

Insights

Changes to Indiana Physical Therapy Practice Act Provide Greater Authority to Physical Therapists

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By: Stacy Walton Long and

The Indiana General Assembly recently passed legislation (“SB 586”), related to the regulation of physical therapists (“PTs”). Health care providers who utilize physical therapists should be aware of the administrative, licensing, and scope of practice changes included in SB 586. These regulatory changes were effective as of July 1, 2019.

Establishment of the Indiana Board of Physical Therapy:

- SB 586 establishes the Indiana Board of Physical Therapy (“Board”). The Board will consist of 5 individuals: 3 physical therapists, 1 physical therapist assistant (“PTA”), and 1 consumer not affiliated with the practice of physical therapy.[1]
- The Board will be responsible for licensure and certification requirements for PTs and PTAs. Additionally, the Board will: provide all examinations either directly or by delegation; determine the applicants who successfully pass examinations; license and certify qualified applicants; and adopt rules concerning the competent practice of physical therapy.[2]

Use of Dry Needling:

- The definition of “physical therapy” has been amended to include “using solid filiform needles to treat neuromusculoskeletal pain and dysfunction (dry needling).”[3] A PT must complete Board approved continuing education prior to using dry needling to treat patients.

Treating Patients without a Referral:

- Effective July 1, 2019, PTs will be allowed to treat a patient for 42 days without a referral from a provider (current law allows treatment for 24 days without a referral).[4] The 42-day period begins on the initial day of treatment.
- The following providers will be authorized to issue PT orders: physicians, podiatrists, psychologists, chiropractors, physician assistants, nurse practitioners, or dentists.[5]

Licensure and Certification Display:

- The bill requires PTs and PTAs to: (1) conspicuously display a copy of the license or certificate in a location accessible to public view; (2) immediately produce a copy of the license or certificate upon request; or (3) notify a patient how the patient may verify the therapist's license or certificate online.[6]

Responsibilities for Patient Care:

- Under SB 586, PTs will be responsible for the following tasks related to patient care: (1) the initial evaluation, determination of a physical therapy diagnosis, prognosis, and plan of treatment intervention and documentation for each patient encounter; (2) periodic reevaluation of each patient; and (3) documented discharge of patients.[7]
- PTs must also provide supervision of PTAs and are responsible for assuring the qualifications of all PTAs whom they supervise.
- PTs who conduct testing using electrophysiological equipment must obtain and maintain the American Board of Physical Therapy Specialties Clinical Electrophysiologic Specialist Certification.
- Lastly, PTs must communicate the overall physical therapy plan with the patient, or the patient's legally authorized representative, and maintain therapist-patient confidentiality regarding patient care. [8]

Although these changes grant PTs greater authority, PTs, PTAs, and other health care professionals and organizations should carefully review all changes contemplated under the Bill. If you or your organization have any questions regarding changes to the Indiana Physical Therapy Practice Act, please contact Stacy Walton Long, Alexandria M. Foster, or any other Krieg DeVault attorney in the Health Care Practice Group.

[1] IC 25-27-1-4(a).

[2] IC 25-27-1-5(a).

[3] IC 25-27-1-1(1)(c).

[4] IC 25-27-1-2.5(a).

[5] IC 25-27-1-2(d)(1).

[6] IC 25-27-1-18.

[7] IC 25-27-1-13

[8] IC 25-27-1-17.