

CHAPTER 39A

STATE BOARD OF PHYSICAL THERAPY

Authority

N.J.S.A. 45:9-37.18.

Source and Effective Date

R.2007 d.21, effective December 19, 2006.
See: 38 N.J.R. 2990(a), 39 N.J.R. 222(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 39A, State Board of Physical Therapy, expires on December 19, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 39A, State Board of Physical Therapy, Subchapter 1, Agency Organization and Administration, Subchapter 2, Authorized Practice, Subchapter 3, Unlawful Practices by Licensees, Subchapter 4, Unlicensed Practice, Subchapter 5, Credentialing of Applicants, were adopted as R.1986 d.265, d.266, d.267, d.268 and d.270, effective July 7, 1986. See: 17 N.J.R. 2355(a), 18 N.J.R. 1394(b); 17 N.J.R. 2356(a), 18 N.J.R. 1395(a); 17 N.J.R. 2358(a), 18 N.J.R. 1397(a); 17 N.J.R. 2361(a), 18 N.J.R. 1399(a); 17 N.J.R. 2362(a), 18 N.J.R. 1399(b).

Subchapter 6, Temporary Licenses for Physical Therapists, became effective February 2, 1987 as R.1987 d.83. See: 18 N.J.R. 1179(b), 19 N.J.R. 298(a).

Pursuant to Executive Order No. 66, Chapter 39A, State Board of Physical Therapy, was readopted as R.1991 d.366, effective June 21, 1991. See: 23 N.J.R. 1065(a), 23 N.J.R. 2162(a).

Pursuant to Executive Order No. 66, Chapter 39A, State Board of Physical Therapy, was readopted as R.1996 d.325, effective June 20, 1996. See: 28 N.J.R. 1925(b), 28 N.J.R. 3598(b). As part of R.1996 d.325, Subchapter 7, Supervision of Physical Therapist Assistants; Subchapter 7A, Supervision of Temporary Licensed Physical Therapists and Physical Therapist Assistants; Subchapter 7B, Reserved; and Subchapter 8, Advertising, were adopted as new rules effective July 15, 1996.

Pursuant to Executive Order No. 66, Chapter 39A, State Board of Physical Therapy, was readopted as R.2001 d.239, effective June 20, 2001. See: 33 N.J.R. 1309(a), 33 N.J.R. 2483(a).

Subchapter 5A, License Renewal, was adopted as new rules; Subchapter 6, Temporary Licenses for Physical Therapists, was renamed Temporary Licenses for Visiting Physical Therapists and Physical Therapist Assistants; Subchapter 7A, Supervision of Temporary Licensed Physical Therapists and Physical Therapist Assistants, was repealed; Subchapter 9, Continuing Professional Education, was adopted as new rules by R.2006 d.42, effective January 17, 2006. See: 37 N.J.R. 947(a), 38 N.J.R. 819(b).

Chapter 39A, State Board of Physical Therapy, was readopted as R.2007 d.21, effective December 19, 2006. As part of R.2007 d.21, Subchapter 2, Practice as a Physical Therapist and Physical Therapist Assistant, was renamed Practice as a Licensed Physical Therapist and Licensed Physical Therapist Assistant; Subchapter 7, Supervision of Physical Therapist Assistants, was renamed Supervision of Licensed Physical Therapist Assistants; and Subchapter 9, Continuing Professional Education, was renamed Continuing Education, effective January 16, 2007. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. AGENCY ORGANIZATION AND ADMINISTRATION

13:39A-1.1 Election of officers

The membership of the State Board of Physical Therapy Examiners shall once each year elect a chairperson, vice chairperson and a secretary. The chairperson shall have the responsibility to conduct all meetings unless, in his or her discretion, a delegation of that responsibility is made. In the absence of the chairperson and an express delegation of responsibility, the vice chairperson shall assume all of the duties of chairperson.

Amended by R.2001 d.239, effective July 16, 2001.

See: 33 N.J.R. 1309(a), 33 N.J.R. 2483(a).

Neutralized gender references.

Amended by R.2006 d.42, effective January 17, 2006.

See: 37 N.J.R. 947(a), 38 N.J.R. 819(b).

Substituted "State" for "New Jersey" and added "Examiners."

13:39A-1.2 Delegation of authority to act on emergent applications

The chairperson shall be authorized to hear and decide emergent applications by the Attorney General made pursuant

to N.J.S.A. 45:1-22 for the temporary suspension of any license. The chairperson may also undertake such other interim action as may be required by circumstances arising prior to the next meeting date of the Board, provided that said action is subsequently presented to the Board for its review and action. Any decision made by the chairperson pursuant to this rule shall be placed on the agenda of the Board at its next regularly scheduled meeting for the purpose of its review. Insofar as it is practicable, the Board shall be provided with a transcript of the record made before the chairperson and the parties will be permitted to supplement the record with written submissions.

Amended by R.2001 d.239, effective July 16, 2001.

See: 33 N.J.R. 1309(a), 33 N.J.R. 2483(a).

Substituted "chairperson" for "chairman" throughout and rewrote the second sentence.

13:39A-1.3 Fees and charges

(a) The following fees shall be charged by the State Board of Physical Therapy Examiners:

1. Application fee for Licensed Physical Therapist and Licensed Physical Therapist Assistant..... \$125.00
2. Initial licensure fee, Licensed Physical Therapist:
 - i. If paid during first year of biennial renewal period: \$110.00
 - ii. If paid during second year of biennial renewal period: \$55.00
 Initial licensure fee, Licensed Physical Therapist Assistant:
 - i. If paid during first year of biennial renewal period: \$100.00
 - ii. If paid during second year of biennial renewal period: \$50.00
3. Biennial renewal fee:
 - i. Licensed Physical Therapist..... \$110.00
 - ii. Licensed Physical Therapist Assistant \$100.00
4. Late renewal fee:..... \$100.00
5. Reinstatement fee..... \$150.00
6. Temporary visiting license pursuant to N.J.S.A. 45:9-37.29(b) to practice on a temporary basis to assist in a medical emergency or to engage in a special project or teaching assignment \$100.00
7. Duplicate certificate of registration..... \$25.00
8. Duplicate wall license \$40.00
9. Certification of licensure status..... \$40.00
10. Change of name and/or address with new certificate of registration fee \$25.00
11. Continuing education provider submission fee \$100.00
12. Inactive license fee..... (to be established by Director by rule)

New Rule, R.1987 d.238, effective June 1, 1987.

See: 18 N.J.R. 1177(a), 19 N.J.R. 986(b).

Amended by R.1991 d.240, effective May 6, 1991.

See: 23 N.J.R. 388(a), 23 N.J.R. 1418(c).

Increase in fee or charge in 1 through 6 of (a).

Amended by R.1994 d.101, effective February 22, 1994.

See: 25 N.J.R. 5446(a), 26 N.J.R. 1105(b).

Recodified from 13:39A-1.4 and amended by R.1996 d.325, effective July 15, 1996.

See: 28 N.J.R. 1925(b), 28 N.J.R. 3598(b).

Former section, "Examination review procedure", repealed.

Amended by R.2006 d.42, effective January 17, 2006.

See: 37 N.J.R. 947(a), 38 N.J.R. 819(b).

Deleted (a)2; recodified (a)3-12 as (a)2-11; added (a)12 and 13.

Amended by R.2007 d.21, effective January 16, 2007.

See: 38 N.J.R. 2990(a), 39 N.J.R. 222(a).

Rewrote the section.

13:39A-1.4 (Reserved)

Recodified to 13:39A-1.3 and amended by R.1996 d.325, effective July 15, 1996.

See: 28 N.J.R. 1925(b), 28 N.J.R. 3598(b).

Section was "Fees and charges".

SUBCHAPTER 2. PRACTICE AS A LICENSED PHYSICAL THERAPIST AND LICENSED PHYSICAL THERAPIST ASSISTANT

13:39A-2.1 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Clinically supported" means that a licensee, prior to selecting, performing or ordering the administration of a diagnostic test, has:

1. Personally performed a physical examination, making an assessment of any current and/or historical subjective complaints, observations, objective findings, neurological indications;
2. Considered any and all previously performed tests relating to the patient's medical condition and the results; and
3. Documented in the patient record positive and negative findings, observations and medical indications to justify the test.

"Diagnostic testing" means a medical service utilizing biomechanical, neurological, neurodiagnostic, radiological, vascular or any means, other than bioanalysis, intended to assist in establishing a physical therapy diagnosis, for the purpose of recommending a course of treatment for the tested patient to be performed consistent with the Physical Therapy Practice Act, N.J.S.A. 45:9-37.11 et seq., and this chapter.

"Direct supervision" means the presence of the supervising licensed physical therapist on site, available to respond to any consequence occurring during any treatment procedure.

"Disability" means the inability to engage in age specific, gender related, or sex specific roles in a particular social context and physical environment.

"Functional limitations" means restrictions of the ability to perform a physical action, activity or task in an efficient, typically expected or competent manner.

"Impairment" means the loss or abnormality of physiological, psychological, or anatomical structure or function.

"Physical therapy diagnosis" means a description placed on a group of signs and symptoms that are identified as a result of the examination and evaluative process. The purpose of the diagnostic determination is to allow the licensed physical therapist to select the appropriate physical therapy intervention(s) to initiate the most effective care for the purpose of achieving the patient's goals.

"Physical therapy evaluation" means a review exclusively by a licensed physical therapist based on data and information collected during the examination and before any intervention. The evaluation reflects the chronicity and severity of the current patient problem and the possibility of multisystem and multisite involvement that may coexist with preexisting systemic conditions or diseases. The evaluation considers the level of the current impairment(s), functional limitation(s) and disability(ies), the living environment, potential discharge destination(s) and social support(s). A "physical therapy evaluation" does not include examining any person for the purpose of diagnosing any disease or organic condition.

"Physical therapy examination" means an inquiry conducted by a licensed physical therapist into the patient history, relevant systems review, and tests and measurements, which is conducted prior to any intervention. The history is an account of past and current health status. The system review is an examination that provides information about the general health of the patient that helps the licensed physical therapist determine physical therapy diagnosis, a prognosis and a plan of care. Tests and measurements are performed by the licensed physical therapist after review of the patient's history and systems reviewed to elicit additional information.

"Physical therapy instruction" means the act of providing consultative, educational or advisory services to one or more individuals for the purpose of preventing or reducing physical dysfunction and disability that may lead to reduced functional abilities.

"Physical therapy and physical therapy practice" mean the identification of physical impairment or movement-related functional limitation that occurs as a result of injury or congenital or acquired disability or other physical dysfunction through examination, evaluation and diagnosis of the physical impairment or movement-related functional limitation and the establishment of a prognosis, which includes the establishment of the plan of care and all interventions, for the resolution or amelioration thereof and treatment of the physical impairment or movement-related functional limitation, which shall include, but is not limited to, the alleviation of pain, physical impairment and movement-related func-

tional limitation by physical therapy intervention, including treatment by means of:

1. Manual therapy techniques and massage;
2. Electro-therapeutic modalities;
3. The use of physical agents, mechanical modalities, hydrotherapy, therapeutic exercises with or without assistive devices;
4. Neurodevelopmental procedures;
5. Joint mobilization;
6. Movement-related functional training in self-care;
7. Providing assistance in community and work integration or reintegration;
8. Providing training in techniques for the prevention of injury, impairment, movement-related functional limitation, or dysfunction;
9. Providing consultative, educational, other advisory services; and
10. Collaboration with other health care providers in connection with patient care.

“Physical therapy intervention” means the interaction of the licensed physical therapist with the patient using various physical therapy procedures and techniques to produce changes in the condition consistent with the patient’s dysfunction, disability, or level of function and consistent with the patient’s projected outcome as a result of physical therapy intervention. When physical therapy instruction is provided to an individual as part of his or her therapeutic interventions, the instruction must be considered part of physical therapy intervention.

“Physical therapy prognosis” means the determination of the predicted level of optimal improvement that may be attained through intervention and the amount of time required to reach that level.

“Plan of care” means the specific physical therapy interventions to be used and their timing and frequency.

“Referral” means the forwarding of a patient for professional services by one health care professional to another health care professional or health care entity which provides or supplies professional service, or the request for establishment of a plan of care by a health care professional, including the provision of professional services or other health care devices.

Amended by R.1996 d.325, effective July 15, 1996.
See: 28 N.J.R. 1925(b), 28 N.J.R. 3598(b).

Amended by R.1999 d.75, effective March 1, 1999.
See: 30 N.J.R. 3755(a), 31 N.J.R. 661(a).

Inserted “Clinically supported”, “Diagnostic testing”, “Disability”, “Functional limitations” and “Impairment”.

Amended by R.2001 d.239, effective July 16, 2001.
See: 33 N.J.R. 1309(a), 33 N.J.R. 2483(a).

Rewrote “Direct supervision”, “Physical therapy evaluation”, “Physical therapy instruction”, “Physical therapy practice”, “Physical therapy treatment” and “Physician direction”; inserted “Intervention”, “Physical therapy diagnosis”, “Physical therapy examination” and “Referral”; in “Disability”, substituted “related” for “specific”.

Amended by R.2006 d.42, effective January 17, 2006.

See: 37 N.J.R. 947(a), 38 N.J.R. 819(b).

Rewrote definition “Direct supervision,” “Physical therapy practice” and “Physical therapy treatment”; deleted definitions “Intervention” and “Physician direction”; added definitions “Physical therapy prognosis” and “Plan of care.”

Amended by R.2007 d.21, effective January 16, 2007.

See: 38 N.J.R. 2990(a), 39 N.J.R. 222(a).

In definition “Direct supervision” inserted “licensed”; and in definition “Physical therapy diagnosis” substituted “effective” for “efficacious”.

Case Notes

Regulation allowing physical therapists to practice within statutory authority not invalid. *Medical Soc. of New Jersey v. New Jersey Dept. of Law and Public Safety, Div. of Consumer Affairs*, 120 N.J. 18, 575 A.2d 1348 (1990).

Physical therapists may examine patients without physician referral. *Medical Soc. of New Jersey v. New Jersey Dept. of Law and Public Safety, Div. of Consumer Affairs*, 120 N.J. 18, 575 A.2d 1348 (1990).

Within statutory guidelines, physical therapists may modify modality of physician prescribed treatment. *Medical Soc. of New Jersey v. New Jersey Dept. of Law and Public Safety, Div. of Consumer Affairs*, 120 N.J. 18, 575 A.2d 1348 (1990).

Physical therapists may give physical therapy instruction to groups, within statutory guidelines. *Medical Soc. of New Jersey v. New Jersey Dept. of Law and Public Safety, Div. of Consumer Affairs*, 120 N.J. 18, 575 A.2d 1348 (1990).

Regulation regarding certain physical therapist activities exceeded statutory authority. *Medical Soc. of New Jersey v. New Jersey Dept. of Law and Public Safety, Div. of Consumer Affairs*, 229 N.J. Super. 128, 550 A.2d 1272 (A.D.1988) certification granted 117 N.J. 46, 563 A.2d 815, reversed 120 N.J. 18, 575 A.2d 1348.

13:39A-2.2 Authorized practice by a licensed physical therapist

(a) A licensed physical therapist may engage in physical therapy and physical therapy practice.

(b) The licensed physical therapist shall continually monitor the patient’s response to care and modify the therapeutic intervention in a manner that is consistent with achieving the therapeutic goals.

(c) A licensed physical therapist may bill a patient or third party payor for a diagnostic test in connection with a physical therapy evaluation provided:

1. The diagnostic testing is clinically supported and is specific to that individual patient’s impairments, functional limitations, or disability;

2. The data sought to be gathered by such tests is relevant to the patient’s impairments, functional limitations, and disability, and will provide sufficient information to assist in the development of appropriate interventions, objectives and goals;