



2012 PTA Update: What are the current issues relating to the PTA?

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Note: The following article was developed from an educational session at the 2012 FSBPT annual meeting.

Even though the physical therapist assistant has been around for more than 40 years, there are still areas of debate regarding the position. Two current issues are the transition to a bachelor degree model and the increasing number of PTA education programs.

Under the current CAPTE model, PTA programs are limited to a length of five semesters, but 55% of surveyed programs in 2008 felt that this timeframe was not sufficient to meet educational requirements.

Nonetheless, there are many arguments to keep the current model. Should requirements increase, many community colleges may no longer be able to educate the PTA, leaving a void, especially in rural areas. Currently, about 80% of PTAs are educated at community colleges.

NPTE pegs 2009 pass rates at 81% first time and 93% ultimate, so perhaps we should ask if there is a need for more education. And would the increase in coursework be primarily PTA or general education credits? It should also be noted that 68% of PTA students decided to pursue their career in part because of the perceived time to complete the program.

Those who support increasing requirements say that a more advanced degree will allow necessary time for graduates to have skills required to function in today's healthcare environment, and that the public, regulatory agencies and third party payers perceive limitations with a two-year degree as a negative factor.

Furthermore, there is the argument that it is unwise for a doctoring profession to maintain their assistant at a low educational level and that administrative requirements placed on programs are not appropriate for an associate degree model.

It's also mentioned that too much may be required in too short a time; the current PTA graduation rate of 73% (compared to 89% in PT education) could be an indicator of inordinate expectations placed upon PTA students.

Moving forward

This summer, at the APTA House of Delegates, a motion was made to work with other stakeholders to develop guidelines for the transition to a bachelor's degree model. That motion passed, and because of that, a motion encouraging the House of Delegates to set a date by which an entry-level bachelor's degree for PTA would be required was withdrawn.

The passed motion will result in a feasibility study regarding a possible transition to a bachelor's degree model. The APTA Board of Directors will next determine who is responsible for seeing the motion's charge carried out, with an interim report due to the House of Delegates in 2013 and a final report due to the House of Delegates in 2014.

And the survey says...

Another major issue is the large number of credited or developing PTA programs, which currently stands at 348. Directors of all 280 accredited PTA program were surveyed about the program increase, with 136 responding.

- Is the increase in programs a positive development for the profession? Yes, 35.8%; No, 64.2%
- Is it a positive development for education? Yes, 28.6%; No, 71.4%
- There are not enough PTA programs within the U.S. Agree, 20.2%; Disagree, 79.8%
- There are not enough PTA programs in my state. Agree, 13.9%; Disagree, 86/1%.
- This will have a negative effect on my program. Yes, 72.1%; No, 27.9%
- This will make obtaining clinical education sites more difficult. Yes, 85.4%; No, 14.6%
- There will be an oversupply of PTAs nationally in 5 years. Yes, 64.2%; No, 35.8%
- There will be an oversupply of PTAs in my state in 5 yrs. Yes, 68.1%; No, 31.9%

The conclusion, then, is that the vast majority of PTA program directors believe the increasing number of PTA programs will have a negative effect on the PT profession, PTA education and individual programs.

Certainly, this concerns a lot of emotional and cost issues to student and community, but the primary issue is what is needed to ensure that patients get care provided by people with appropriate training. We have to decide how to do the best we can do within the education system and the structures that we have.

Positions on procedural interventions

In 2000, the APTA House of Delegates issued this position statement.

“There are certain interventions which require immediate and continuous examination and evaluation throughout the intervention” and are thus beyond the scope of the PTA. Included were spinal and peripheral joint mobilizations and sharp instrument debridement.

CAPTE’s normative model of PTA education in 2007 reflected that position, saying PTA education programs could continue to teach the cognitive, but not the psychomotor aspects of these interventions.

But a survey presented at APTA’s Combined Sections Meeting in 2010 found that PTA students, during clinical education, were indeed performing peripheral joint mobilizations (58.5%) and spinal joint mobilizations (25.9%)

The FSBPT 2011 clinical practice analysis showed that procedures performed by entry-level PTAs included peripheral joint mobilizations (43%), spinal mobilization (28%) and manual traction (43%).

Partly due to that FSBPT survey, CAPTE has since issued a new position statement. It states that CAPTE believes that Grade 1 and 2 peripheral joint mobilization techniques do not necessarily require the level of expertise of a PT, and CAPTE 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 students’ competence when performing these skills.

However, state practice acts are mostly silent on the issue. Only five states have said “no” to PTAs being allowed to perform joint mobilization – Hawaii, North Dakota, Pennsylvania, South Dakota and Utah. Seven have said “yes” – Louisiana, Massachusetts, North Carolina, Kansas, New Mexico, Nebraska and Wisconsin.

As you might expect, many PTAs are confused and going to the practice act for clarification.

Practice act says...

Here is what the Minnesota practice act states:

“The PT may delegate patient treatment procedures only to a PTA who has sufficient didactic and clinical preparation. The PT may not delegate the following activities to the PTA or other supportive personnel: patient evaluation, treatment planning, initial treatment, change of treatment and initial or final documentation.

Those are the facts, and these are the perceptions of PTAs regarding the legality of performing joint mobilization and spinal mobilizations according to 238 who were surveyed in Minnesota.

Does the Minnesota Practice Act allow PTAs to perform...

- Peripheral Joint Mobilizations: Yes, 40.8%; No, 27.7%; Don't know, 31.5%
- Spinal mobilizations, Yes, 20.2%; No, 51.3%; Don't know, 28.6%

Outpatient setting:

- Peripheral joint mobilization: Yes, 55.6%; No, 19.8%; Don't know, 24.7%
- Spinal mobilizations: Yes, 20.2%; No, 51.3%; Don't know, 28.6%

When asked if they had performed peripheral joint mobilizations, 36.6% said yes overall, and 61.7% of outpatient PTAs said yes as well. When asked if they had performed spinal joint mobilizations, 19.3% said yes overall, and 40.7 % of outpatient PTAs said yes as well.

Reimbursement issues

The major payment challenges are TRICARE, Wal-mart and regional issues.

TRICARE provides health benefits for retired member of the uniform services, and spouses and children of the military who are active, retired or deceased. It takes care of the people who take care of us. Authorized providers are institutional providers, individual professional providers and sellers of items (durable medical equipment).

TRICARE will cover services billed under the name of an authorized institutional provider when the services are provided by an employee of the authorized institutional provider in accordance with generally accepted norms for clinical practice.

It will cover services of professional providers – and PTs are not on list - but also includes services when the patient is referred and supervised by a physician, which includes licensed, registered physical therapists. It does not list PTAs.

Regulations would have to be revised for services performed by PTAs to be reimbursed in all settings. TRICARE is evidently willing to consider coverage, but there would have to be changes in the regulatory process, which is slow.

On a brighter note, Wal-mart is now paying for services provided by PTs and PTAs.

Regional issues are confronted on a case-by-case basis, and APTA has the resources to help chapters with this process.

A hazy future

The future is pretty hazy, as we are not sure how new developments in healthcare will affect reimbursement in general, much less in relationship to the PTA. Contributing to this hazy outlook are the alternative payment system, accountable health organizations, the economy and the elections. We believe the future will probably include a tiered payment system.

Professional issues

The RC2-12 amendment provides that the American Physical Therapy Association (APTA) recognizes that physical therapy is provided by, or under the direction and supervision of a physical therapist. Evaluation remains the complete responsibility of the physical therapist.

The proviso to the resolved clause states that this position will become effective upon implementation of necessary initiatives in education, practice, payment, regulation, and research, and adoption of requisite APTA positions, standards, guidelines, policies and procedures. Annual interim reports will be provided to the House of Delegates beginning in 2013.

Before this is adopted, several steps must be taken, including determination of needed changes including scope, feasibility, timing and other resources required to adopt any and all new models, amendment of APTA positions, standards, guidelines, policies and procedures, an interim report to the 2013 House of Delegates and a final report no later than 2014 to the House of Delegates. The House of Delegates must approve any model.



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