



PTA Update: What Are the Current Issues Relating to the Physical Therapist Assistant?

This article is based on a presentation by Justin Berry, PT, DPT, MS, and Becky McKnight, PT, MS at the 2014 FSBPT Annual Meeting.

Physical therapist assistants (PTA) have been around for more than 40 years. Still, debate continues because of the numerous and conflicting rules, regulations, and position statements from many different boards and organizations dealing with them. From the length of their education and its cost to the means of practice to reimbursement, there are many issues to be resolved.

Program Length

The Commission on Accreditation in Physical Therapy Education (CAPTE) limits the current PTA education model to five semesters. Fifty-five percent of surveyed program directors in 2008 believed this timeframe is not sufficient to meet educational requirements. CAPTE is revising the timeframe to no more than 104 calendar weeks, which could allow for six terms over three years.

The 2012 American Physical Therapy Association (APTA) House of Delegates passed motion RC 20-12, asking that a feasibility study be conducted regarding a possible transition to a baccalaureate-level model. A task group and an APTA work group were formed with a status report presented in 2014.

The task group concluded that additional educational content may be needed, specifically to resolve inconsistencies in curriculum content between existing guides for PTA education and to prepare the PTA for contemporary work in the current healthcare environment.

The task group also recommended a work analysis and identification of best practices data to determine the need for implementation of the entry-level bachelor's degree for PTA, additional / expanded content areas that could be addressed in a four-year curriculum, and specific models for baccalaureate-level education for the entry-level PTA.

In March 2014, the APTA Board of Directors agreed to conduct an analysis of the work of the PTA, along with mechanisms to identify and promote best practices in the work. Also, the relationships of the PT / PTA Team will be identified and their best practices implemented.

In a survey of graduating PTA students, 65.6% were in favor of transitioning the PTA degree to a bachelor's degree. But only 42.5% stated the PTA program they attended should be lengthened. Also, 27.9% said they would not have attended a PTA program if offered as a bachelor's degree.

In a follow-up study of more than 800 students, those who thought it should transition to a bachelor's degree said more time was needed to learn required information and that a transition would lead to increased respect for PTAs.

Those not in favor of a transition to a bachelor's degree said increased student debt was their main concern.

The cost of PTA education (from the 2012-2013 Fact Sheet on Physical Therapist Assistant Programs, CAPTE, June 2013) showed:

- Public (in-district): \$10,359, with a range of \$2,507–\$33,760.
- Public (out of district): \$18,979, range \$3,728–\$49,856.
- Private: \$35,366, range \$16,396–\$61,585.

From the same survey, students reported student loan debt from only the PTA program was \$8,728 from public colleges and \$24,688 from private colleges.

A small number of states have mandated a 60-65 credit cap on associate degrees, including Maryland, New York, Ohio, and Texas. This affects more than 60 PTA programs, with some states having a waiver process. All of those requesting waivers have received them.

Increase in PTA Programs

The number of PTA programs has been increasing steadily from 243 accredited in 2004 to 309 in 2013. Most PT program directors surveyed said the increase in new programs would not be positive for the PT profession or for PTA education. They also said it would have a negative effect on their own programs with a great concern in finding clinical education sites. Some sites now will only take PT and not PTA students.

Reimbursement Issues

With regards to reimbursement issues for PTA work, most often the problem is local or regional insurance. Currently, 49 insurance companies either do not reimburse for PTAs or do not reimburse in full.

Some individuals report an increase in PT-only reimbursement or decreased payment for PTA-provided care. Most of this deals with individual insurance or state-based insurance such as worker's compensation in Mississippi (85%), Utah (75%), and Nevada (50%).

Most issues have been resolved through educating insurance companies regarding the PTA role, PTA education, and that PTAs are licensed. Resources for dealing with denials associated with PTAs providing care are available.

There also are common billing errors, including billing under the PTA's name, although it must be under the PT's name, or misunderstandings about the terms of the contract with the third-party payer.

As the Affordable Care Act continues to be implemented, the total impact, as well as the changes to both provision of care and reimbursement, continues to be a bit of a guessing game.

There are professional issues to consider as well.

Manual Therapy

APTA reserves certain procedural interventions to be performed exclusively by PTs. There are certain interventions which require "immediate and continuous examination and evaluation throughout the intervention" and are thus beyond the scope of the PTA. Interventions mentioned are spinal and peripheral joint mobilizations, and sharp instrument debridement. (APTA HOD P06-00-30-36)

However, the FSBPT 2011 Analysis of Practice for entry-level PTAs found entry-level PTAs performing peripheral joint mobilization (43%), spinal mobilization (28%), and manual traction (43%).

CAPTE's PTA and Mobilization Position Statement does not object to the inclusion of course objectives or learning experiences in the PTA curriculum that are intended to teach these psychomotor skills to students enrolled in their programs. Nor does CAPTE object to testing student competence when performing peripheral joint mobilization, grades I and II skills.

In an April 2013 new position paper, "Expectations for the Education of PTs and PTAs Regarding Direction and Supervision," CAPTE recognized that education programs may have unique missions or goals that compel them to prepare graduates to practice at a level that is beyond CAPTE's minimal standards.

In an informal survey of program directors, 81.8% reported they are teaching grade I and II joint mobilizations with 90.2% teaching peripheral only, and 9.6% teaching both peripheral joint and spinal mobilizations. Most states are silent on whether these can be performed.

A survey found that some peripheral joint mobilization techniques are commonly performed by PTAs in Washington, with spinal mobilizations not commonly performed. For manual therapy interventions, the most common method of education / training is by a PT on the job.

CAPTE Accreditation

There has been a change in the Florida statute (s.486.102(3)(a)). Effective July 1, 2013, if a PTA program is accredited by a regional accreditation body recognized by the Department of Education, its graduates should be eligible for the state licensure process. They need not be accredited by CAPTE. The first group didn't graduate until spring 2015. The students would be deemed eligible to take the PTA National Physical Therapy Examination (NPTE), but could not practice outside the state because all other states required graduation from a CAPTE-accredited PTA program.

APTA's Advanced Proficiency Pathways

The Advanced Proficiency Pathways are career boosters that help PTAs move from novice knowledge and skill to advanced proficiency in the physical therapy area of choice. The program has three components:

- APTA courses are completed regardless of area of proficiency with knowledge checks.
- Proficiency area-specific content with knowledge/skill checks.
- Mentored clinical experiences with skill checks.

Content Areas include Acute Care, Cardiopulmonary, Geriatric, Oncology, Pediatrics, and Wound Management.

Recognition of Advanced Proficiency would include Acute Care, Aquatic, Cardiovascular / Pulmonary, Education, Geriatric, Integumentary, Musculoskeletal, Neuromuscular, Oncology, and Pediatric PT.

To be recognized, applicants would need five years of work / teaching experience, 60 hours of continuing education in the past five years with 75% in the area applying for recognition, above-average job performance, and evidence of community service/leadership.



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