PERMITTED PRACTICE

(a) Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or interventions that are routinely taught in educational programs or in continuing education programs for physical therapists and are routinely performed in practice settings.

(b) A physical therapist who employs acts, tests, procedures, modalities, treatments, or interventions in which professional training has been received through education or experience is considered to be engaged in the practice of physical therapy.

(c) A physical therapist must supervise physical therapist assistants, physical therapy aides, PT students and PTA students to the extent required under the Physical Therapy Practice Act and the rules in this Chapter. Physical therapy aides include all non-licensed individuals aiding in the provision of physical therapy services.

(d) The practice of physical therapy includes tests of joint motion, muscle length and strength, posture and gait, limb length and circumference, activities of daily living, pulmonary function, cardio-vascular function, nerve and muscle electrical properties, orthotic and prosthetic fit and function, sensation and sensory perception, reflexes and muscle tone, and sensorimotor and other skilled performances; treatment procedures such as hydrotherapy, shortwave or microwave diathermy, ultrasound, infra-red and ultraviolet radiation, cryotherapy, electrical stimulation including transcutaneous electrical neuromuscular stimulation, massage, debridement, intermittent vascular compression, iontophoresis, machine and manual traction of the cervical and lumbar spine, joint mobilization, machine and manual therapeutic exercise including isokinetics and biofeedback; and training in the use of orthotic, prosthetic and other assistive devices including crutches, canes and wheelchairs. Physical therapy further includes:

(1) examining (history, system review and tests and measures) individuals in order to determine a diagnosis, prognosis, and intervention within the physical therapist's scope of practice. Tests and measures include the following:

(A) aerobic capacity and endurance;

(B) anthropometric characteristics;

(C) arousal, attention, and cognition;

(D) assistive and adaptive devices;

(E) community and work (job/school/play) integration or reintegration;

(F) cranial nerve integrity;

(G) environmental, home, and work (job/school/play) barriers;
ergonomics and body mechanics;
gait, locomotion, and balance;
integumentary integrity;
joint integrity and mobility;
motor function;
muscle performance;
neuromotor development and sensory integration;
orthotic, protective and supportive devices;
pain;
posture;
prosthetic requirements;
range of motion;
reflex integrity;
self-care and home management;
sensory integrity; and
ventilation, respiration, and circulation.

(2) alleviating impairment and functional limitation by designing, implementing, and modifying therapeutic interventions that include the following:

coordination, communication and documentation;
patient/client-related instruction;
therapeutic exercise (including aerobic conditioning);
functional training in self-care and home management (including activities of daily living and instrumental activities of daily living);
functional training in community and work (jobs/school/play) integration or reintegration activities (including instrumental activities of daily living, work hardening, and work conditioning);
manual therapy techniques (including mobilization and manipulation);
(G) prescription, application, and fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment that is within the scope of practice of physical therapy;

(H) airway clearance techniques;

(I) wound management;

(J) electrotherapeutic modalities; and

(K) physical agents and mechanical modalities.

(3) preventing injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and quality of life in all age populations.

RESPONSIBILITIES

(a) The physical therapist must determine the patient care plan and the elements of that plan appropriate for delegation.

(b) The physical therapist must determine that those persons acting under his or her supervision possess the competence to perform the delegated activities.

(c) The physical therapist may delegate responsibilities to physical therapist assistants. The supervising physical therapist must determine that the PT or PTA student is working under supervision at all times.

(d) The physical therapist must enter and review chart documentation, reexamine and reassess the patient and revise the patient care plan if necessary, based on the needs of the patient.

(e) The physical therapist must establish the discharge plan.

(f) For each date of service, a physical therapist must provide all therapeutic interventions that require the expertise of a physical therapist and must determine the use of assistive personnel who provide delivery of service that is safe and effective for each patient.

(g) A physical therapist's responsibility for patient care management must include first-hand knowledge of the status of each patient and oversight of all documentation for services rendered to each patient, including awareness of fees and reimbursement structures.

(h) A physical therapist must be immediately available directly or by telecommunication to a physical therapist assistant supervising a physical therapy aide or student engaging in patient care.

(i) A physical therapist must be limited to clinically supervising only that number of assistive personnel, including physical therapists assistants, physical therapy aides, and students completing clinical requirements, as is appropriate for providing safe and effective patient interventions at all times.

(j) If a physical therapist assistant or physical therapy aide is involved in the patient care plan, the patient must be reassessed by the supervising physical therapist no less frequently than every 30 days.
(k) A physical therapist who is supervising a physical therapy aide or student must be present in the same facility when patient care is provided.

(l) The physical therapist must document every evaluation and intervention/treatment, which must include the following elements:

1. Authentication (signature and designation) by the physical therapist who performed the service;
2. Date of the evaluation or treatment;
3. Length of time of total treatment session or evaluation;
4. Patient status report;
5. Changes in clinical status;
6. Identification of specific elements of each intervention/modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
7. Equipment provided to the patient or client; and
8. Interpretation and analysis of clinical signs and symptoms and response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

(m) At least every 30 days, the therapist must document:

1. The patient's response to therapy intervention;
2. Progress toward achieving goals; and

**PROHIBITED PRACTICE**

(a) A physical therapist must not employ acts, tests, procedures, modalities, treatments, or interventions in the treatment of patients that are beyond the scope of the practice of physical therapy. Any patient whose condition requires medical diagnosis of disease or treatment beyond the scope of physical therapy must be referred.

(b) A physical therapist must not permit any person working under his or her supervision to engage in acts or practices beyond the scope allowed by the Physical Therapy Practice Act or the rules in this Chapter.

(c) Physical therapy does not include the application of roentgen rays or radioactive materials, but consistent with the requirements of G.S. 90-270.35(4) a physical therapist may review x-rays and may
also request radiologic consultations; however, a physical therapist shall not order radiological examinations.