



## Reentering Physical Therapy Providers: Structured Learning Options February 2022

### Abstract

This report focuses on what is necessary for the reentering physical therapist or physical therapist assistant to relearn to competently return to practice/work and suggestions of structured learning activities as to means to review/relearn the critical work activity (CWA).

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# Reentering Physical Therapy Providers: Structured Learning Options

## Purpose

The purpose of this report is to focus on what is necessary for the reentering physical therapist (PT) or physical therapist assistant (PTA) to relearn to competently return to practice/work. In addition, suggestions will be offered as to means to review/relearn the critical work activity (CWA). For purposes of this report, the reentering PT or PTA is an individual who was licensed/certified at one time but is now unlicensed in the jurisdiction in which they want to practice/work and is ineligible for licensure by endorsement.

## Background

Until May 2021, no profession-specific information existed regarding the time frame where a PT or PTA may lose professional competency without engaging in active practice.<sup>1</sup> In early 2021, the Healthcare Regulatory Research Institute contracted with a cognitive psychologist to develop the report *Competence in Physical Therapy: A Framework for Understanding Effects of Disuse on Physical Therapy Performance* to evaluate the expected rate of loss due to disuse and how quickly minimal competence can be regained for PT and PTA CWAs. Although the results of the report provide a scientific basis for policy recommendations concerning retraining after a period of disuse, determining a consistent point in time where a lapse in practice may impact a practitioner's ability to practice/work safely has proven to be a challenge. Without more data in this area, the length of time to trigger reentry requirements will likely remain inconsistent among physical therapy regulatory boards.

## Method

For this report, the subject matter experts (SMEs) answered two multiple-choice questions about each CWA and numerical values assigned to each response. Question 1 (loss question) asked about time for loss of minimal competence to occur.

1. How rapidly does the component deteriorate to the point where minimal competence is lost over a period of disuse?

<b>Response</b>	<b>Value</b>
A. Rapid rate of loss (less than 6 months)	A = 4
B. Moderate rate of loss (6-12 months)	B = 3
C. Slow rate of loss (12-24 months)	C = 2
D. Almost no loss over time (25+ months)	D = 1

Question 2 (recovery question) asked about expected amount of time to recover minimal competence, from a short (2 weeks) to an extensive (6-12 months) amount of time.

2. How quickly can minimal competence in the component be regained after a period of disuse (assume a disuse period of 1 year)?

<b>Response</b>	<b>Value</b>
A. Minimal competence can be quickly regained after a short amount of time (around 2 weeks)	A = 1
B. Minimal competence can be regained after a minimal amount of time (2-3 months)	B = 2
	C = 3

- C. Minimal competence can be regained after a moderate amount of time (3-6 months)
- D. Minimal competence can be regained after an extensive amount of time (6-12 months)

D = 4

The CWAs most likely to diminish and not easily relearned should be the greatest concern and focus of the regulatory board when determining issuing a license to a reentering provider. Based on the scales for both questions, lower values indicate a better expected outcome (slower rate of decline, shorter time to recover minimal competence) and higher values a worse expected outcome (faster rate of decline, longer time to recover minimal competence). To determine the CWAs of most concern, all CWAs rated 1.5 and below for recovery and loss were eliminated. CWAs rated lower than 1.5 on question 1 are CWAs most people generally don't forget/lose and thus were eliminated from the list. CWAs rated lower than 1.5 on question 2 are CWAs most people generally can recover competence in quickly and were eliminated from further consideration.

The task force was asked to identify and eliminate CWAs that are mostly dispositional or internal factors. Dispositional factors are individual characteristics that come from within an individual and influence behavior and action in a person. Typically, an individual has little control over dispositional factors and examples include genetics or personality traits, tolerance of stress, introversion versus extraversion.

The remaining list of CWAs were those that are non-dispositional in nature, more easily lost and not easily regained (CWAs of Concern).

The task force members next reviewed each CWA of Concern to determine the best method to aid in recovery of the CWA, structured learning, or other means such as a job support. First, task force members agreed on the concept of a job support. Job supports tend to be simple tools used to demonstrate competence and facilitate independence. A job support may be a designated co-worker available to the individual to seek out guidance, ask questions, shadow, or ask for supervision/oversight on specific activities, rather than supervision over the entirety of the clinical practice. A job support may be a checklist that is followed to ensure safe procedures with use of certain equipment or for meeting documentation standards. It is important for the re-entering therapist and the employer to define the gap between the employee's current skills and the job requirements, and any possible job supports. The employer and the employee should discuss the support/training normally given to a new employee or new graduate and determine if anything more is needed. Once understanding of a job support was established, the task force members reviewed the CWAs of Concern and noted those which required structured relearning (Tables A and B).

**Table A: CWAs of Concern Requiring Structured Relearning- Physical Therapists**

Demonstrates knowledge of federal laws and rules applicable to physical therapy
Demonstrates knowledge of state laws and rules applicable to physical therapy
Participate in the clinical education of students
Documentation provides sufficient information to allow for another therapist to assume care of the patient
Charges Submitted for Payment are Supported by the Documentation

Perform screen of the...

- ...patient/client's current affect, cognition, communication, and learning preferences (e.g., ability to make needs known, consciousness, orientation, expected emotional/behavioral responses)
- ...patient/client's quality of speech, hearing, and vision (e.g., dysarthria, pitch/tone, use of corrective lenses, use of hearing aids)
- ...vestibular system (e.g., dizziness, vertigo)
- ...gastrointestinal system (e.g., difficulty swallowing, nausea, change in appetite/diet, change in bowel function)
- ...genitourinary system (e.g., changes in bladder function, catheter complications)
- ...reproductive system (e.g., sexual and/or menstrual dysfunction, menopause status)
- ...cardiovascular/pulmonary system (e.g., blood pressure, heart rate, respiration rate)
- ...lymphatic system (e.g., primary and/or secondary edema)
- ...integumentary system (e.g., presence of scar formation, skin integrity, discoloration)
- ...musculoskeletal system (e.g., gross symmetry, strength, range of motion)
- ...neuromuscular system (e.g., gross coordination, motor function, balance, locomotion, gross sensory function)

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Appropriately selects tests and measurements related to the chief complaint

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Select and perform joint integrity and range of motion tests and measures of...

- ...spinal and peripheral joint stability (e.g., ligamentous integrity, joint structure)
- ...spinal and peripheral joint mobility (e.g., glide, end feel)
- ...range of motion (e.g., passive, active, functional)
- ...flexibility (e.g., muscle length, soft tissue extensibility)

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Performs tests & measures: neuromotor development & sensory integration

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Select and perform neurodevelopment and sensory integration tests and measures of...

- ...acquisition and evolution of motor skills throughout the lifespan
- ...sensorimotor integration
- ...developmental reflexes and reactions (e.g., asymmetrical tonic neck reflex, righting reactions)

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Select and perform pain and sensory integrity tests and measures of...

- ...pain (e.g., location, intensity, frequency, central, peripheral, psychogenic)
- ...deep sensation (e.g., proprioception, kinesthesia, pressure)
- ...superficial sensation (e.g., touch, temperature discrimination)
- ...visceral organ sensitivity and integrity (e.g., palpation, auscultation)

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Evaluation and assessment: performs and documents the clinical assessment of the patient

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Interpret each of the following types of data to determine the need for intervention or the response to intervention:

- cardiovascular/pulmonary system
  - lymphatic system
  - arousal, attention, cognition, and communication
  - neuromuscular system
  - functional mobility, balance, and vestibular
  - musculoskeletal system
  - integumentary system
  - anthropomorphic
  - gastrointestinal system
  - genitourinary system
  - need for or use of assistive and adaptive devices/technologies
  - need for or use of orthotic, protective, and supportive devices/technologies
  - need for or use of prosthetic devices/technologies
  - barriers to home, community, work, or school integration/reintegration
  - ergonomics and body mechanics
  - pain and sensory integrity
  - ADLs/IADLs and home management
  - imaging, lab values, and medications
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Interventions: therapeutic exercise
Interventions: manual therapy techniques
Perform manual lymphatic drainage
Perform spinal and peripheral manual traction
Perform peripheral mobilization/manipulation (non-thrust)
Perform peripheral mobilization/manipulation (thrust)
Perform spinal mobilization/manipulation (thrust)
Perform spinal mobilization/manipulation (non-thrust)
Perform cervical spinal manipulation (thrust)
Perform thoracic and lumbar spinal manipulation (thrust)
Fabricate, apply, and/or adjust...
...adaptive devices (e.g., utensils, seating and positioning devices, steering wheel devices)
...protective devices (e.g., braces, cushions, helmets, protective taping)
...supportive devices (e.g., compression garments, corsets, elastic wraps, neck collars, serial casts, short-stretch bandages)
...orthotic devices (e.g., braces, shoe inserts, splints)
Interventions: wound care
Assess wound characteristics (e.g., tissue involvement, depth, tunneling, burn degree, ulcer classification)
Perform and/or train patient/client/caregiver in...
...nonselective debridement (e.g., removal of nonselective areas of devitalized tissue)
...selective enzymatic or autolytic debridement (e.g., removal of specific areas of devitalized tissue)
...sharp debridement (e.g., removal of specific areas of devitalized tissue)
...application of topical agents (e.g., cleansers, creams, moisturizers, ointments, sealants) and dressings (e.g., hydrogels, wound coverings)
...desensitization techniques (e.g., brushing, tapping, use of textures)

**Table B: CWAs of Concern Requiring Structured Relearning- Physical Therapist Assistants**

Demonstrates knowledge of facility's policies and procedures
Demonstrates knowledge of federal laws and rules applicable to physical therapy
Demonstrates knowledge of state laws and rules applicable to physical therapy
Participate in the clinical education of students
Implement emergency procedures (e.g., CPR, AED, calling a code)
Perform first aid
Implement disaster response procedures
Participate in performance improvement and quality reporting activities (e.g., Physician Quality Reporting System, standardized outcomes measurement, application of health informatics)
Educate the healthcare team about...
...the role of the physical therapist and/or physical therapist assistant in patient/client management
...safe patient handling (e.g., injury prevention, ergonomics, use of equipment)
Communicate with the physical therapist when the expectations of the PTA are beyond their knowledge, skills, and abilities
Assign tasks to other personnel (physical therapy aides) to assist with patient/client care
Supervise support personnel (physical therapy aides)
Integrate current best evidence, clinical experience, and patient values in clinical work (e.g., clinical prediction rules, patient preference)

Document...
...data collection results
...intervention(s) and patient/client response(s) to intervention
...patient/client and caregiver education
...communication with the interdisciplinary/interprofessional team related to the patient/client's care
...rationale for billing and reimbursement
...disclosure and consent (e.g., disclosure of medical information, consent for treatment)
Documentation provides sufficient information to allow for another therapist to assume care of the patient
Maintains a record of all clinical care provided
Documentation establishes a link between identified problems and intervention provided
Documents communication with healthcare providers family and caregivers
Demonstrates knowledge of third-party payer policies and requirements
Assign billing codes for physical therapy treatment provided
Assigns Appropriate CPT Codes
Charges Submitted for Payment are Supported by the Documentation
Understands the payment systems relative to the clinical setting
Check patient/client's current affect, cognition, communication, and learning preferences (e.g., ability to make needs known, consciousness, orientation, expected emotional/behavioral responses)
Reviews medical records (e.g., lab values, diagnostic tests, imaging, specialty reports, narrative, consults, physical therapy documentation) prior to carrying out the PT plan of care
Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, language preference, economic) to...
...review prior and current level of function
...establish general health status
...identify red flags (e.g., fever, malaise, unexplained weight change) and contraindications
...identify patient/client's, family/caregiver's goals, values, and preferences
...determine impact of medications on plan of care (e.g., medication reconciliation, timing of intervention delivery, adherence)
Recognize changes in status of the...
...patient/client's quality of speech, hearing, and vision (e.g., dysarthria, pitch/tone, use of corrective lenses, use of hearing aids)
...vestibular system (e.g., dizziness, vertigo)
...gastrointestinal system (e.g., difficulty swallowing, nausea, change in appetite/diet, change in bowel function)
...genitourinary system (e.g., changes in bladder function, catheter complications)
...reproductive system (e.g., sexual and/or menstrual dysfunction, menopause status)
...cardiovascular/pulmonary system (e.g., blood pressure, heart rate, respiration rate)
...lymphatic system (e.g., primary and/or secondary edema)
...integumentary system (e.g., presence of scar formation, skin integrity, discoloration)
...musculoskeletal system (e.g., gross symmetry, strength, range of motion)
...neuromuscular system (e.g., gross coordination, motor function, balance, locomotion, gross sensory function)
Administer standardized questionnaires (e.g., pain inventory, falls scale)
Perform tests and measures of...
...arousal and orientation (e.g., level of consciousness, time, person, place, situation)
...attention and cognition (e.g., ability to process commands, delirium, confusion)
...communication (e.g., expressive and receptive skills, following instructions)
...recall (including memory and retention)
Perform tests and measures of...
...body dimensions (e.g., height, weight, girth, limb length, head circumference/shape)
Quantify and qualify edema (e.g., pitting, volume, circumference)

Perform tests and measures of...

...cardiovascular function (e.g., blood pressure, heart rate, heart sounds)  
...pulmonary function (e.g., respiratory rate, breathing patterns, breath sounds, chest excursion)  
...perfusion and gas exchange (e.g., airway protection, oxygen saturation)  
...peripheral circulation (e.g., capillary refill, blood pressure in upper versus lower extremities)  
...critical limb ischemia (e.g., peripheral pulses, skin perfusion pressure)  
...physiological responses to position change (e.g., orthostatic hypotension, skin color, blood pressure, heart rate)  
...aerobic capacity under maximal and submaximal conditions (e.g., endurance, exercise tolerance, metabolic equivalents, perceived exertion)

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Perform tests and measures of...

...cranial nerve integrity (e.g., facial asymmetry, oculomotor function, hearing)  
...spinal nerve integrity (e.g., dermatome, myotome)  
...peripheral nerve integrity (e.g., sensation, strength)  
...neural provocation (e.g., tapping, tension, stretch)

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Perform tests and measures of...

...ergonomics and body mechanics during functional activities  
...postural alignment and position (static and dynamic)

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Perform tests & measures of...

...balance (dynamic and static) with or without the use of specialized equipment  
...gait and locomotion (e.g., ambulation, wheelchair mobility) with or without the use of specialized equipment  
...mobility during functional activities and transitional movements (e.g., transfers, bed mobility)  
...vestibular function (e.g., peripheral dysfunction, central dysfunction, BPPV)

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Perform tests and measures of...

...muscle tone (e.g., hypertonicity, hypotonicity, dystonia)  
...dexterity, coordination, and agility (e.g., rapid alternating movement, finger to nose)  
...ability to initiate, modify and control movement patterns and postures (e.g., catching a ball, gait)  
...ability to change movement performance with practice (e.g., motor learning)  
...movement quality (e.g., purpose, precision, efficiency, biomechanics, kinematics)

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Perform tests and measures of...

...muscle strength, power, and endurance without specialized equipment (e.g., manual muscle test, functional strength testing)  
...muscle strength, power, and endurance with specialized equipment (e.g., isokinetic testing, dynamometry)

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Perform tests and measures of...

...spinal joint stability (e.g., ligamentous integrity, joint structure)  
...peripheral joint stability (e.g., ligamentous integrity, joint structure)  
...spinal joint mobility (e.g., glide, end feel)  
...peripheral joint mobility (e.g., glide, end feel)  
...range of motion (e.g., passive, active, functional)  
...flexibility (e.g., muscle length, soft tissue extensibility)

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Perform tests and measures of...

...acquisition and evolution of motor skills throughout the lifespan  
...sensorimotor integration  
...developmental reflexes and reactions (e.g., asymmetrical tonic neck reflex, righting reactions)

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Select and perform reflex integrity tests and measures of...

...deep tendon/muscle stretch reflexes (e.g., quadriceps, biceps)  
...upper motor neuron integrity (e.g., Babinski reflex, Hoffman sign)

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Perform tests and measures of...

...pain (e.g., location, intensity, frequency, central, peripheral, psychogenic)  
...deep sensation (e.g., proprioception, kinesthesia, pressure)  
...superficial sensation (e.g., touch, temperature discrimination)

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Collect data on...

...patient/client's ability to perform activities of daily living (ADL) (e.g., bed mobility, transfers, household mobility, dressing, selfcare, toileting, sexual relations)  
...patient/client's ability to perform instrumental activities of daily living (IADL) (e.g., household chores, hobbies)  
...patient/client's ability to perform skills needed for integration or reintegration into the community work, or school  
...barriers (e.g., social, economic, physical, psychological, environmental, work conditions and activities) to home, community, work, or school integration/reintegration  
...safety in home, community, work, or school environments

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...patient/client's ability to participate in activities with or without the use of devices, equipment, or technologies

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Perform and/or train patient/client/caregiver in...

...aerobic capacity/endurance conditioning  
...balance, coordination, and agility activities  
...body mechanics and postural stabilization techniques  
...flexibility techniques  
...neuromotor techniques (e.g., movement pattern training, neuromuscular education or reeducation)  
...relaxation techniques  
...strength, power, and endurance exercises  
...genitourinary management (e.g., pelvic floor exercises, bladder strategies)  
...gastrointestinal management (e.g., bowel strategies, positioning to avoid reflux)  
...manual/mechanical airway clearance techniques (e.g., assistive cough, incentive spirometer, flutter valve, postural drainage percussion, vibration, postural drainage)  
...techniques to maximize ventilation and perfusion (e.g., positioning, active cycle breathing, autogenic drainage, paced breathing, pursed lip breathing)  
...mechanical repositioning for vestibular dysfunction  
...habituation/adaptation exercises for vestibular dysfunction

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Educate patient/client and/or caregiver about...

...patient/client's current condition and health status (e.g., nature of the condition, prognosis, potential benefits of physical therapy interventions, potential treatment outcomes)  
...role of the physical therapist and/or physical therapist assistant in patient/client management  
...lifestyle and behavioral changes to promote wellness (e.g., nutrition, physical activity, tobacco cessation)  
...the role of physical therapy in transitional planning (e.g., hospice, palliative care, setting changes)

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Modify and/or progress within the plan of care based on patient/client's resources (e.g., financial, transportation, time, insurance benefits, available technologies)

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Identify signs/symptoms of change in patient/client's health status that require intervention by physical therapist

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Identify signs/symptoms of change in patient/client's health status that require intervention by inter-professional/interdisciplinary team members

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Perform spinal and peripheral manual traction

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Perform and/or train patient/client/caregiver in soft tissue mobilization (e.g., connective tissue massage, therapeutic massage, foam rolling)

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Perform peripheral joint range of motion

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Perform peripheral mobilization/manipulation (non-thrust)

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Perform peripheral mobilization/manipulation (non-thrust)

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Perform and/or train patient/client and/or caregiver on appropriate infection control works (e.g., universal precautions, hand hygiene, isolation, airborne precautions, equipment cleaning)

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Apply taping for...

...to accomplish goals in neuromuscular reeducation  
...pain management

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Perform and/or train patient/client in...

...the use of environmental modifications (e.g., ramps, grab bars, raised toilet, environmental control units)  
...activities of daily living (ADL) (e.g., bed mobility, transfers, household mobility, dressing, self-care, toileting, sexual relations)  
...community and leisure integration or reintegration (e.g., work/school/play)  
...instrumental activities of daily living (IADL) (e.g., household chores, hobbies)  
...mobility techniques  
...fall prevention and fall recovery strategies  
...behavior modification and strategies that enhance functioning (e.g., energy conservation, pacing, pre-activity planning, reminder schedules)

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Apply, and/or adjust...

...adaptive devices (e.g., utensils, seating and positioning devices, steering wheel devices)  
...protective devices (e.g., braces, cushions, helmets, protective taping)  
...supportive devices (e.g., compression garments, corsets, elastic wraps, neck collars, serial casts, short-stretch bandages)  
...orthotic devices (e.g., braces, shoe inserts, splints)

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Apply and/or adjust...
...assistive devices/technologies (e.g., canes, crutches, walkers, wheelchairs, tilt tables, standing frames)
...prosthetic devices/technologies (e.g., lower extremity and upper-extremity, microprocessor-controlled prosthetic devices)
...prescribed oxygen during interventions
Train patient/client/caregiver in the use of...
...adaptive devices (e.g., utensils, seating and positioning devices, steering wheel devices)
...assistive devices/technologies (e.g., canes, crutches, walkers, wheelchairs, tilt tables, standing frames)
...orthotic devices (e.g., braces, shoe inserts, splints)
...prosthetic devices/technologies (e.g., lower extremity and upper-extremity, microprocessor-controlled prosthetic devices)
...protective devices (e.g., braces, cushions, helmets, protective taping)
...supportive devices (e.g., compression garments, corsets, elastic wraps, neck collars serial casts, short-stretch bandages)
Perform and/or train patient/client/caregiver in...
...nonselective debridement (e.g., removal of nonselective areas of devitalized tissue)
...application of topical agents (e.g., cleansers, creams, moisturizers, ointments, sealants) and dressings (e.g., hydrogels, wound coverings)
...desensitization techniques (e.g., brushing, tapping, use of textures)
Perform and/or train patient/client/caregiver in...
...biofeedback therapy (e.g., relaxation techniques, muscle reeducation, EMG)
...iontophoresis
...phonophoresis
...electrical stimulation therapy (e.g., electrical muscle stimulation (EMS), TENS, functional electrical stimulation (FES), interferential therapy, hi-volt)
...cryotherapy (e.g., cold pack, ice massage, vapocoolant spray)
...hydrotherapy (e.g., aquatic exercise, underwater treadmill)
...ultrasound procedures
...hot pack thermotherapy
...paraffin bath thermotherapy
Apply and/or train patient/client/caregiver in...
...intermittent pneumatic compression
...assisted movement devices (e.g., continuous passive motion devices, dynamic splint)
...mechanical spinal traction
Discuss physical therapy evaluation findings, interventions, goals, prognosis, discharge planning, and plan of care with...
...supervising physical therapist
...interprofessional/interdisciplinary team members
...patient/client and caregiver
Gather information/discuss patient/client's current health status with interprofessional/interdisciplinary team members
Provide written, oral, and electronic information to the patient/client and/or caregiver
Compare intervention outcomes with normative data

Task force members created a list of structured learning options for remediation of CWAs (Table C).

**Table C: Structured Relearning Options**

Assessment tool (including NPTE retake)
Supervised Clinical Practice with evaluation
Continuing education (includes university course- in person or online; for credit or audit, NPTE prep course, in-person or virtual, conference, webinar, education modules)
Completion of post-professional physical therapy degree
Jurisprudence exam
Mentorship
Self-study
Simulated patient experiences/activities- (act as the patient, examiner of simulated patient, role-play, models)
Case study- read or create
Inservice- attend or prepare/present
Shadowing/observation- completing tasks under the supervision of a training manager, coworker or outsourced professional trainer
Structured skills checklist with evaluation
Journal club

Publications, books, journals
Research/paper
Reflective writing
Volunteer hours- university lab assistant, clinic/facility aide
Academic hospital rounds- grand rounds or specialty specific (ortho, neuro)

Task force members recommend physical therapy regulatory boards require each reentering PT or PTA to perform a self-assessment identifying the individual's strengths and weaknesses regarding the CWAs of Concern and develop a plan to remediate. The board can review the plan and approve or make revisions.

Each of the CWAs of Concern requiring structured relearning was evaluated by task force members who identified best options to aid in its recovery. There are many remediation options for the same CWA of Concern physical therapy boards may consider. The task force recommendations can be found in Table D for PTs and Table E for PTAs. Logistically, some of the options will be easier than others to complete. For example, there may be geographical regions where a supervised clinical practice is difficult to establish while a mentorship is possible. Mentorship and shadowing/observation are related but have subtle differences which warrant additional explanation. Mentoring is typically a commitment to connect the reentering individual needing to obtain skills or knowledge with a specific mentor who is a subject matter expert in that area. The mentor is focused on supporting the development of the reentering individual and be the point of contact for questions and guidance.<sup>1</sup> In contrast, the shadow/observation is an on-the-job training opportunity allowing the reentering individual to follow and observe more experienced colleague(s) performing activities required by the job, which may also be of interest to the regulatory board. A shadow/observation may be more appropriate for the reentering individual to regain competence in some CWAs of Concern such as appropriate documentation and billing whereas a mentorship may be the better choice for hands-on skills. Communication between the board and the reentering individual is key to determine the best reentry plan.

Rather than being overly prescriptive, the task force members agreed that maximum flexibility was preferable, and all possible options identified should be shared with the regulatory boards in this report. Boards may then collaborate with the reentering individual to design a program to meet the needs of both. Additionally, if the reentering PT or PTA has an employer established, they may also be a partner and create opportunities for remediation under direction from the board. The employer checklist is meant to be a Board approved plan performed under a restricted license until proof of proficiency is submitted. The skills checklist is created collaboratively by the individual, the employer, and the Board.

Although many regulators assume a restricted license refers to a disciplinary action, according to The Model Practice Act for Physical Therapy the definition of a restricted license is when "the board has placed any restrictions and/or conditions as to scope of practice, place of practice, supervision of practice, duration of licensed status, or type or condition of individual to whom the licensee may provide services."<sup>2</sup> The restricted license is appropriate for use with a reentering PT or PTA until all requirements of the Board are met, and competence is demonstrated.

<sup>1</sup> Maghoney, Oriana. *Apprenticeships vs. Internships vs. Mentorships*. PDF file. May 29, 2019.

[https://www.sjcoe.org/CollegeAndCareer/pdf/Internships%20vs.%20Apprenticeships%20vs.%20Mentorships\[1\].pdf](https://www.sjcoe.org/CollegeAndCareer/pdf/Internships%20vs.%20Apprenticeships%20vs.%20Mentorships[1].pdf)

<sup>2</sup> Federation of State Boards of Physical Therapy. *The Model Practice Act for Physical Therapy*. PDF file. 2020 <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Model-Practice-Act>

**Table D: Relearning Options for CWAs of Concern- PT**

Demonstrates knowledge of federal laws and rules applicable to physical therapy	Jurisprudence Assessment (if available) Self-study Continuing education course
Demonstrates knowledge of state laws and rules applicable to physical therapy	Jurisprudence Assessment
Participate in the clinical education of students	*Not needed for re-entry Will need to meet employer's or school's requirements at that time
Documentation provides sufficient information to allow for another therapist to assume care of the patient	Continuing education including requirements for documentation and basics of electronic medical record Employer specific training Peer review Mentorship Supervised Clinical Practice Structured skills checklist by employer Shadowing/observation
Charges Submitted for Payment are Supported by the Documentation	Continuing education including requirements for documentation and basics of electronic medical record Employer specific training Peer review Mentorship Supervised Clinical Practice Structured skills checklist by employer Shadowing/observation
Perform screen of the... ...patient/client's current affect, cognition, communication, and learning preferences (e.g., ability to make needs known, consciousness, orientation, expected emotional/behavioral responses) ...patient/client's quality of speech, hearing, and vision (e.g., dysarthria, pitch/tone, use of corrective lenses, use of hearing aids) ...vestibular system (e.g., dizziness, vertigo) ...gastrointestinal system (e.g., difficulty swallowing, nausea, change in appetite/diet, change in bowel function) ...genitourinary system (e.g., changes in bladder function, catheter complications) ...reproductive system (e.g., sexual and/or menstrual dysfunction, menopause status) ...cardiovascular/pulmonary system (e.g., blood pressure, heart rate, respiration rate) ...lymphatic system (e.g., primary and/or secondary edema) ...integumentary system (e.g., presence of scar formation, skin integrity, discoloration) ...musculoskeletal system (e.g., gross symmetry, strength, range of motion) ...neuromuscular system (e.g., gross coordination, motor function, balance, locomotion, gross sensory function)	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool
Appropriately selects tests and measurements related to the chief complaint	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool

<p>Select and perform joint integrity and range of motion tests and measures of...</p> <p>...spinal and peripheral joint stability (e.g., ligamentous integrity, joint structure)</p> <p>...spinal and peripheral joint mobility (e.g., glide, end feel)</p> <p>...range of motion (e.g., passive, active, functional)</p> <p>...flexibility (e.g., muscle length, soft tissue extensibility)</p>	<p>Structured skills checklist by employer</p> <p>Continuing education course</p> <p>Mentorship</p> <p>Supervised Clinical Practice</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Assessment tool</p>
<p>Performs tests &amp; measures: neuromotor development &amp; sensory integration</p>	<p>Structured skills checklist by employer</p> <p>Continuing education course</p> <p>Mentorship</p> <p>Supervised Clinical Practice</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Assessment tool</p>
<p>Select and perform neurodevelopment and sensory integration tests and measures of...</p> <p>...acquisition and evolution of motor skills throughout the lifespan</p> <p>...sensorimotor integration</p> <p>...developmental reflexes and reactions (e.g., asymmetrical tonic neck reflex, righting reactions)</p>	<p>Structured skills checklist by employer</p> <p>Continuing education course</p> <p>Mentorship</p> <p>Supervised Clinical Practice</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Assessment tool</p>
<p>Select and perform pain and sensory integrity tests and measures of...</p> <p>...pain (e.g., location, intensity, frequency, central, peripheral, psychogenic)</p> <p>...deep sensation (e.g., proprioception, kinesthesia, pressure)</p> <p>...superficial sensation (e.g., touch, temperature discrimination)</p> <p>...visceral organ sensitivity and integrity (e.g., palpation, auscultation)</p>	<p>Structured skills checklist by employer</p> <p>Continuing education course</p> <p>Mentorship</p> <p>Supervised Clinical Practice</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Assessment tool</p>
<p>Evaluation and assessment: performs and documents the clinical assessment of the patient</p>	<p>Structured skills checklist by employer</p> <p>Continuing education course</p> <p>Mentorship</p> <p>Supervised Clinical Practice</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p>
<p>Interpret each of the following types of data to determine the need for intervention or the response to intervention:</p> <ul style="list-style-type: none"> <li>· cardiovascular/pulmonary system</li> <li>· lymphatic system</li> <li>· arousal, attention, cognition, and communication</li> <li>· neuromuscular system</li> <li>· functional mobility, balance, and vestibular</li> <li>· musculoskeletal system</li> <li>· integumentary system</li> <li>· anthropomorphic</li> <li>· gastrointestinal system</li> <li>· genitourinary system</li> <li>· need for or use of assistive and adaptive devices/technologies</li> <li>· need for or use of orthotic, protective, and supportive devices/technologies</li> <li>· need for or use of prosthetic devices/technologies</li> <li>· barriers to home, community, work, or school integration/reintegration</li> <li>· ergonomics and body mechanics</li> <li>· pain and sensory integrity</li> <li>· ADLs/IADLs and home management</li> <li>· imaging, lab values, and medications</li> </ul>	<p>Structured skills checklist by employer</p> <p>Continuing education course</p> <p>Mentorship</p> <p>Supervised Clinical Practice</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p>

Interventions: therapeutic exercise	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool
Interventions: manual therapy techniques	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform manual lymphatic drainage	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform spinal and peripheral manual traction	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool
Perform peripheral mobilization/manipulation (non-thrust)	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform peripheral mobilization/manipulation (thrust)	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform spinal mobilization/manipulation (non-thrust)	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform spinal mobilization/manipulation (thrust)	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform cervical spinal manipulation (thrust)	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform thoracic and lumbar spinal manipulation (thrust)	Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool

Fabricate, apply, and/or adjust... ...adaptive devices (e.g., utensils, seating and positioning devices, steering wheel devices) ...protective devices (e.g., braces, cushions, helmets, protective taping) ...supportive devices (e.g., compression garments, corsets, elastic wraps, neck collars, serial casts, short-stretch bandages) ...orthotic devices (e.g., braces, shoe inserts, splints)	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool
Interventions: wound care	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool
Assess wound characteristics (e.g., tissue involvement, depth, tunneling, burn degree, ulcer classification)	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Simulated patient experiences Assessment tool
Perform and/or train patient/client/caregiver in... ...nonselective debridement (e.g., removal of nonselective areas of devitalized tissue) ...selective enzymatic or autolytic debridement (e.g., removal of specific areas of devitalized tissue) ...sharp debridement (e.g., removal of specific areas of devitalized tissue) ...application of topical agents (e.g., cleansers, creams, moisturizers, ointments, sealants) and dressings (e.g., hydrogels, wound coverings) ...desensitization techniques (e.g., brushing, tapping, use of textures)	Structured skills checklist by employer Continuing education course Mentorship Supervised Clinical Practice Shadowing/observation Simulated patient experiences Assessment tool

**Table E: Relearning Options for CWAs of Concern- PTA**

Demonstrates knowledge of federal laws and rules applicable to physical therapy	Jurisprudence Assessment (if available) Self-study Continuing education course
Demonstrates knowledge of state laws and rules applicable to physical therapy	Jurisprudence Assessment
Participate in the clinical education of students	*Not needed for re-entry Will need to meet employer's or school's requirements at that time
Charges Submitted for Payment are Supported by the Documentation	Mentorship Continuing education course Shadowing/observation Supervised clinical practice Structured skills checklist by employer

<p>Recognize changes in status of the...</p> <p>...patient/client's quality of speech, hearing, and vision (e.g., dysarthria, pitch/tone, use of corrective lenses, use of hearing aids)</p> <p>...vestibular system (e.g., dizziness, vertigo)</p> <p>...gastrointestinal system (e.g., difficulty swallowing, nausea, change in appetite/diet, change in bowel function)</p> <p>...genitourinary system (e.g., changes in bladder function, catheter complications)</p> <p>...reproductive system (e.g., sexual and/or menstrual dysfunction, menopause status)</p> <p>...cardiovascular/pulmonary system (e.g., blood pressure, heart rate, respiration rate)</p> <p>...lymphatic system (e.g., primary and/or secondary edema)</p> <p>...integumentary system (e.g., presence of scar formation, skin integrity, discoloration)</p> <p>...musculoskeletal system (e.g., gross symmetry, strength, range of motion)</p> <p>...neuromuscular system (e.g., gross coordination, motor function, balance, locomotion, gross sensory function)</p>	<p>Continuing education</p> <p>Mentorship</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Supervised clinical practice</p> <p>Assessment tool</p> <p>Self-study</p>
<p>Perform and/or train patient/client/caregiver in...</p> <p>...nonselective debridement (e.g., removal of nonselective areas of devitalized tissue)</p> <p>...application of topical agents (e.g., cleansers, creams, moisturizers, ointments, sealants) and dressings (e.g., hydrogels, wound coverings)</p> <p>...desensitization techniques (e.g., brushing, tapping, use of textures)</p>	<p>Structured skills checklist by employer</p> <p>Continuing education</p> <p>Mentorship</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Supervised clinical practice</p> <p>Self-study</p>
<p>Apply taping for...</p> <p>...to accomplish goals in neuromuscular reeducation</p> <p>...pain management</p>	<p>Structured skills checklist by employer</p> <p>Continuing education</p> <p>Mentorship</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Supervised clinical practice</p> <p>Self-study</p>
<p>Apply and/or adjust...</p> <p>...assistive devices/technologies (e.g., canes, crutches, walkers, wheelchairs, tilt tables, standing frames)</p> <p>...prosthetic devices/technologies (e.g., lower extremity and upper-extremity, microprocessor-controlled prosthetic devices)</p> <p>...prescribed oxygen during interventions</p>	<p>Structured skills checklist by employer</p> <p>Continuing education</p> <p>Mentorship</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Supervised clinical practice</p> <p>Self-study</p>
<p>Apply, and/or adjust...</p> <p>...adaptive devices (e.g., utensils, seating and positioning devices, steering wheel devices)</p> <p>...protective devices (e.g., braces, cushions, helmets, protective taping)</p> <p>...supportive devices (e.g., compression garments, corsets, elastic wraps, neck collars, serial casts, short-stretch bandages)</p> <p>...orthotic devices (e.g., braces, shoe inserts, splints)</p>	<p>Structured skills checklist by employer</p> <p>Continuing education</p> <p>Mentorship</p> <p>Shadowing/observation</p> <p>Simulated patient experiences</p> <p>Supervised clinical practice</p> <p>Specialized medical rounds</p> <p>Self-study</p>
<p>Perform tests and measures of...</p> <p>...spinal joint stability (e.g., ligamentous integrity, joint structure)</p> <p>...peripheral joint stability (e.g., ligamentous integrity, joint structure)</p> <p>...spinal joint mobility (e.g., glide, end feel)</p> <p>...peripheral joint mobility (e.g., glide, end feel)</p> <p>...range of motion (e.g., passive, active, functional)</p> <p>...flexibility (e.g., muscle length, soft tissue extensibility)</p>	<p>Mentorship</p> <p>Continuing education course</p> <p>Shadowing/observation</p> <p>Supervised clinical practice</p> <p>Structured skills checklist by employer</p> <p>Simulated patient experiences</p>

Perform tests and measures of... ...acquisition and evolution of motor skills throughout the lifespan ...sensorimotor integration ...developmental reflexes and reactions (e.g., asymmetrical tonic neck reflex, righting reactions)	Mentorship Continuing education course Shadowing/observation Supervised clinical practice Structured skills checklist by employer Simulated patient experiences
Perform spinal and peripheral manual traction	Mentorship Continuing education course Shadowing/observation Supervised clinical practice Structured skills checklist by employer Simulated patient experiences
Perform peripheral mobilization/manipulation (non-thrust)	Mentorship Continuing education course Shadowing/observation Supervised clinical practice Simulated patient experiences
Perform and/or train patient/client/caregiver in... ...aerobic capacity/endurance conditioning ...balance, coordination, and agility activities ...body mechanics and postural stabilization techniques ...flexibility techniques ...neuromotor techniques (e.g., movement pattern training, neuromuscular education or reeducation) ...relaxation techniques ...strength, power, and endurance exercises ...genitourinary management (e.g., pelvic floor exercises, bladder strategies) ...gastrointestinal management (e.g., bowel strategies, positioning to avoid reflux) ...manual/mechanical airway clearance techniques (e.g., assistive devices, assistive cough, incentive spirometer, flutter valve, postural drainage percussion, vibration, postural drainage) ...techniques to maximize ventilation and perfusion (e.g., positioning, active cycle breathing, autogenic drainage, paced breathing, pursed lip breathing) ...mechanical repositioning for vestibular dysfunction ...habituation/adaptation exercises for vestibular dysfunction	Mentorship Continuing education course Shadowing/observation Supervised clinical practice Structured skills checklist by employer Simulated patient experiences
Perform and/or train patient/client/caregiver in... ...biofeedback therapy (e.g., relaxation techniques, muscle reeducation, EMG) ...iontophoresis ...phonophoresis ...electrical stimulation therapy (e.g., electrical muscle stimulation (EMS), TENS, functional electrical stimulation (FES), interferential therapy, hi-volt) ...cryotherapy (e.g., cold pack, ice massage, vapocoolant spray) ...hydrotherapy (e.g., aquatic exercise, underwater treadmill) ...ultrasound procedures ...hot pack thermotherapy ...paraffin bath thermotherapy	Mentorship Continuing education course Shadowing/observation Supervised clinical practice Structured skills checklist by employer Simulated patient experiences

## Conclusion

The goals of the board and the reentering providers do not need to be in conflict. The goal of the board is to license individuals that will be safe, effective providers of physical therapy services. The providers want to return to practice/work in a timely fashion while being adequately prepared. Neither entity wants to cause harm to patients or see providers in violation of laws/rules of the jurisdiction.