed any act that would be grounds for disciplinary action in Colorado.

Title Protection

Only a licensed physical therapist under the provisions of this Act may use the title “physical therapist” or the letters “P.T.” or any other generally accepted terms, letters, or figures that indicate the person is a licensed physical therapist.

Scope of Practice

The statute defines the practice of physical therapy as the examination, treatment, or instruction of human beings to detect, assess, prevent, correct, alleviate, or limit physical disability, movement dysfunction, bodily malfunction, or pain from injury, disease, and other bodily conditions. Physical therapy also includes the administration, evaluation, and interpretation of tests and measurements of bodily function; the planning, administration, evaluation, and modification of treatment and instruction; and the use of physical agents, measures, activities, and devices for preventive and therapeutic purposes. Physical therapists may administer topical and aerosol medications when consistent with the scope of practice and when prescribed by a licensed health care practitioner authorized to prescribe such medication.

Physical therapists may utilize the services of not more than three unlicensed individuals as long as the individuals are under the direct supervision of the physical therapist. Physical therapist assistants (who are currently unlicensed) may only practice under responsible direction and supervision of a licensed physical therapist.

Exclusions

The statute provides for the following exclusions from Colorado licensure:

- Persons practicing physical therapy in Colorado who are licensed in another state and whose employment requires them to accompany and care for a patient temporarily residing in this state;

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- Persons licensed in another state providing physical therapy services for not longer than four weeks in the absence of a physical therapist licensed in Colorado;
 - Persons performing massages, external baths, or exercises that are not a part of a physical therapy regimen; and
 - Licensed physical therapist in another state participating in an educational program in Colorado of not more than six-week duration.

Discipline

The Director is authorized to deny, refuse to renew, suspend, or revoke any license, temporary permit, or temporary license. The Director is also empowered to issue letters of admonition, impose probation, impose public censure, or fine any licensee or permittee.

The Director is authorized to take disciplinary actions in accordance with the Act. Grounds for disciplinary action under the Act include:

- Violating generally accepted standards of practice;
- Engaging in a sexual act with a patient while a patient-physical therapist relationship exists;
- Failing to refer;
- Failing to supervise unlicensed persons in a physical therapy practice;
- Falsifying or making incorrect entries on patient records;
- Ordering or performing unnecessary laboratory tests or studies without clinical justification;
- Committing abuse of health insurance;
- Dependence on, or excessive use of alcohol or any habit forming drug;

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- Refusing to submit to a physical or mental examination ordered by the Director;
 - Failing to report, in writing, to the Director any malpractice claim that is settled or in which judgment is rendered; and
 - Having been convicted of a felony or having pled guilty or nolo contendere to a felony or committing any prohibited act specified in this Act.

The Director may employ an administrative law judge to conduct hearings regarding any matter within the Director's jurisdiction. In connection with the hearing or investigation, the Director has the power to issue subpoenas to compel the attendance of witnesses and the production of documents, and to keep the investigation closed until the results of such investigation are known.

Mental and Physical Examination of Licensees

The Director may order a physical or mental examination if there is reasonable cause to believe that a licensee is unable to practice with reasonable skill and safety. If a licensee refuses to submit to an examination, the Director may suspend the license until the results of an examination are known and the Director has determined the licensee's fitness to practice. Results of an examination are not made available to the public.

Insurance Company Reports

Every insurance company licensed to do business in Colorado providing malpractice insurance for physical therapists must submit information to the Director regarding any malpractice claim that involves a physical therapist, including settlements and judgments within 90 days of such action.

Professional Service Corporations

Firms, corporations, limited liability companies, and registered limited liability partnerships may not offer physical therapy services unless all shareholders are Colorado licensed physical therapists and actively engaged in the practice of physical therapy. In addition, the name of the corporation must contain the words “professional company”, or “professional corporation” or abbreviations thereof (§12-41-124(1)(a), C.R.S.). The organization of the corporation must be solely for the purposes of conducting the practice of physical therapy by licensed physical therapists.

Advisory Committee

Section 12-41-126, C.R.S., creates the Physical Therapy Advisory Committee (Committee) to assist the Director in the performance of duties required by the Act. The Committee is comprised of at least seven members appointed by the Director. Five of the members are designated physical therapists and two members shall not be physical therapists but must have specific knowledge in the health care field. The statute requires that the Committee meet at least twice a year and more often at the discretion of the Director. Members receive no compensation other than actual expenses incurred in the performance of their duties.

Summary of Rules and Regulations

Pursuant to its authority under the Act, the Director has promulgated six pages of rules and regulations concerning seven topics:

- Delegation of duties;
- Supervision of physical therapist assistants;
- Supervision of assistive personnel;
- Requirements for temporary practice permits;
- Authorized practice of physical therapy by a person not licensed in Colorado;

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- Requirements of internship; and
 - Requests for declaratory orders.

Delegation of Duties

Rule 1 of the regulations clarifies the special practice authorities in physical therapy that include the use of topical and aerosol medications, authority to perform wound debridement, and the initial evaluation performed by the physical therapist.

Supervision of Physical Therapist Assistants

Rule 2 specifies the supervisory requirements for physical therapist assistants by licensed physical therapists. It details the licensee's responsibility for services performed by the assistant and the legal accountability of the physical therapist during supervision.

Supervision of Assistive Personnel

Rule 3 outlines the supervision requirements for unlicensed persons providing physical therapy services under the supervision of a licensed physical therapist.

Requirements for Temporary Practice Permits

Rule 4 clarifies the requirements for temporary practice permits for new graduates from an accredited physical therapy education program.

Authorized Practice of Physical Therapy by a Person Not Licensed in Colorado

Rule 5 discusses the conditions under which a physical therapist not licensed in Colorado may practice for a limited period of time. This rule specifically states that visiting physical therapists must provide a copy of their license to the Director at least one week before beginning practice.

Requirements of Internship

Rule 6 sets out the specific requirements of internships that include a plan of supervision, the number of hours constituting an internship, and reporting requirements.

Declaratory Orders

Rule 7 establishes the procedures for handling requests for declaratory orders. These rules further delineate who may petition the Director for a declaratory order, the matters considered by the Director in determining whether to rule upon a petition filed, requirements for filing a petition for a declaratory order, and procedures for ruling on the petition.

**Program
Description and
Administration**

Licensing

The Director of the Division of Registrations of the Department of Regulatory Agencies administers and enforces the Physical Therapy Practice Act. The Division realizes expense efficiencies for the physical therapy licensure program by sharing administration of the program with several allied health professions regulated by the Director. Personnel services devoted to the program are estimated for budgetary purposes at 1.25 full-time equivalent (FTE) that includes a .15 program administrator, a .15 administrative assistant III, a .85 administrative assistant II, and a .10 database assistant. Fees are established annually to cash fund administrative expenses.

Sections 12-41-107 and 12-41-109, C.R.S., provide that, upon application for a physical therapy license from the Division of Registrations, payment of a fee determined by the Director and fulfillment of minimum qualifications, a physical therapy license will be issued. The fee is currently \$55 for the examination and \$50 for the license. There are currently 4,328 licensed physical therapists in Colorado. The number has varied over the course of the last years as indicated in the table below.

Table 1

Number of Licensed Physical Therapists and Recognized PT Assistants in Colorado – Totals FY 1996-2000				
Fiscal Year	Licensed Physical Therapists		Recognized PT Assistants	
	New	Active Total	New	Total
1996	404	3,745	36	103
1997	402	3,629	85	188
1998	421	4,094	68	256
1999	455	3,984	28	284
2000	326	4,328	29	313

Examinations

The National Physical Therapy Examination (NPTE) was established in 1986 and developed under the supervision of the Federation of State Boards of Physical Therapy. In 1996, this multiple-choice examination began its transition from paper and pencil testing to computer-based testing. The last paper and pencil test was administered in November 1998. Computer-based examinations are now administered at the convenience of the applicant to be taken at a Sylvan Learning Center. The minimum passing score is determined by the NPTE and is the national standard adhered to by all state licensing boards.

The table below provides the number of examinations given and the number of persons who passed the examination during the period FY 1996-2000.

Table 2

Physical Therapist Examination Results FY 1996-2000					
	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000
Examinations Given*	133	184	209	347	309
Individuals Passed	96	129	112	179	148

* Individuals may take the examination up to four times a year.

Temporary Permits and Licenses

The Director may issue a temporary license for four months to a person who qualifies for licensure by endorsement if all of the necessary documentation is provided. A temporary permit is issued to an applicant who has successfully completed a physical therapy program and is scheduled to take the examination. The nonrenewable temporary permit is valid from the date of issuance until the publication of the results of the examination. A permit is valid for no longer than a four-month period. However, a temporary permit may only be issued if the applicant provides services under the direction of a licensed physical therapist who agrees to be responsible for the services rendered by a temporary permit holder.

The chart below illustrates the number of temporary permits and licenses issued from FY 1998 through FY 2000

Table 3

Permits and Licensed Issued FY 1998 - FY 2000			
	Temporary Permits Issued	Temporary Licenses Issued	Total
Fiscal Year 1998	76	69	145
Fiscal Year 1999	33	40	73
Fiscal Year 2000	124	78	202
Total	233	187	420

Complaint and Investigation Procedure

The Director of the Division of Registrations is charged with handling all complaints against licensed physical therapists. Complaints are received by telephone, e-mail, fax, or by mail from patients, employers, supervisors, relatives, and other health care practitioners. The Director may also file a complaint. The program staff screens complaints to make sure that the Director has jurisdiction to respond and that the complaint rises to the level of being a violation of the law. At this point, the licensee is contacted stating the terms of the complaint and requesting a response in writing within 20 days. Once an investigator from Complaints and Investigations has had an opportunity to gather facts on the matter, a report of the complaint and the findings of the investigator is sent to the Director and/or the Advisory Committee for review. The Advisory Committee reviews the report from Complaints and Investigations. The Committee may request further study of the complaint by an investigator or make a recommendation to the Director for dismissal or disciplinary action. The Director may dismiss, impose discipline, or refer the case to the Attorney General's Office.

DORA reviewed the 74 complaints received from FY 1996 through FY 2000:

- Forty (54%) of the complaints were dismissed;
- Thirteen (17%) of the complaints concerned practicing without a license;
- Four (5%) were submitted for improper supervision of employees;
- Monetary disputes comprised six (8%) of the complaints;
- Insurance fraud comprised 11 (15%) complaints;
- Substandard care was noted in 18 (24%) instances;
- Three (4%) instances identified practicing beyond the scope of practice;
- Sexual misconduct accounted for 10 (13%) complaints;
- Questionable jurisdiction accounted for two (3%) complaints;
- Felony convictions totaled three (4%) complaints;
- Seven (9%) instances referred to incorrect entries on patient records or failure to make essential entries;
- Remaining eight (11%) complaints involved three for aiding or abetting a violation of any provision of the Act, three for excessive treatment to a patient, one for disciplinary action in another state, and one for improper receipt of a commission for the referral of a client.

Twenty-seven (36%) of the complaints were filed by patients and the Director of the Division of Registrations initiated 15 (20%) complaints. The remaining complaints were filed by supervisors, physicians and other licensed health professionals, insurance companies, other Department of Regulatory Agencies' licensing boards, and staff of the Colorado Division of Workers' Compensation. Thirty-six (49%) of the complaints were referred to Complaints and Investigations of the Division of Registrations.

Table 4 on the following pages summarizes the complaints received, investigated, and resolved by the Division from March 1996 through August 2000. Three complaints filed in calendar year 1997 are still pending action by the Office of the Attorney General. An additional nine complaints filed between July 1998 and December 1999 are pending action either by the Office of the Attorney General or by Complaints and Investigations of the Division of Registrations. On the average, complaints were resolved in approximately 229 days

Table 4

COMPLAINT HISTORY FROM FY 1996 - FY 2000											
Complaint Status Code	Date Received	Who Initiated Complaint	Nature of Complaint	Date Assigned to Investigator, Attorney or Staff Person	Dismissed Yes or No	Action Code	Date of Action	Closed By	# of Days from Receipt to Closure	# of Days from C&I to Closure	
Summary of FY 1996 = 6 Dismissed 1-LOA											
CDSIC	7/31/95	Supervisor	CT		No	004	3/26/96	CLODIR	239		
CDSIM	8/24/95	Patient D.C.	SC		Yes		6/10/96	CLODIR	291		
CDSIM	9/12/95	Friend of Patient	UL		Yes		9/27/96	CLODIR	381		
CLADM	12/11/95		SC		Yes		1/29/96	CLODIR	49		
CDSIM	3/1/96	Patient	SX		Yes		3/25/96	CLODIR	24		
CDSIM	3/14/96		SC		Yes		3/27/96	CLODIR	13		
CDSIM	5/1/96	Doctor	\$\$		Yes		1/28/97	CLODIR	272		
Summary of FY 1997 = 9 Dismissed 2-LOAs 1-Probation 1-Relinquishment 1-Revocation 2 Pending											
CDSIC	8/2/96	Director	UL		No	103	7/28/97		360		
CDSIM	8/19/96	PT - Tennessee	IF	12/4/96	C&I	Yes	4/2/97	CLODIR	226	119	
CDSIM	9/3/96		BS		Yes		1/14/97	CLODIR	133		
CDSIM	10/9/96		SC		Yes		3/28/97	CLODIR	170		
CDSIM	10/17/96	Director	SC	12/5/96	C&I	Yes	8/20/97	CLODIR	307	258	
CDSIC	11/14/96	Patient	SX	12/2/96	C&I	No	4/1/98	CLODIR	503	485	
CDSIM	12/16/96	Anonymous	UL		Yes		10/8/97	CLODIR	296		
CDSIM	12/23/96		QJ		Yes		1/6/97	CLODIR	14		
PNAGO	12/31/96	RN	CT, IF, SP	1/15/97	C&I						
CDSIC	1/18/97	Director	UL		No	004	1/27/97	CLODIR	9		
PNAGO	1/28/97		CT, IF, SC	3/24/97	C&I						
CDSIC	2/10/97	Director	FC		No	204	10/28/99	CLODIR	990		
CDSIM	3/12/97	Physician	CO	4/2/97	C&I	Yes	9/24/97	CLODIR	196	175	
CDSIM	3/24/97	Patient	SX	4/2/97	C&I	Yes	8/20/97	CLODIR	149	140	
CDSIC	5/8/97	Patient	SX		No	105	3/13/98	CLODIR	309		
CDSIC	6/20/97	Self Report	AC		Yes		6/23/97	CLODIR	3		
Summary of FY 1998 = 15 Dismissed 3-LOAs 2-Relinquishments 1-Probation 1 Pending											
CDSIM	7/17/97		CT	7/28/97	C&I	Yes	10/8/98	CLODIR	448	437	
PNAGO	7/23/97	Insurance Co.	IF	7/24/97	C&I						
CDSIM	7/30/97		UL		Yes		10/9/97	CLODIR	71		

COMPLAINT HISTORY FROM FY 1996 - FY 2000											
Complaint Status Code	Date Received	Who Initiated Complaint	Nature of Complaint	Date Assigned to Investigator, Attorney or Staff Person		Dismissed Yes or No	Action Code	Date of Action	Closed By	# of Days from Receipt to Closure	# of Days from C&I to Closure
CDSIM	10/16/97	Licensed PT	SP	10/22/97	C&I	Yes		11/4/98	CLODIR	384	378
CDSIC	10/20/97	Supervisor	SC	10/22/97	C&I	No	004	11/4/98	CLODIR	380	378
CDSIM	10/29/97		UL	12/12/97	C&I	Yes		3/5/98	CLODIR	127	83
CDSIC	11/13/97	RN	CT		C&I	No	004	11/4/98	CLODIR	356	
CDSIC	12/11/97	Director of Med. Center	UL			No	004	3/24/98	CLODIR	103	
CDSIC	12/22/97	Director-DHHS - Fed.	FC			No	105	3/11/98	CLODIR	79	
CDSIM	12/31/97		IF, XI	1/1/97	C&I	Yes		8/10/98	CLODIR	222	586
CDSIM	1/13/98	Director	SX			Yes		1/13/98	CLBD		
CDSIM	2/9/98		UL, IF		C&I	Yes		7/29/98	CLODIR	170	
CDSIM	2/12/98	Director	SX			Yes		11/4/98	CLODIR	265	
CDSIM	3/24/98	Patient	SX			Yes		11/4/98	CLODIR	225	
CLADM	3/27/98	Licensed PT	UL			Yes		11/20/98	CLODIR	238	
CDSIM	3/27/98	Patient	SC	3/31/98	C&I	Yes		12/30/98	CLODIR	278	274
CDSIC	4/2/98	Director	SX			No	105	8/25/98		145	
CDSIM	4/6/98	Patient	SX	6/29/98	C&I	Yes		9/28/98	CLODIR	175	91
CDSIM	4/23/98	Patient	SC	10/9/98	C&I	Yes		12/30/98	CLODIR	251	82
CDSIM	5/7/98	Patient	SC			Yes		7/29/98	CLODIR	83	
CDSIM	5/7/98	Patient	SC			Yes		7/29/98	CLODIR	83	
CDSIC	6/23/98	Self Reported	SC	6/29/98	C&I	No	103	9/22/99	CLODIR	456	450
Summary of FY 1999 = 7 Dismissed 1-Probation 5-LOAs 4 Pending											
PNAGO	7/14/98	Podiatry Board	BS								
PNAGO	7/16/98	Director	SC	7/20/98	C&I						
CDSIC	7/16/98	Director	SC	7/20/98	C&I	No	004	8/6/99	CLODIR	386	382
PNCI	7/20/98	Director	XI	7/24/98	C&I						
CDSIC	7/31/98	Director	SC	9/9/98	C&I	No	004	11/16/99	CLODIR	473	433
CDSIM	7/31/98	Patient	\$\$			Yes		8/10/98	CLODIR	10	
CDSIM	7/31/98	Patient	\$\$			Yes		8/10/98	CLODIR	10	
CDSIM	8/21/98	Patient	SC			Yes		12/23/98	CLODIR	124	
CDSIC, PNBD	9/3/98	Patient	SC, CT	9/8/98	C&I						
PNAGO	10/7/98	Patient	\$\$, AA	10/8/98	C&I						
CDSIC	10/7/98	Patient	\$\$, AA	10/8/98	C&I	No	004, 004	8/17/99	CLBD	314	313
CDSIC	10/7/98	Patient	\$\$, AA	10/8/98	C&I	No/Yes	004, 001	8/17/99	CLODIR	314	313
PNBD	2/4/99	Director	UL								
CDSIC	2/19/99	Patient	SX	3/31/99	C&I	No	103	10/20/99	CLODIR	243	203
CDSIM	2/19/99	Patient	QJ			Yes		3/4/99	CLODIR	13	

COMPLAINT HISTORY FROM FY 1996 - FY 2000											
Complaint Status Code	Date Received	Who Initiated Complaint	Nature of Complaint	Date Assigned to Investigator, Attorney or Staff Person		Dismissed Yes or No	Action Code	Date of Action	Closed By	# of Days from Receipt to Closure	# of Days from C&I to Closure
CDSIM	3/3/99	Division	IF			Yes		11/30/99	CLODIR	272	
CDSIM	4/29/99	Director	SC	5/27/99	C&I	Yes		1/13/00	CLODIR	259	231
Summary of FY 2000 (To Date) = 3 Dismissed 2-Injunctions 7 Pending											
CDSIM	7/30/99	Patient	SC	1/13/00	C&I	Yes		1/13/00	CLODIR	167	0
PNAGO	8/25/99	Patient	XI	11/18/99							
CDSIM	8/26/99	Patient	BS	10/14/99	C&I	Yes		5/9/00	CLODIR	257	208
PNAGO	8/27/99	Registered Nurse	IF, SP	8/27/99							
PNCI	11/24/99	Workers Compensation	UL	11/24/99	C&I						
CDSIM	11/29/99	Patient	SC	1/13/00		Yes		1/13/00	CLODIR	45	
PNCI	12/6/99	Director	IF	12/6/99	C&I						
PNAGO	12/10/99	Director	FC								
PNCI	12/16/99	Director	SP, IF, SC, CT	12/16/99	C&I						
CDSIC	2/7/00	Patient	UL	8/10/99	C&I	No	006	2/17/00	CLODIR	10	191
CDSIC	2/7/00	Patient	UL	8/10/99	C&I	No	006	2/17/00	CLODIR	10	191
PNCI	7/7/00	Patient	FI								
229 Average Days from Receipt to Resolution (5 year data) 291 Average Days at C&I (5 year data) Total Complaints Fiscal Year 1996-Fiscal Year 2000 - 74 Total Complaints - 40 Dismissed = 54.05%											

KEY					
Action Code		Nature of Complaint Code		Complaint Status Code	
001	Dismissed	SS	Monetary Dispute	CDSIC	Closed with Discipline
004	Letter of Admonition	AA	Aid & Abet	CDSIM	Closed with Dismissal
006	Injunction	AC	Action in Another State	CLADM	Closed Administratively
103	Stip. - Probation	BS	Beyond Scope of Practice	PNAGO	Pending at Attorney General's Office
105	Stip. - Relinquishment	CO	Commissions	PNBD	Pending Board / Staff
204	FAO - Revocation	CT	Charting	PNCI	Pending Compliants and Investigations
		FC	Felony Conviction	PNDR	Pending Director
		IF	Insurance Fraud		
		QJ	Questionable Jurisdiction		
		SC	Substandard Care		
		SP	Poor Supervision		
		SX	Sexual Misconduct		
		UL	Unlicensed Practice		
		XI	Excess Treatment		

Disciplinary Actions

The Director of the Division of Registrations has a variety of enforcement mechanisms available that are created in statute to assure that physical therapists provide for the health, safety, and welfare of the citizens of Colorado. The Director has the authority to deny or suspend any license, issue a letter of admonition, place a licensee on probation, or apply for a temporary or permanent injunction through the Office of the Attorney General. The Director may also assess a civil penalty in the form of a fine, not to exceed \$1,000.

Any person practicing as a physical therapist without a license commits a class 3 misdemeanor with a minimum penalty of a \$50 fine and a maximum penalty of six months imprisonment and/or a \$750 fine (§18-1-106, C.R.S.).

In response to the complaints received from fiscal years 1996-2000, the Director dismissed 40 and referred 24 cases to the Office of the Attorney General for formal disciplinary action. These resulted in one revocation, three relinquishments, three probations, and two injunctions. The Director also issued a total of 11 letters of admonition.

Advisory Committee

The Advisory Committee (Committee) was created to make recommendations to the Director concerning the Director's duties under the Physical Therapy Practice Act. The seven member Committee includes five physical therapists and two public members having specific knowledge in the health care field. The current Committee employment representation of physical therapists consists of a private practitioner, academia, pediatric clinic, technical writer, and a hospital employee. The two public members are represented by a social worker and a nurse employed by the Veterans Administration.

The Committee is required by law to meet at least twice a year and at additional times at the discretion of the Director. From June 2, 1995 to July 13, 2000, the Committee met 12 times. During this period, the Committee discussed complaints and made recommendations to the Director for disciplinary actions and reviewed applications for the Physical Therapist Assistant letter of acknowledgment.

Issues

During this sunset review, the Department of Regulatory Agencies met with several interested parties, including trade and professional organizations. These various groups spent a considerable amount of time identifying issues and submitting proposals to be considered during the review. The two issues discussed below address proposed regulation for physical therapist assistants and the training necessary to perform Grade V Joint Mobilization defined on page 30 of this report. The following is a discussion of these issues, including research and analysis performed by DORA.

Regulation of Physical Therapist Assistants

During the course of this review, the Colorado Chapter of the American Physical Therapy Association recommended increasing the level of regulation of physical therapist assistants. Although DORA believes that this request should be submitted as a Sunrise application, preliminary research was done to determine the harm to the public due to the unregulated practice of physical therapist assistants. The intent of the sunrise statute is to impose regulation on occupations and professions only when it is necessary to protect the public health, safety or welfare of the citizens of Colorado.

Preliminary research included contact with the director of an accredited Colorado PTA program and representatives from the Colorado Chapter of the American Physical Therapy Association (APTA). A survey of program directors of selected states that regulate physical therapist assistants (PTAs) and interviews with the program administrator of the Colorado physical therapy licensing program were also conducted.

Though no official application was submitted to DORA, conversations with interested parties revealed the nature of regulation desired. Generally, requirements for licensure of PTAs would include graduation from an accredited program, a passing grade on the national PTA examination, and a disciplinary action structure.

Profile of the PTA Profession

Physical therapist assistants perform components of physical therapy procedures and related tasks selected and delegated by a supervising licensed physical therapist. They assist physical therapists in providing services that help improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. Patients may include accident victims and individuals with disabling conditions, such as low back pain, arthritis, heart disease, fractures, head injuries and cerebral palsy.

Physical therapist assistants perform a variety of tasks. Treatment procedures delegated to these workers, under the direction of licensed physical therapists, involve exercises, massages, electrical stimulation, paraffin baths, hot and cold packs, traction, and ultrasound. Physical therapist assistants record the patient's responses to treatment and report to the physical therapist the outcome of each treatment.

Education

According to the American Physical Therapy Association, there were 274 accredited physical therapist assistant programs in the United States as of 1999. Accredited physical therapist assistant programs are generally designed to last 2 1/2 years, or five semesters, and culminate in an associate's degree. Programs are divided into academic study and hands-on clinical experience. Academic coursework includes algebra, anatomy and physiology, biology, chemistry, and psychology. Before students begin their clinical field experience, many programs require that they complete a semester of anatomy and physiology and have certifications in CPR and other first aid modalities.

The curriculum for the physical therapist assistant is designed to prepare the PTA to work under the supervision of a licensed physical therapist. Once the patient is evaluated by the physical therapist, the physical therapist assigns the PTA certain aspects of the patient's care appropriate to the assistant's experience/knowledge.

There are currently four accredited PTA programs in Colorado. They are offered at Arapahoe Community College, Denver Technical College, Morgan Community College, and Pueblo Community College. An example of the number of applicants and graduates from Arapahoe Community College is illustrated in the table below. Each year there is a maximum of 20 students accepted into the PTA program.

Table 5

Arapahoe Community College PTA Applicants and Graduates 1996-2000		
Year	Applicants	Graduates
1996	61	19
1997	59	18
1998	30	16
1999	28	17
2000	14	15

Private Credentials

The National Physical Therapy Examination (NPTE) program of the Federation of State Boards of Physical Therapy (FSBPT) developed the physical therapist assistant examination, which is administered by Professional Examination Service (PES). This examination is intended to assess basic entry-level competence of a candidate who has graduated from an accredited program for physical therapist assistants or has met equivalent requirements set by a licensing board for physical therapist assistants. Each state licensing board has established its own criteria for eligibility to sit for the PTA examination. Individuals must take the examination in a state that licenses physical therapist assistants. In Colorado, many graduates of accredited institutions take this examination in Wyoming, Nebraska, and Kansas.

Regulation in Other States

Physical therapist assistant regulation, either licensure, registration, or certification currently exists in 42 states. Of the 42 states that regulate PTAs, there are 6 certification programs, 1 approval program, 4 registration programs, and 31 licensing programs. Of the 8 states that do not regulate physical therapist assistants, only 1 does not define a PTA in statute. Additional requirements include certification in CPR, other first aid training, and a minimum number of hours of clinical experience.

DORA contacted and interviewed representatives from 9 states to determine the level of complaint and disciplinary activity imposed on physical therapist assistants. The primary findings of the interviews conducted with representatives from the state licensing boards indicated there were relatively few or no complaints filed against physical therapist assistants. Of the nine states reviewed, only two states received complaints and they reported two in five years. In addition, there were no license suspensions or revocations. Since 1992, the State of Nevada placed four licensees on probation.

Table 6 on the following page summarizes the regulation of physical therapist assistants in other states including form of regulation, date of program origin, number of PTAs, requirements for licensure, disciplinary options, number of complaints, and number of suspensions or revocations.

Table 6

Selected States' Regulation of Physical Therapist Assistants								
State	Form of PTA Regulation	Date Program Began	# of PTAs	Requirements	Scope of Practice	Disciplinary Options	# of Complaints	# of Licenses Suspended or Revoked
Arizona	Certified	1998	232	Accredited PTA program/ National Examination	Yes	Yes	2	0
California	Licensed	1974	4,334	Associate Level Degree/ National Examination/ California Jurisprudence Exam	Yes	Yes	N/A	N/A
Idaho	Registered	1981	189	Accredited PTA program/ National Examination	Yes	Yes	0 in 2 years	0 in 2 years
Kansas	Certified	1963	1,024	Accredited PTA program/ National Examination	Yes	Yes	N/A	1 disciplinary action/last 5 years
Montana	Licensed	1979	74	Accredited PTA program/ National Examination	Yes	Yes	0 in 3 years	0 in 3 years
Nebraska	Certified	1979	297	Accredited PTA program/ National Examination	Yes	Yes	2 in 5 years	0
Nevada	Licensed	1971	178	Accredited PTA program/ National Examination	Yes	Yes	N/A	4 probations since 1992
Oregon	Licensed	N/A	832	Accredited PTA program/ National Examination	Yes	Yes	N/A	N/A
Wyoming	Registered	1962	320	Accredited PTA program/ National Examination	Yes	Yes	0	0

Public Harm

Before licensure of physical therapist assistants can be recommended, there must be evidence that the unregulated practice clearly endangers the health of the public. No evidence of harm to the public by unqualified physical therapist assistants was provided by interested parties or revealed by independent research.

According to §12-41-113, C.R.S., in a clinical setting, a physical therapist assistant must be under the responsible direction and supervision of a licensed physical therapist. In this situation, the supervising therapist has responsibility for the plan of care. Furthermore, it is grounds for disciplinary action if a physical therapist fails to provide adequate or proper supervision when utilizing physical therapist assistants.

What has not been clearly demonstrated is recognizable harm to the public by the unregulated practice of physical therapist assistants. No complaints have been submitted to the Division of Registrations related to unqualified persons or substandard care performed by assistants.

If assistants were licensed, the public could expect an evaluation of competency that does not currently exist. Complaints against practitioners would be referred to a centralized agency and disciplinary actions would be an option. However, if substandard care were a major concern of the public, it would be reasonable to expect a number of complaints filed in states that regulate assistants. A survey of states with licensing, certification, and registration programs illustrates very few complaints against practitioners.

Although we have no doubt that there are instances of substandard practice in this profession as in any other profession, we have not been presented with evidence which would lead us to believe that there is a significant threat which the state should seek to address through new regulation.

Concerning Adequate Training to Perform Grade V Joint Mobilization

The Colorado Chiropractic Association (Association) has proposed to the Department of Regulatory Agencies that the scope of practice for physical therapists be amended to prohibit them from performing Grade V Joint Mobilization.

The scope of practice for physical therapists currently includes the practice of “joint mobilization” without any restrictions, §12-41-103(6)(E)(II)(A), C.R.S. Grades I-IV mobilization is generally defined as a passive movement done slowly enough to a patient that the patient can stop the movement. Grade V joint mobilization (also referred to as manipulation) involves a small-amplitude, high-velocity thrust at the limit of a patient’s joint range so that the joint is briefly taken beyond the restricted range of motion.

The Association believes that Grade V Joint Mobilization requires education and training beyond that which physical therapists obtain. The American Chiropractic Association’s 1999 *Policy Statement on Spinal Manipulation* asserts that chiropractors are the best trained and qualified provider group in chiropractic spinal manipulation/adjustment. Furthermore, the policy statement asserts that individuals with less training and expertise than doctors of chiropractic may provide outcomes that are less than optimal and can pose unnecessary health and safety risks and possible complications for patients. Chiropractors argue that specifically the academic curriculum and clinical experience received during the physical therapy degree programs is inadequate and presents unnecessary risks to patients. In particular, they assert that since physical therapists are prohibited from taking x-rays, several unknown conditions may be present that would be exacerbated by this procedure.

A report entitled *Vertebrobasilar Stroke Following Manipulation* submitted to DORA by the Association discusses the possibility of vertebrobasilar injuries following spinal manipulation therapy. The report authored by a chiropractor in private practice in Australia presents over 100 cases of vertebrobasilar strokes that followed spinal manipulation therapy. Many of the stroke victims suffered permanent neurological deficit, quadriplegia or death. However, all cases involved the chiropractic profession. None of the cases listed were the result of a physical therapist performing this function.

Conversely, physical therapists argue that Grade V Joint Mobilization has always been part of the practice of physical therapy. They contend that there is no evidence that physical therapists utilizing this procedure produce a greater risk to the public's health. In February 1999, the program administrator for the Physical Therapy Practice Act issued a letter stating that there have been no complaints filed with the office against physical therapists alleging injuries to patients while performing Grade V Joint Mobilization.

Physical therapists evaluate the patient's treatment based on functional limitations and pathomechanics. Most practitioners incorporate mechanical, isometric, and oscillatory techniques. Rarely within physical therapy is Grade V Joint Mobilization practiced in isolation from therapeutic exercise, patient instruction, and supportive modalities.

Physical therapists submitted a report by Maginnis and Associates and Kirek-Van Ordsdel (two of the nation's largest physical therapy liability insurers) that found no evidence of higher claims loss due to physical therapists performing Grade V Joint Mobilization.

It is important to consider the type and amount of training physical therapists receive when considering whether a proposed limited scope of practice is appropriate. Information provided by the University of Colorado Health Sciences Center physical therapy program indicates that physical therapists receive education and training sufficient to support the practice of Grade V Joint Mobilization.

Grade V Joint Mobilization should not be restricted to one group of health care practitioners. The nonsurgical treatment of neuromuscular skeletal dysfunction should stay competitive to provide the health care consumer choices between different health care providers.

Based upon research findings, adequate education, and lack of any evidence that there is a threat to the public, DORA finds no evidence to support limiting the physical therapist's scope of practice.

Analysis and Recommendations

Is There a Need to Continue the Regulation of Physical Therapists?

Physical therapists have direct, hands-on contact with patients and engage in the movement and manipulation of the human body through the use of devices, physical measures, activities and physical agents. They work with seriously ill patients suffering from heart attacks, stroke, trauma, and degenerative orthopedic conditions. They also work with persons who have been injured in sports, automobile, or work-related accidents, and with premature infants in intensive care. They provide reconditioning and rehabilitation through direct touch with the human body in cases of spinal cord injuries, cerebral palsy, burns, and head trauma.

Incompetent care can lead to a deterioration of the condition or a lack of improvement in the condition. Physical therapists also administer medications that are prescribed by physicians. Improper administration can have negative long-term health effects.

A physical therapist could harm a patient by improperly performing some procedures; for example, using improper cervical traction on a patient with a cervical fracture, performing inappropriate exercises on a knee which had ligament repair, and improper use of ultrasound resulting in burns on bones.

Physical therapists treat and rehabilitate persons suffering from pain, loss of mobility, or a disabling injury or disease. In concert with physicians or other specialists, physical therapists may use a variety of treatments, including heat, cold, electricity, traction, exercise, massage, joint mobilization, and ultrasound.

The regulation and licensing of physical therapists should be continued. The regulation and licensing of qualified professionals serve to protect the public's health, safety, and welfare by establishing minimum educational and examination requirements that provide reasonable assurance that persons licensed are qualified. Active investigation of complaints and revocation or suspension of licenses also provides assurance that licensees act in a competent manner.

The regulation helps to protect the public from the dangers of incompetent practice. The regulation examines applicants to determine their knowledge and fitness to practice physical therapy. The Director has the authority to investigate complaints and remove physical therapists from practice based on misconduct.

The program has established regulations governing its duties and licensure requirements, enforced the laws for issuing licenses in a uniform and consistent manner, held advisory committee meetings, and administered examinations in accordance with statutory requirements.

Recommendation 1a: Continue the Regulation of Physical Therapists and Establish a New Sunset Date of 2012.

Recommendation 1b: Retain the Director Model of Administering the Regulation of Physical Therapists.

Recommendation 1c: Compensate Advisory Committee Members per the Uniform Per Diem and Compensation Act (§24-34-102 (13), C.R.S.).

Since July 1, 1986, physical therapy has been regulated by the Director of the Division of Registrations. The Director is authorized to convene an advisory committee to assist in regulatory matters. This model has successfully employed the use of physical therapists to review professional practice standards assuring that expertise is applied to regulatory decisions. This structure allows physical therapy professionals to address the technical and ethical issues relating to regulations, licensure, and discipline of the profession.

Although there are many physical therapists who would like to see the return of a board, DORA does not find that there is a need to create one. The Division Director's office is able to expeditiously carry out the duties required by the law. The Division staff processes routine licensing matters and the Director decides non-routine matters with advisement from the Advisory Committee.

An evaluation was performed to determine the consistency and effectiveness of the Director model of regulation regarding disciplinary actions against physical therapists. DORA analyzed all cases reviewed by the Advisory Committee. Complaints received by the Division regarding substandard care, failure to document records adequately, and failure to supervise unlicensed persons were referred to the Advisory Committee. Final disciplinary actions imposed against physical therapists were compared with recommendations made to the Director by the Advisory Committee. Findings, as detailed in Appendix C indicate that of the complaints reviewed by the Advisory Committee from 1997 to 1999, there were only two occurrences where there was disagreement between the Director's final decision and the Advisory Committee's recommendation. On one occasion, the Advisory Committee was split as to dismissal or discipline and the Director dismissed the incident. During the other occasion, the Advisory Committee recommended dismissal and the Director referred the case to the Attorney General that subsequently resulted in a stipulation.

Regarding Recommendation 1c to compensate Advisory Committee members, currently, both the Barber/Cosmetology Advisory Committee and the Nurse Aides Advisory Committee members receive per diem. The Physical Therapy Advisory Committee should be compensated in the same manner as other advisory committees in the Department of Regulatory Agencies.

Recommendation 2: Amend §12-41-113, C.R.S., by Discontinuing the Issuance of Letters of Acknowledgment to Physical Therapist Assistants

There is currently a process by which the Director recognizes an individual as having education that is equivalent to that of a graduate of a physical therapist assistant program. This creates a nebulous category of individuals who do not need onsite supervision. However, there is no mechanism by which the Director can rescind the acknowledgment or discipline the individual.

As evidenced by the table in Appendix C, there are several different types of education that qualify for this acknowledgment. Individuals granted this status are persons educated at the physical therapist level who were unsuccessful on the licensure examination; persons having graduated from an accredited PTA school and passed the national examination; applicants who have one course to complete before receiving their degree in physical therapy, persons licensed in another state or country, and individuals completing a physical therapist assistant program from the U.S. Army.

Possession of a letter of acknowledgement is not mandatory to practice as a PTA in Colorado. In addition, those individuals acknowledged possess variant degrees of education. This acknowledgement may present a false sense of regulation of this profession. It is an unnecessary Division task that does not serve a public protection purpose. This recommendation brings clarity and uniformity to the definition of physical therapist assistant.

The amended language should read as follows:

*A physical therapist may utilize the services of not more than three unlicensed individuals to assist in that therapist's practice. Such individuals.....For purposes of this subsection (1) a "physical therapist assistant" means a person who has successfully completed a CAPTE **program or is qualified to take the physical therapy examination.***

Recommendation 3: Amend §12-41-124, C.R.S., that Describes the Requirements for the Corporate Practice of Physical Therapists.

The current statute was modeled after the corporate practice section of the Medical Practice Act and has little relevance for the actual practice of physical therapy. Section 12-41-124, C.R.S., requires that the corporation be organized solely for the purposes of practicing physical therapy and that all shareholders of the corporation be licensed to practice physical therapy. However, the physical therapy profession has never been one where its licensees all practice independently. Licensees may be employees of hospitals, other health care agencies, or practice in a clinic with occupational therapists and speech

pathologists. This section is at total variance with the reality of practice. This recommendation is designed to permit licensed professionals to obtain the advantages associated with corporate practice, while maintaining professional control over professional decisions.

Recommendation 4: Amend §12-41-104, C.R.S., to Include Protection of the Term Physical Therapy.

The following language is recommended to protect the term 'physical therapy' from being used unless care is provided or supervised by a licensed physical therapist.

It is unlawful for any person to utilize in connection with a business name or activity the words physical therapy, or similar words and their related abbreviations which imply directly or indirectly that physical therapy services are being provided, unless such services are provided by a licensed physical therapist.

Currently, professions other than physical therapists advertise in Colorado in the U.S. West Yellow Pages that they offer physical therapy or physiotherapy. A review of the various Yellow Pages revealed that massage therapists, rehabilitative specialists, podiatric physicians, and especially chiropractors offer physical therapy. Quite often, there is no licensed physical therapist on staff. Because the Colorado Physical Therapy Practice Act does not protect the term "physical therapy", this practice is legal in Colorado.

The Office of the Colorado Attorney General submitted an informal opinion with respect to the Physical Therapy Practice Act and whether various health care practitioners can use the term physical therapy in advertising. After reviewing the state statutory language, the conclusion was that individuals who are licensed in the healing arts, if that particular scope of practice includes, either in whole or in part, the practice of physical therapy, may advertise that they provide physical therapy. While these individuals can not hold themselves out as licensed physical therapists, they can still advertise that they practice physical therapy.

While there is indeed some overlap in the procedures used by chiropractors, massage therapists, athletic trainers, and rehabilitative specialists as those used by physical therapists; the difference between the two professional groups insofar as the services that they are licensed to perform are substantial. The State of Colorado regulates the practice of physical therapy as a separate profession and the term physical therapy should not be merely a generic term for physical treatment. It misleads the public when many other professions advertise that they offer physical therapy, especially because the advertisements do not indicate the limited scope of therapy they may offer.

The current statute is inconsistent when referring to permissive use of the term “physical therapy.” Section 12-41-104, C.R.S. – Use of Titles Restricted, does not include the term “physical therapy.” However, §12-41-121, C.R.S. – Unlawful Acts – Criminal Penalties authorizes prosecution by either a district attorney or the attorney general for advertising, representing, or holding oneself out to practice physical therapy unless licensed under the Physical Therapy Practice Act. Therefore, this recommendation to protect the term “physical therapy” removes the ambiguity in this Act.

By allowing other professions to advertise that they perform physical therapy, the public is misled into believing that these individuals are actually licensed and able to perform the full range of such therapy. Therefore, it is inappropriate to permit the use of the term physical therapy by persons not licensed as physical therapists.

Recommendation 5: Delete the Provision in §12-41,108, C.R.S., that Provides for a Temporary Permit and Provision §12-41-110, C.R.S., that Provides for a Temporary License

The Director of the Division of Registrations may issue a temporary permit to allow applicants to practice physical therapy until they receive results of the written examination. In addition, the Director may issue temporary licenses to applicants who are applying for licensure by endorsement. Both temporary permits and licenses are issued for a four month period.

Historically, one of the major issues that has influenced the Physical Therapy Practice Act was the shortage of physical therapists in the Colorado labor force to meet the demands of those who wished to employ them. The Legislative Declaration of the Act specifically states that “the general assembly further finds and declares that there is a shortage of physical therapists in the state which must be overcome to protect the health and well-being of the people of Colorado. Such a significant undersupply of physical therapists was well-documented by the Colorado Department of Labor and Employment labor force data of July 1989.

However, today’s conditions have changed and there is not a shortage of physical therapists in Colorado. The Colorado Department of Labor and Employment reports in their publication, *Occupational Supply/Demand Report July 1998 – June 1999*, that there is a significant oversupply of applicants to openings in the field of physical therapy.

The issuance of a temporary license was predicated on the shortage of physical therapists in this state. This shortage created a need to expedite the licensing process to satisfy the demand for qualified physical therapists. A review of other health care practice acts reveals that nurses, physicians, and chiropractors may be granted a temporary license. There is currently a nursing shortage in Colorado that may warrant the issuance of a temporary license. In the case of physicians, a temporary one-year license may be issued to persons serving as a full-time member of an academic faculty, providing medical services at the Olympic Training Center in Colorado Springs, or providing medical services to patients of Shriners’ hospitals for children. Likewise, chiropractors may be issued temporary licenses to provide chiropractic services at the Olympic Training Center in Colorado Springs.

Before the national physical therapy licensing examination was computerized, it was given only in March, July, and November. The computerized examination is currently given 5 days a week. In general, from the date of initial application to DORA to the authorization to schedule an examination is a three week time frame. A student is guaranteed an examination date within 30 days of the initial request. The examination results are reported to DORA weekly. Once DORA receives information that the individual has successfully completed the examination, a license is issued within three days.

For those individuals who have applied for licensure by endorsement and have submitted the required credentials, a license is issued within a few business days. Since there is no longer a shortage of physical therapists, adequate time is available to check credentials without endangering the supply of care providers.

Occupational licensing is generally based upon successful completion of education, examination, and experience. Absent a labor shortage, the State of Colorado should exercise its regulatory authority for granting a license.

Recommendation 6: Amend §12-41-113(3), C.R.S., by deleting the section that reads “at the discretion of the physician, may perform such debridement without the direct and immediate supervision of the physician.”

Wound debridement procedures are performed in hospitals and at other locations such as in-home care and nursing homes. Wound debridement entails removing dead tissue at a wound site to promote healing. It usually decreases the chance of infection. While all wound debridement procedures by a physical therapist require authorization from a physician, the physician rarely attends the debridement. The current law assumes that the physician will directly supervise all wound debridements except where specifically noted to the contrary. This recommendation does not preclude the physician from providing direct and immediate supervision during the procedure. Rather, it requires the physician to explicitly state in the order that direct supervision is required.

Recommendation 7: Clarify the Educational Requirements for Foreign-Trained Applicants for Licensing by Examination in §12-41-111, C.R.S.

The current statute is vague when referring to the educational requirements of foreign-trained applicants. It only states that a foreign-trained applicant must have received education and training in physical therapy. DORA recommends that the requirements for education specify that it be substantially equivalent to professional education/curriculum offered at accredited physical therapy programs in the United States. For example, the Director through the rule-making process may require that one or more curriculum evaluation services determine whether the applicant's credentials are substantially equivalent. This clarification will assure that the applicant will have completed an entire course of study in physical therapy.

Recommendation 8: Delete §12-41-102(2), C.R.S., Concerning the Shortage of Physical Therapists in the State.

Recommendation 5 discusses the changing employment climate for physical therapists in Colorado. There is no longer a shortage and therefore this section of the Legislative Declaration should be deleted.

Recommendation 9: The General Assembly Should Delete §12-41-125(2)(e), C.R.S., the Requirement to Compile a List of Physical Therapists Currently Licensed in Colorado.

The Division presently maintains an updated, computerized listing of Colorado licensed physical therapists that is available to the public through the Colorado Public Records Act. Therefore, interested parties may contact the Division by phone or mail for information on physical therapists. A statutory requirement to publish and distribute a roster of licensees is unnecessary.

Recommendation 10: The General Assembly Should Delete §12-41-125(2)(g), C.R.S., the Requirement to Prepare and Submit to the General Assembly an Annual Report of the Physical Therapy Program.

This requirement is archaic and there are other mechanisms by which the Division of Registrations transmits information regarding the Physical Therapy Program to the General Assembly.

Recommendation 11: The General Assembly Should Amend §12-41-114, C.R.S. (Scope of Article-Exclusions), to Include the Practice of a Physical Therapist Employed by the United States Government.

This recommendation will make the statute commensurate with other health care professions. This authorizes the federal government to relocate physical therapists to Colorado in the event of emergency situations.

The new subsection should read:

(i) The practice of any physical therapist licensed in this state or another state or a territory of the United States who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of one's official duties.

Recommendation 12: Update and Delete Obsolete Statutory Language.

Several references in the Physical Therapy Practice Act are obsolete. The following recommendations clarify and update the current statute.

A. Delete §12-41-107 (2) (b), C.R.S., – Requirements for Giving the National Examination.

The examination is currently given on computer and may be taken by an applicant five days a week. There is no longer a need for the twice a year requirement.

B. Revise §12-41-112 (2), C.R.S., to Delete Redundancy. The New Language Would Read: a Licensee Shall be Required to Renew the License Issued Under This Article According to a Schedule of Renewal Dates to be Established by the Director.

The requirements for renewal dates are addressed in §12-41-112 (1), C.R.S.

C. Delete the Term “Registration and Registered” Throughout the Statute When Referring to Physical Therapists and Delete §12-41-129, C.R.S.

Physical therapists have not been “registered” since 1986 when the term was changed to “licensed.”

Appendix A - Sunset Statutory Evaluation

- (I) Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- (II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- (III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- (IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- (V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- (VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- (VII) Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- (VIII) Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action; and
- (IX) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

Appendix B - Physical Therapist Statute

ARTICLE 41

Physical Therapists

- 12-41-101. Short title.
- 12-41-102. Legislative declaration.
- 12-41-103. Definitions.
- 12-41-104. Use of titles restricted.
- 12-41-105. Limitations on authority.
- 12-41-106. License required.
- 12-41-107. Licensure by examination.
- 12-41-108. Temporary permit.
- 12-41-109. Licensure by endorsement.
- 12-41-110. Temporary license.
- 12-41-111. Licensing of foreign trained applicants.
- 12-41-112. Expiration and renewal of licenses.
- 12-41-113. Special practice authorities and requirements.
- 12-41-114. Scope of article - exclusions.
- 12-41-115. Grounds for disciplinary action.
- 12-41-116. Disciplinary actions.
- 12-41-117. Disciplinary proceedings - investigations - judicial review.
- 12-41-118. Mental and physical examination of licensees.
- 12-41-119. Professional review committees - immunity.
- 12-41-120. Reports by insurance companies.
- 12-41-121. Unlawful acts - criminal penalties.
- 12-41-122. Violation - fines.
- 12-41-123. Injunctive proceedings.
- 12-41-124. Professional service corporations, limited liability companies, and registered limited liability partnerships for the practice of physical therapy - definitions.
- 12-41-125. Powers and duties of director - reports - publications.
- 12-41-126. Advisory committee.
- 12-41-127. Limitation on authority.
- 12-41-128. Fees and expenses.
- 12-41-129. Physical therapists - registered prior to July 1, 1991.
- 12-41-130. Repeal of article.

12-41-101. Short title. This article shall be known and may be cited as the "Physical Therapy Practice Act".

12-41-102. Legislative declaration. (1) The general assembly hereby finds and declares that the practice of physical therapy by any person who does not possess a valid license issued under the provisions of this article is inimical to the general public welfare. It is not, however, the intent of this article to restrict the practice of any person duly licensed under other laws of this state from practicing within such person's scope of competency and authority under such laws.

(2) The general assembly further finds and declares that there is a shortage of physical therapists in the state which must be overcome to protect the health and well-being of the people of Colorado.

12-41-103. Definitions. As used in this article, unless the context otherwise requires:

(1) "Accredited physical therapy program" means a program of instruction in physical therapy which is accredited as set forth in section 12-41-107 (1) (a) (II).

(2) "Director" means the director of the division of registrations in the department of regulatory agencies.

(3) "Executive director" means the executive director of the department of regulatory agencies.

(4) Repealed.

(5) "Physical therapist" means a person who is licensed to practice physical therapy. The terms "physiotherapist" and "physical therapy technician" are synonymous with the term "physical therapist".

(6) (a) (I) "Physical therapy" means the examination, treatment, or instruction of human beings to detect, assess, prevent, correct, alleviate, or limit physical disability, movement dysfunction, bodily malfunction, or pain from injury, disease, and other bodily conditions.

(II) For purposes of this article "physical therapy" includes:

(A) The administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;

(B) The planning, administration, evaluation, and modification of treatment and instruction;

(C) The use of physical agents, measures, activities, and devices for preventive and therapeutic purposes, subject to the requirements of section 12-41-113;

(D) The administration of topical and aerosol medications consistent with the scope of physical therapy practice subject to the requirements of section 12-41-113; and

(E) The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, movement dysfunction, bodily malfunction, and pain.

(b) For the purposes of subparagraph (II) of paragraph (a) of this subsection (6):

(I) "Physical agents" includes, but is not limited to, heat, cold, water, air, sound, light, compression, electricity, and electromagnetic energy.

(II) (A) "Physical measures, activities, and devices" includes, but is not limited to, resistive, active, and passive exercise, with or without devices; joint mobilization; mechanical stimulation; biofeedback; postural drainage; traction; positioning; massage; splinting; training in locomotion; other functional activities, with or without assistive devices; and correction of posture, body mechanics, and gait.

(B) "Biofeedback", as used in this subparagraph (II), means the use of monitoring instruments by a physical therapist to detect and amplify internal physiological processes for the purpose of neuromuscular rehabilitation.

(III) "Tests and measurements" includes, but is not limited to, tests of muscle strength, force, endurance, and tone; reflexes and automatic reactions; movement skill and accuracy; joint motion, mobility, and stability; sensation and perception; peripheral nerve integrity; locomotor skill, stability, and endurance; activities of daily living; cardiac, pulmonary, and vascular functions; fit, function, and comfort of prosthetic, orthotic, and other assistive devices; posture and body mechanics; limb length, circumference, and volume; thoracic excursion and breathing patterns; vital signs; nature and locus of pain and conditions under which pain varies; photosensitivity; and physical home and work environments.

12-41-104. Use of titles restricted. A person licensed as a physical therapist may use the title "physical therapist" or the letters "P.T." or any other generally accepted terms, letters, or figures which indicate that the person is a physical therapist. No other person shall be so designated or shall use the terms "physical therapist", "licensed physical therapist", "physiotherapist", or "physical therapy technician", or the letters "P.T." or "L.P.T.".

12-41-105. Limitations on authority. (1) Nothing in this article shall be construed as authorizing a physical therapist to perform any of the following acts:

(a) Practice of medicine, surgery, or any other form of healing except as authorized by the provisions of this article; or

(b) Use of roentgen rays and radioactive materials for therapeutic purposes; the use of electricity for surgical purposes or lifesaving measures; or the diagnosis of disease.

12-41-106. License required. Except as otherwise provided by this article, any person who practices physical therapy or who represents oneself as being able to practice physical therapy in this state must possess a valid license issued by the director in accordance with this article and any rules and regulations adopted under this article.

12-41-107. Licensure by examination. (1) Every applicant for a license by examination shall:

(a) Successfully complete a physical therapy program:

(I) Which is accredited by a nationally recognized accrediting agency;
or

(II) Which the director, after consultation with the advisory committee created in section 12-41-126, has determined to be substantially equivalent. It is the intent of the general assembly that such determination be liberally construed to ensure qualified applicants seeking licensure under this article the right to take the qualifying examination authorized under this article. It is not the intent of the general assembly that technical barriers be used to deny such applicants the right to take such examination.

(b) Pass a written examination administered by the director in accordance with subsection (2) of this section;

(c) Submit an application in the form and manner designated by the director; and

(d) Pay a fee in an amount determined by the director.

(2) (a) The director shall prepare and develop or acquire the examination required for licensing. In developing or acquiring such examination, the director or the director's designee is authorized to consult with persons or organizations knowledgeable in the requirements necessary for minimal competency in the practice of physical therapy.

(b) The examination shall be held within the state at least twice a year and at such other times and places as the director shall determine.

(c) The director shall determine the passing score to reflect a standard of minimum competency for the practice of physical therapy.

(d) The director may refuse to examine an applicant if the application is incomplete, if it indicates that the applicant is not qualified to sit for the examination, or if the applicant has committed any act which would be grounds for disciplinary action under section 12-41-115.

(e) Written notice stating whether the applicant passed or failed the examination shall be mailed to each applicant who takes the examination.

(3) When the applicant has fulfilled all the requirements of subsection (1) of this section, the director shall issue a license to the applicant; except that the director may deny such license if the applicant has committed any act which would be grounds for disciplinary action under section 12-41-115.

12-41-108. Temporary permit. (1) The director may issue a temporary permit to an applicant who has fulfilled the requirements of section 12-41-107 (1) (a), (1) (c), and (1) (d) or section 12-41-111 (1) (a), (1) (b), (1) (d), and (1) (e) if:

(a) The director determines that the applicant is qualified to take the examination pursuant to section 12-41-107; and

(b) The applicant agrees to engage in the practice of physical therapy only under the personal and responsible supervision and direction of a physical therapist.

(2) The temporary permit authorizes the applicant to perform physical therapy under the personal and responsible supervision and direction of a physical therapist.

(3) Such temporary permit shall be valid from the date of its issuance until the publication of the results of the examination for which the applicant is scheduled to sit.

(4) A temporary permit shall not be renewed.

(5) The director may revoke a temporary permit if the applicant has committed any act which would be grounds for disciplinary action under section 12-41-115.

12-41-109. Licensure by endorsement. (1) An applicant for licensure by endorsement shall:

(a) Possess an active, valid license in good standing from another state or territory of the United States;

(b) Submit an application in the form and manner designated by the director; and

(c) Pay a fee in an amount determined by the director.

(2) Upon receipt of all documents required by subsection (1) of this section, the director shall review the application and make a determination of the applicant's qualification to be licensed by endorsement.

(3) The director shall issue a license if the applicant fulfills the requirements of subsection (1) of this section and meets any one of the following qualifying standards enumerated in paragraphs (a) to (c) of this subsection (3):

(a) The applicant graduated from an accredited program within the past two years and passed an examination substantially equivalent to that specified in section 12-41-107 (2);

(b) The applicant has practiced as a registered or licensed physical therapist for at least two of the five years immediately preceding the date of the application;

(c) The applicant has not practiced as a registered or licensed physical therapist at least two of the last five years immediately preceding the date of the application and either:

(I) The applicant passed an examination in another jurisdiction, which examination is substantially equivalent to that specified in section 12-41-107 (2) and has demonstrated competency through successful completion of an internship which fulfills the requirements established by rules and regulations of the director; or

(II) The applicant did not pass an examination substantially equivalent to that specified in section 12-41-107 (2). Such an applicant must take and pass the examination specified in section 12-41-107 (2) and complete an internship which fulfills the requirements established by rules and regulations of the director.

(4) The director shall notify the applicant, in writing, of the denial or approval of the application.

(5) The director may deny such license if the applicant has committed any act which would be grounds for disciplinary action under section 12-41-115.

12-41-110. Temporary license. (1) The director may issue a temporary license to an applicant who has submitted an application and fee and presented evidence of an active, valid license in good standing as specified in section 12-41-109. Such temporary license shall be valid until the director issues a license to the applicant or denies the request for licensure by endorsement, but, in any case, such license shall not be valid for longer than four months.

(2) The director may deny the request for such temporary license or revoke such temporary license if the applicant has committed any act which would be grounds for disciplinary action under section 12-41-115.

(3) The temporary license authorizes the applicant to practice physical therapy only during the period such temporary license is valid.

12-41-111. Licensing of foreign trained applicants. (1) Every foreign-trained applicant for licensing by examination shall:

(a) Have received education and training in physical therapy;

(b) Possess an active, valid license in good standing or other authorization to practice physical therapy from an appropriate authority in the country where the foreign-trained applicant is practicing or has practiced;

(c) Pass a written examination administered by the director in accordance with section 12-41-107 (2);

(d) Submit an application in the form and manner designated by the director; and

(e) Pay an application fee in an amount determined by the director.

(2) When the director has verified the credentials and documents required to be submitted by the foreign-trained applicant pursuant to paragraphs (a), (b), (d), and (e) of subsection (1) of this section, he shall qualify such applicant to take the examination required in paragraph (c) of subsection (1) of this section.

(3) When the applicant has fulfilled all requirements of subsection (1) of this section, the director shall issue a license to the applicant; except that the director may deny the application if the applicant has committed any act which would be grounds for disciplinary action under section 12-41-115.

12-41-112. Expiration and renewal of licenses. (1) Licenses issued pursuant to sections 12-41-107, 12-41-109, and 12-41-111 shall be valid for a period not to exceed three years. Such period shall be established by the director. The executive director of the department of regulatory agencies, upon the recommendation of the director, may change the period of validity of any such license.

(2) A licensee shall be required to renew the license issued under this article according to a schedule of renewal dates to be established by the director. Upon the recommendation of the director, the executive director may change the renewal date of any such license so that approximately the same number of licenses are scheduled for renewal in each month of the year.

(3) The applicant for renewal of any such license shall submit an application in the form and manner designated by the director and pay a renewal fee in an amount to be determined by the director.

(4) If any licensee fails to renew such license prior to its expiration date, the license shall automatically expire. A physical therapist formerly licensed or registered in this state may reinstate a license or registration which has expired. Such reinstatement shall only occur during the five year period following such license expiration. Reinstatement shall require the submission of an application in the form and manner designated by the director and the payment of a fee in an amount determined by the director.

(5) A physical therapist formerly licensed or registered in this state who practiced physical therapy for more than two years may reinstate a license or convert an expired registration to a license if such license or registration expired more than five years prior to the application date by demonstrating competency in the practice of physical therapy to the director or by successfully completing an internship as required by the director. The director may also require such former licensee or registered physical therapist to take the examination administered pursuant to section 12-41-107 (2).

12-41-113. Special practice authorities and requirements. (1) Utilization of unlicensed persons. A physical therapist may utilize the services of not more than three unlicensed individuals to assist in that therapist's practice. Such individuals shall at all times be under the direct supervision of the physical therapist unless such individuals are physical therapist assistants who shall be under responsible direction and supervision of the physical therapist. For purposes of this subsection (1) a "physical therapist assistant" means a person who has successfully completed a physical therapist assistant program that has been approved by the director. For purposes of this subsection (1), "direct supervision" shall mean supervision which is on the premises where any such unlicensed individuals are practicing.

(2) Administration of medications. Physical therapists may administer topical and aerosol medications when they are consistent with the scope of physical therapy practice and when any such medication is prescribed by a licensed health care practitioner who is authorized to prescribe such medication. A prescription or order shall be required for each such administration.

(3) Wound debridement. A physical therapist is authorized to perform wound debridement under a physician's order when such debridement is consistent with the scope of physical therapy practice and, at the discretion of the physician, may perform such debridement without the direct and immediate supervision of the physician. The performance of such wound debridement shall not be deemed to violate the prohibition against performing surgery pursuant to section 12-41-105 (1) (a).

12-41-114. Scope of article - exclusions. (1) Nothing contained in this article shall prohibit:

(a) The practice of physical therapy by students enrolled in an accredited physical therapy program and performing under the direction and immediate supervision of a physical therapist currently licensed in this state;

(b) Any person who has successfully completed an accredited physical therapy program within twelve months prior to filing an application with the director for licensure to practice physical therapy and who has paid the required fees for practicing physical therapy under the personal and responsible direction and supervision of a licensed physical therapist between the date of the filing of such application and the publication of the results of the next examination;

(c) The practice of physical therapy in this state by any legally qualified physical therapist from another state or country whose employment requires such physical therapist to accompany and care for a patient temporarily residing in this state, but such physical therapist shall not provide physical therapy services for any other individuals nor shall such person represent or hold himself out as a physical therapist licensed to practice in this state;

(d) The administration of massage, external baths, or exercise that is not a part of a physical therapy regimen;

(e) Any person registered, certified, or licensed in this state under any other law from engaging in the practice for which such person is registered, certified, or licensed;

(f) The practice of physical therapy in this state by any legally qualified physical therapist from another state or country when providing services in the absence of a physical therapist licensed in this state, so long as said unlicensed physical therapist is acting in accordance with rules and regulations established by the director. Such unlicensed practice shall not be of more than four weeks' duration, and no person shall be authorized by the director to undertake such practice more than once in any twelve-month period.

(g) The practice of physical therapy in this state by any legally qualified physical therapist from another state or country for the purpose of participating in an educational program of not more than six weeks' duration. Prior notice of intent to participate shall be given to the director and is subject to the director's approval. Upon written application by the participant, an extension may be granted by the director.

(h) The provision of physical therapy services in this state by any individual from another country who is engaged in a physical therapy related educational program if said program is sponsored by an institution, agency, or individual approved by the director, if said program is under the direction and supervision of a physical therapist licensed in this state and if said program does not exceed twelve consecutive months' duration without the specific approval of the director.

12-41-115. Grounds for disciplinary action. (1) The director is authorized to take disciplinary action in accordance with section 12-41-116 if the licensee has:

(a) Committed any act which does not meet generally accepted standards of physical therapy practice or failed to perform an act necessary to meet generally accepted standards of physical therapy practice;

(b) Engaged in a sexual act with a patient while a patient-physical therapist relationship exists. For the purposes of this paragraph (b), "patient-physical therapist relationship" means that period of time beginning with the initial evaluation through the termination of treatment. For the purposes of this paragraph (b), "sexual act" means sexual contact, sexual intrusion, or sexual penetration as defined in section 18-3-401, C.R.S.

(c) Failed to refer a patient to the appropriate licensed health care practitioner when the services required by the patient are beyond the level of competence of the physical therapist or beyond the scope of physical therapy practice;

(d) Abandoned a patient by any means, including but not limited to failure to provide a referral to another physical therapist or to other appropriate health care practitioners when the provision of such referral was necessary to meet generally accepted standards of physical therapy care;

(e) Failed to provide adequate or proper supervision when utilizing unlicensed persons in a physical therapy practice;

(f) Failed to make essential entries on patient records or falsified or made incorrect entries of an essential nature on patient records;

(g) Engaged in any of the following activities and practices: Ordering or performance, without clinical justification, of demonstrably unnecessary laboratory tests or studies; the administration, without clinical justification, of treatment which is demonstrably unnecessary; or ordering or performing, without clinical justification, any service, X-ray, or treatment which is contrary to recognized standards of the practice of physical therapy as interpreted by the director;

(h) (I) Committed abuse of health insurance as set forth in section 18-13-119 (3), C.R.S.; or

(II) Advertised through newspapers, magazines, circulars, direct mail, directories, radio, television, or otherwise that the licensee will perform any act prohibited by section 18-13-119 (3), C.R.S.;

(i) Committed a fraudulent insurance act, as defined in section 10-1-127, C.R.S.;

(j) Offered, given, or received commissions, rebates, or other forms of remuneration for the referral of clients. Notwithstanding this provision, a licensee may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on his behalf by such agent, including compensation for referrals of clients identified through such services on a per client basis.

(k) Falsified information in any application or attempted to obtain or obtained a license, temporary permit, or temporary license by fraud, deception, or misrepresentation;

(l) A dependence on or addiction to alcohol or any habit forming drug, as defined in section 12-22-102 (13), or abuses or engages in the habitual or excessive use of any such habit forming drug or any controlled substance, as defined in section 12-22-303 (7);

(m) A physical or mental condition or disability which renders such licensee unable to treat patients with reasonable skill and safety or which may endanger the health or safety of persons under the licensee's care;

(n) Refused to submit to a physical or mental examination when so ordered by the director pursuant to section 12-41-118;

(o) Failed to notify the director, in writing, of the entry of a final judgment by a court of competent jurisdiction in favor of any party and against the licensee for malpractice of physical therapy or any settlement by the licensee in response to charges or allegations of malpractice of physical therapy. Such notice shall be given within ninety days of the entry of such judgment or such settlement and, in the case of a judgment, shall contain the name of the court, the case number, and the names of all parties to the action.

(p) Violated or aided or abetted a violation of any provision of this article, any rule or regulation adopted under this article, or any lawful order of the director; or

(q) Been convicted of a felony or pled guilty or nolo contendere to a felony or committed any act specified in section 12-41-121. A certified copy of the judgment of a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea. In considering the disciplinary action, the director shall be governed by the provisions of section 24-5-101, C.R.S.

12-41-116. Disciplinary actions. (1) (a) The director, pursuant to the provisions of article 4 of title 24, C.R.S., may issue letters of admonition, or may deny, refuse to renew, suspend, or revoke any license, temporary permit, or temporary license, may place a licensee on probation, or may impose public censure or a fine, if, after notice and hearing, the director or his designee determines that the licensee or permittee has committed any of the acts specified in section 12-41-115.

(b) The denial of an application to renew an existing license shall be treated in all respects as a revocation. If an application to renew a license is denied, the applicant, within sixty days after the date of the notice of such action, may request a hearing as provided in section 24-4-105, C.R.S.

(c) The director may take disciplinary action on an emergency basis as provided in section 24-4-105, C.R.S.

(2) When a complaint or an investigation discloses an instance of misconduct by a licensee which, in the opinion of the director, does not warrant formal action but which should not be dismissed as being without merit, the director may issue a letter of admonition to be sent by certified mail to such licensee with a copy thereof to the person making the complaint. When such a letter of admonition is issued, the licensee shall be advised that such licensee has the right to request in writing, within twenty days after proven receipt of the letter, that formal disciplinary proceedings be initiated to adjudicate the propriety of the conduct upon which the letter of admonition is based. If such request is timely made, the letter of admonition shall be deemed vacated, and the matter shall be processed by means of formal disciplinary proceedings.

(3) In any disciplinary order which allows a physical therapist to continue to practice, the director may impose upon the licensee such conditions as the director deems appropriate to ensure that the physical therapist is physically, mentally, and professionally qualified to practice physical therapy in accordance with generally accepted professional standards. Such conditions may include any or all of the following:

(a) Examination of the physical therapist to determine his mental or physical condition, as provided in section 12-41-118, or to determine professional qualifications;

(b) Any therapy, training, or education which the director believes to be necessary to correct deficiencies found either pursuant to a proceeding in compliance with section 24-34-106, C.R.S., or through an examination pursuant to paragraph (a) of this subsection (3);

(c) Any review or supervision of a licensee's practice which the director finds necessary to identify and correct deficiencies therein;

(d) Restrictions upon the nature and scope of practice to ensure that the licensee does not practice beyond the limits of such licensee's capabilities.

(4) The director may take disciplinary action against a physical therapist for failure to comply with any of the conditions imposed by the director pursuant to subsection (3) of this section.

12-41-117. Disciplinary proceedings - investigations - judicial review. (1) The director may commence a proceeding for the discipline of a licensee when the director has reasonable grounds to believe that a licensee has committed an act enumerated in section 12-41-115.

(2) In any proceeding held under this section, the director may accept as prima facie evidence of grounds for disciplinary action any disciplinary action taken against a licensee from another jurisdiction if the violation which prompted the disciplinary action in that jurisdiction would be grounds for disciplinary action under this article.

(3) (a) The director may investigate potential grounds for disciplinary action upon his own motion or when such director is informed of dismissal of any person licensed pursuant to this article if such dismissal was for a matter which would constitute a violation of this article.

(b) Any person who supervises a physical therapist shall report to the director when such physical therapist has been dismissed because of incompetence in physical therapy or failure to comply with this article. Any physical therapist who is aware that another physical therapist is violating any of the provisions of this article shall report such violation to the director.

(4) The director may compel the attendance of witnesses and the production of books, patient records, papers, and other pertinent documents at any proceeding authorized under this article by subpoenas issued by the director, which shall be served in the manner provided by the Colorado rules of civil procedure.

(5) In order to aid the director in any hearing or investigation instituted pursuant to this section, the director shall have the power to issue subpoenas compelling production of copies of any records of patients or the physical therapist containing information relevant to the hearing or investigation.

(6) The director may keep any investigation authorized under this article closed until the results of such investigation are known and either the complaint is dismissed or notice of hearing and charges are served upon the licensee.

(7) Any person participating in good faith in the making of a complaint or report or participating in any investigative or administrative proceeding pursuant to this section shall be immune from any liability, civil or criminal, that otherwise might result by reason of such action.

(8) The director, through the department of regulatory agencies, may employ administrative law judges appointed pursuant to part 10 of article 30 of title 24, C.R.S., on a full-time or part-time basis, to conduct hearings as provided by this article or on any matter within the director's jurisdiction upon such conditions and terms as such director may determine.

(9) Final action of the director may be judicially reviewed by the court of appeals by appropriate proceedings under section 24-4-106 (11), C.R.S., and judicial proceedings for the enforcement of an order of the director may be instituted in accordance with section 24-4-106, C.R.S.

12-41-118. Mental and physical examination of licensees. (1) If the director has reasonable cause to believe that a licensee is unable to practice with reasonable skill and safety, the director may require such person to take a mental or physical examination by a physician designated by said director. If such licensee refuses to undergo such a mental or physical examination, unless due to circumstances beyond the licensee's control, the director may suspend such licensee's license until the results of any such examination are known, and the director has made a determination of the licensee's fitness to practice. The director shall proceed with any such order for examination and such determination in a timely manner.

(2) An order to a licensee pursuant to subsection (1) of this section to undergo a mental or physical examination shall contain the basis of the director's reasonable cause to believe that the licensee is unable to practice with reasonable skill and safety. For the purposes of any disciplinary proceeding authorized under this article, the licensee shall be deemed to have waived all objections to the admissibility of the examining physician's testimony or examination reports on the ground that they are privileged communications.

(3) The licensee may submit to the director testimony or examination reports from a physician chosen by such licensee and pertaining to any condition which the director has alleged may preclude the licensee from practicing with reasonable skill and safety. These may be considered by the director in conjunction with, but not in lieu of, testimony and examination reports of the physician designated by the director.

(4) The results of any mental or physical examination ordered by the director shall not be used as evidence in any proceeding other than one before the director and shall not be deemed public records nor made available to the public.

12-41-119. Professional review committees - immunity. (1) A professional review committee may be established pursuant to this section to investigate the quality of care being given by a person licensed under this article. It shall include in its membership at least three persons licensed under this article, but such committee may be authorized to act only by:

(a) The director;

(b) A society or an association of physical therapists whose membership includes not less than one-third of the persons licensed pursuant to this article and residing in this state if the licensee whose services are the subject of review is a member of such society or association; or

(c) A hospital licensed pursuant to part 1 of article 3 of title 25, C.R.S., or certified pursuant to section 25-1-107 (1) (I) (II), C.R.S.; except that the professional review committee shall include in its membership at least a two-thirds majority of persons licensed under this article. Such review committee may function under the quality management provisions of section 25-3-109, C.R.S.

(2) Any professional review committee established pursuant to subsection (1) of this section shall report to the director any adverse findings that would constitute a possible violation of this article.

(3) The director, any member of a professional review committee authorized by the director or authorized pursuant to paragraph (b) of subsection (1) of this section, and any witness appearing before the director or any such professional review committee shall be immune from suit in any civil action brought by a licensee who is the subject of a professional review proceeding under these conditions: The director, any such member, or such witness acts in good faith and within the scope of the professional review, makes a reasonable effort to obtain the facts of the matter as to which he acts, and acts in the reasonable belief that the action taken by him is warranted by the facts.

12-41-120. Reports by insurance companies. (1) (a) Each insurance company licensed to do business in this state and engaged in the writing of malpractice insurance for physical therapists shall send to the director information relating to any malpractice claim which involves a physical therapist and which is settled or in which judgment is rendered against the insured.

(b) In addition, the insurance company shall submit supplementary reports regarding the disposition of any such claim as it is disposed. This information shall be submitted to the director within ninety days of any settlement or judgment.

(2) Regardless of the disposition of any claim, said insurance company shall provide such information as the director finds reasonably necessary to conduct said director's own investigation and hearing.

12-41-121. Unlawful acts - criminal penalties. (1) It is unlawful and a violation of this article for any person, including but not limited to any individual, corporation, association, or partnership, to:

(a) Fraudulently obtain, furnish, or sell any physical therapy diploma, certificate, license, renewal of license, or record, or to aid or abet any such act;

(b) Advertise, represent, or hold oneself out, in any manner, as a physical therapist or to practice physical therapy unless licensed or otherwise authorized under this article;

(c) Use in connection with such person's name any designation tending to imply that such person is a physical therapist without being licensed under this article; or

(d) Practice physical therapy during the time such person's license is suspended or revoked.

(2) Any person who commits any act specified in subsection (1) of this section commits a class 3 misdemeanor and shall be punished as provided in section 18-1-106, C.R.S.

(3) It is necessary to prove in any prosecution under this article only a single act prohibited by this article including, but not limited to, a single holding out, without proving a general course of conduct, in order to constitute a violation.

(4) Such misdemeanor shall be prosecuted by the district attorney of the judicial district in which the offense is committed in the name of the people of the state of Colorado. If the district attorney does not prosecute the offense, the director may request the attorney general to prosecute said offense.

12-41-122. Violation - fines. (1) Notwithstanding the provisions of section 12-41-121, the director shall have authority to assess a fine for any violation of the provisions of this article or any rule or regulation adopted by the director under this article.

(2) Such fine shall not be greater than one thousand dollars and shall be transmitted to the state treasurer, who shall credit the same to the general fund.

(3) All fines shall be imposed in accordance with the provisions of section 24-4-105, C.R.S., but shall not be considered a substitute or waiver of the criminal penalties.

12-41-123. Injunctive proceedings. The director may, in the name of the people of the state of Colorado, through the attorney general of the state of Colorado, apply for an injunction in any court of competent jurisdiction to enjoin any person from committing any act declared to be a misdemeanor by this article. If it is established that the defendant has been or is committing an act declared to be a misdemeanor by this article, the court shall enter a decree perpetually enjoining said defendant from further committing such act. In case of violation of any injunction issued under the provisions of this section, the court may try and punish the offender for contempt of court. Such injunction proceedings shall be in addition to, and not in lieu of, all penalties and other remedies provided in this article.

12-41-124. Professional service corporations, limited liability companies, and registered limited liability partnerships for the practice of physical therapy - definitions. (1) Persons licensed to practice physical therapy by the director may form professional service corporations for the practice of physical therapy under the "Colorado Business Corporation Act", articles 101 to 117 of title 7, C.R.S., if such corporations are organized and operated in accordance with the provisions of this section. The articles of incorporation of such corporations shall contain provisions complying with the following requirements:

(a) The name of the corporation shall contain the words "professional company" or "professional corporation" or abbreviations thereof.

(b) The corporation shall be organized solely for the purposes of conducting the practice of physical therapy only through persons licensed by the director to practice physical therapy in the state of Colorado.

(c) The corporation may exercise the powers and privileges conferred upon corporations by the laws of Colorado only in furtherance of and subject to its corporate purpose.

(d) All shareholders of the corporation shall be persons licensed by the director to practice physical therapy in the state of Colorado and who at all times own their shares in their own right. They shall be individuals who, except for illness, accident, or time spent in the armed services, on vacations, or on leaves of absence not to exceed one year, are actively engaged in the practice of physical therapy in the offices of the corporation.

(e) Provisions shall be made requiring any shareholder who ceases to be or for any reason is ineligible to be a shareholder to dispose of all such shares forthwith, either to the corporation or to any person having the qualifications described in paragraph (d) of this subsection (1).

(f) The president shall be a shareholder and a director, and, to the extent possible, all other directors and officers shall be persons having the qualifications described in paragraph (d) of this subsection (1). Lay directors and officers shall not exercise any authority whatsoever over professional matters.

(g) The articles of incorporation shall provide, and all shareholders of the corporation shall agree, that all shareholders of the corporation shall be jointly and severally liable for all acts, errors, and omissions of the employees of the corporation or that all shareholders of the corporation shall be jointly and severally liable for all acts, errors, and omissions of the employees of the corporation except during periods of time when the corporation shall maintain in good standing professional liability insurance which shall meet the following minimum standards:

(l) The insurance shall insure the corporation against liability imposed upon the corporation by law for damages resulting from any claim made against the corporation arising out of the performance of professional services for others by those officers and employees of the corporation who are licensed by the director to practice physical therapy.

(II) Such policies shall insure the corporation against liability imposed upon it by law for damages arising out of the acts, errors, and omissions of all nonprofessional employees.

(III) The insurance policy may provide for an aggregate top limit of liability per year for all claims of one hundred fifty thousand dollars with a top limit of liability for all claims during the year of three hundred thousand dollars.

(IV) The policy may provide that it does not apply to: Any dishonest, fraudulent, criminal, or malicious act or omission of the insured corporation or any stockholder or employee thereof; the conduct of any business enterprise, as distinguished from the practice of physical therapy, in which the insured corporation under this section is not permitted to engage but which nevertheless may be owned by the insured corporation, or in which the insured corporation may be a partner, or which may be controlled, operated, or managed by the insured corporation in its own or in a fiduciary capacity, including the ownership, maintenance, or use of any property in connection therewith, when not resulting from breach of professional duty, bodily injury to, or sickness, disease, or death of any person, or to injury to or destruction of any tangible property, including the loss of use thereof; and the policy may contain reasonable provisions with respect to policy periods, territory, claims, conditions, and other usual matters.

(2) The corporation shall do nothing which, if done by a person licensed to practice physical therapy in the state of Colorado and employed by it, would constitute any ground for disciplinary action, as set forth in section 12-41-115. Any violation by the corporation of this section shall be grounds for the director to terminate or suspend its right to practice physical therapy.

(3) Nothing in this section shall be deemed to diminish or change the obligation of each person licensed to practice physical therapy employed by the corporation to conduct his practice in accordance with the standards of professional conduct provided for in this article and any rules and regulations adopted under this article. Any person licensed by the director to practice physical therapy who by act or omission causes the corporation to act or fail to act in a way which violates such standards of professional conduct, including any provision of this section, shall be deemed personally responsible for such act or omission and shall be subject to discipline therefor.

(4) A professional service corporation may adopt a pension, profit sharing (whether cash or deferred), health and accident insurance, or welfare plan for all or part of its employees, including lay employees, if such plan does not require or result in the sharing of specific or identifiable fees with lay employees and if any payments made to lay employees or into any such plan on behalf of lay employees are based upon their compensation or length of service, or both, rather than the amount of fees or income received.

(5) Except as provided in this section, corporations shall not practice physical therapy.

(6) As used in this section, unless the context otherwise requires:

(a) "Articles of incorporation" includes operating agreements of limited liability companies and partnership agreements of registered limited liability partnerships.

(b) "Corporation" includes a limited liability company organized under the "Colorado Limited Liability Company Act", article 80 of title 7, C.R.S., and a limited liability partnership registered under section 7-60-144 or 7-64-1002, C.R.S.

(c) "Director" and "officer" of a corporation includes a member and a manager of a limited liability company and a partner in a registered limited liability partnership.

(d) "Employees" includes employees, members, and managers of a limited liability company and employees and partners of a registered limited liability partnership.

(e) "Share" includes a member's rights in a limited liability company and a partner's rights in a registered limited liability partnership.

(f) "Shareholder" includes a member of a limited liability company and a partner in a registered limited liability partnership.

12-41-125. Powers and duties of director - reports - publications. (1) The director is authorized to administer and enforce the provisions of this article and any rules and regulations adopted under this article.

(2) In addition to any other powers and duties given the director by this article, the director shall have the following powers and duties:

(a) To evaluate the qualifications of applicants for licensure, administer examinations, issue and renew the licenses and permits authorized under this article, and to take the disciplinary actions authorized under this article;

(b) To adopt all reasonable and necessary rules and regulations for the administration and enforcement of this article, including, but not limited to, rules regarding the supervision of unlicensed persons by physical therapists taking into account the education and training of such unlicensed individuals;

(c) To conduct hearings upon charges for discipline of a licensee, issue subpoenas, compel attendance of witnesses, compel the production of books, records, papers, and documents, administer oaths to persons giving testimony at hearings, and cause the prosecution and enjoinder of all persons violating this article;

(d) To maintain a register listing the name of every physical therapist licensed to practice in this state, including the last-known place of business, last-known place of residence, and the license number of each licensee;

(e) At least once a year, to compile a list of physical therapists currently licensed to practice in this state, such list to be available to any person upon application to the director and the payment of such charge as may be fixed by said director;

(f) Subject to the provisions of section 12-41-128 and section 24-34-105, C.R.S., to establish fines, set fees, and make such expenditures as the director may deem necessary for the administration of the provisions of this article;

(g) Repealed.

(h) To ensure that publications issued or circulated by the director in quantity outside the executive branch are in accordance with the provisions of section 24-1-136, C.R.S.;

(i) To promote consumer protection and consumer education by such means as the director finds appropriate; and

(j) To appoint advisory committees to assist in the performance of the director's duties. Members of any such advisory committee shall receive no compensation for their services but shall be reimbursed for actual and necessary expenses which they may incur in the performance of their duties. Such reimbursement shall be cash funded and shall not exceed the amount anticipated to be raised from fees collected pursuant to this article.

12-41-126. Advisory committee. The director shall appoint at least one advisory committee of at least seven members to assist in the performance of the director's duties under this article. Five of these members shall be physical therapists and two shall not be physical therapists but shall be persons having specific knowledge in the health care field. Such committee shall meet at least twice a year and at additional times at the discretion of the director. Members of such advisory committee shall receive no compensation for their services but shall be reimbursed for actual and necessary expenses which they may incur in the performance of their duties. Such reimbursement shall be cash funded and shall not exceed the amount anticipated to be raised from fees collected pursuant to this article.

12-41-127. Limitation on authority. The authority granted the director under the provisions of this article shall not be construed to authorize the director to arbitrate or adjudicate fee disputes between licensees or between a licensee and any other party.

12-41-128. Fees and expenses. All fees collected under this article shall be determined, collected, and appropriated in the same manner as set forth in section 24-34-105, C.R.S.

12-41-129. Physical therapists - registered prior to July 1, 1991. (1) Any physical therapist who was registered by the director prior to July 1, 1991, shall be licensed by the director as of July 1, 1991, and shall thereafter be subject to the requirements of this article. Any such license shall expire according to the provisions of section 12-41-112 and shall thereafter be subject to the provisions of that section.

(2) Any proceeding under this article which is pending before the director on July 1, 1991, shall remain in full force and effect on and after said date.

12-41-130. Repeal of article. (1) This article is repealed, effective July 1, 2001.

(2) (a) The licensing functions of the director of the division of registrations as set forth in this article are terminated July 1, 2001.

(b) Prior to such termination, the licensing functions shall be reviewed as provided for in section 24-34-104, C.R.S.

Appendix C - Recommendations and Decisions on Applicants for PTA

Advisory Committee Recommendations on Applicants for PTA Recognition June 1996 - July 1999		
<i>Date of Advisory Committee Meeting</i>	<i>Qualifications</i>	<i>Advisory Committee Recommendation</i>
July 22, 1999	Degree in exercise science, EMT experience, athletic trainer, and physical therapist assistant at Fort Carson	Denied - education does not meet standards of the physical therapist assistant curriculum for knowledge and breadth of experience
	Degree in sports medicine technology, experience as a physical therapist assistant and water rehab. instructor	Denied - education does not meet standards of the physical therapist assistant curriculum for knowledge and breadth of experience
March 11, 1999	Athletic trainer	Denied - education and experience does not meet standards of the physical therapist assistant curriculum for knowledge and breadth of experience.
July 9, 1998	Athletic trainer (20 years), currently with Denver Broncos Sports Medicine	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Athletic Trainer (6 years) (BS, masters in education) currently with Denver Broncos Sports Medicine	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Athletic trainer (13 years) (Bachelor's and master's degree in physical education), currently with Denver Broncos Sports Medicine	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Former PTA in Kansas, currently with Denver Broncos Sports Medicine	Approved.
	Student athletic trainer at the University of Northern Colorado (2 1/2 years) Majored in athletic training	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	BA and MA in physical education, athletic trainer (20 years), currently (10 years) with Denver Broncos Sports Medicine	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Certified Athletic Trainer,	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Certified Athletic Trainer, experience as a physical therapy aide	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Athletic trainer degree, three months experience in combination role of athletic trainer and physical therapy aide	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Degree in exercise science, no experience in any physical therapy role	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	2 nd Review - Physical education teacher	Denied - lacks breadth of education and experience to function as a physical therapist assistant
July 9, 1998	Degree in exercise science, EMT experience, athletic trainer, and physical therapist assistant at Fort Carson	Denied - lacks breadth of education and experience to function as a physical therapist assistant

**Advisory Committee Recommendations on Applicants for PTA Recognition
June 1996 - July 1999**

<i>Date of Advisory Committee Meeting</i>	<i>Qualifications</i>	<i>Advisory Committee Recommendation</i>
	Applied for Licensure - Sports Medicine graduate, Certified Athletic Trainer, massage therapist, nursing assistant	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Physical Therapy Aide (6 years)	Denied - lacks breadth of education and experience to function as a physical therapist assistant
July 24, 1997	Reviewed letters of recommendation, a transcript from Concordia College and Certificate of certification in Kinesiotherapists	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed a letter of recommendation, transcript from State University of New York, and coursework at Springfield College	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed letters of recommendation, transcript from Fort Lewis College, program of study of the Exercise Science coursework	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed several certificates of completion letters, transcript from Sherman College of Chiropractic awarding his Chiropractic degree in 1981, a current CPR card, letter of acceptance into the Advanced Standing Physical Therapy Degree Program	Denied - lacks breadth of education and experience to function as a physical therapist assistant
March 12, 1997	Reviewed transcript from Regis University and letter of recommendation.	Approved. Based on fact that he had one course to complete to receive his degree in physical therapy.
	Reviewed letters of recommendation, transcript from Colorado Mountain College and certificates of attendance for classes in wound care and CAN restorative nursing.	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed letter of recommendation, diploma in Electrocardiography Technician, certificate of continuing education "Seminar on Stroke and its Rehabilitation", Bachelor's degree in Medicine and Bachelor of Surgery to practice medicine, Obstetrics and Surgery in Pakistan	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed letters of recommendation, transcript from Denver Technical College, Associates Degree in Sports Medicine	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed 870 1/2 hour diploma in Medical Occupations, certificate in recognition of outstanding achievement in physical therapy aide training beginning December 9, 1991 and completed December 23, 1991	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed a certificate of continuing education for 1.5 c.e.u. in Current Concepts in the Treatment of the Upper Extremity, and a 1/2 day course on Ergonomics of Sitting for the Able Bodied Population, Bachelor's of Science in Health Education and Bachelor's of Science in Physical Education	Denied - lacks breadth of education and experience to function as a physical therapist assistant
	Reviewed 3 years of experience as a physical therapy aide, Bachelor of Applied Science of Human Movement Studies (Exercise Management)	Denied - lacks breadth of education and experience to function as a physical therapist assistant
November 21, 1996	Experience in athletic training and physical education	Denied
	Experience in athletic training and physical education	Denied
	Experience in sports medicine	Denied
	Experience at the physical therapy level (Committee noted that the use of the title "Physical therapist technician" without holding licensure is a violation of the physical therapy act	Denied
June 6, 1996	Experience and education in recreational fitness	Denied
	Experience and education in recreational fitness	Denied.

Program Administrator Decisions on Applicants for PTA Recognition January - July 2000			
Type of Degree	Country of Degree	Independent Evaluation for Equivalency Submitted	Recognition Granted
B.S. Physiotherapy	Nigeria	Yes	Yes
Physical Therapist	Germany	No	Yes
B.S. Physiotherapy	India	No	Yes
M.S. Physical Therapy	U.S.A.	No	Yes
M.S. Physical Therapy	U.S.A.	No	Yes
Physical Therapist	Korea	No	Yes
Physical Therapist Assistant	U.S.A.	No	Yes
B.S. Physiotherapy	Pakistan	No	Yes
B.S. Physiotherapy	Pakistan	Yes	Yes
B.S. Physiotherapy	Pakistan	No	Yes
B.S. Physiotherapy	Pakistan	No	Yes
B.S. Physical Therapy Certified Physical Therapist Assistant	U.S.A.	No	Yes
B.S. Physiotherapy	Nigeria	Yes	Yes
B.S. Physical Therapy	Philippines	No	Yes
M.S. Physical Therapy	U.S.A.	No	Yes
Physical Therapist Assistant	U.S.A.	No	Yes
B.S. Physiotherapy	India	Yes	Yes
B.S. Physiotherapy	India	No	Yes

