

Federation of State Boards of Physical Therapy

Telehealth in Physical Therapy

Policy Recommendations for Appropriate Regulation

FSBPT Ethics and Legislation Committee

November 12, 2014

Updated: September 2023

This work is the intellectual property of the Federation of State Boards of Physical Therapy. This work may be reproduced and used for educational purposes, but it may not be revised, edited, or otherwise modified in any form.

Ethics and Legislation Committee Members

2023

- Sherise Smith
- Bettina Brown
- Sara Conrad
- Craig Miller
- Steven Scherger
- Enjeen Wolford

2014

- Jane E. Julian, PT/ATC
- Joni Kalis, PT, MS
- Kevin Lindsey, PT
- Kathleen A. Luedtke-Hoffmann, PT, MBA, PhD
- Scott D. Majors
- Robert E. Schmidt, PT

Board of Directors Liaison

2014

- Natalie S. Harms, PT, DPT, GCS
- R. Kenneth Gordon, Esq.

2023

- Michele Thorman, PT, DPT, MBA (2023)

Staff Support

Leslie Adrian, PT, DPT

Rich Woolf, PT, DPT

2023

Contents

Introduction	1
Current Telehealth Legislation and Regulation Specific to Physical Therapy	4
Guidelines for Appropriate Use of Telehealth in Physical Therapy Practice	4
Responsibility for and Appropriate Use of Technology	4
Verification of Identity	4
Informed Consent	5
Provider-Patient/Client Relationship	5
Clinical Guidelines for Use of Telehealth in Physical Therapy Practice	6
Scope of Practice.....	6
Licensure	6
Standards of Care.....	7
Supervision.....	7
Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies.....	7
Privacy and Security of Patient/Client Records and Exchange of Information.....	7
Administrative Guidelines.....	8
Technical Guidelines	9
Emergencies and Patient/Client Safety Procedures	9
Conclusion.....	10
Definitions.....	11
Appendix A Examples: Jurisdiction Telehealth Statutes & Regulations.....	18
Alaska	18
Colorado.....	18
Kentucky.....	18
Louisiana	19
Michigan.....	19
Nevada	19
Oregon	20
Washington.....	21

Telehealth in Physical Therapy

Introduction

The Federation of State Boards of Physical Therapy (FSBPT or the Federation) is a membership organization whose mission is to protect the public by providing service and leadership that promote safe and competent physical therapy practice. Its membership comprises the fifty-three jurisdictional licensing boards in the United States.

Technology has often created shifts in the delivery of healthcare services. While just a few years ago telehealth was a new concept, physical therapists (PTs) and physical therapist assistants (PTAs)¹ are now embarking on the world of digital health technologies and therapeutics. According to the Digital Medicine Society:

Digital medicine describes a field concerned with the use of technologies as tools for measurement, and intervention in the service of human health. Digital medicine products are driven by high-quality hardware and software that support the practice of medicine broadly, including treatment, recovery, disease prevention, and health promotion for individuals and across populations.²

A joint task force of the World Confederation for Physical Therapy and International Network of Physiotherapy Regulatory Authorities proposed the following definition of digital practice: “term used to describe healthcare services, support, and information provided remotely via digital communication and devices.”³

Digital practice is a term used to describe healthcare services, support, and information provided remotely via digital communication and devices. The 2022 American Physical Therapy Association’s (APTA) House of Delegates accepted the position that as long as certain criteria are met, “digital health technologies and therapeutics have the potential to augment physical therapist practice by expanding access, enhancing care delivery models, promoting safety, and improving outcomes.”⁴ The term digital practice encompasses the term telehealth and is more representative of the variety of virtual tools

¹ Collectively will be referenced as physical therapy providers.

² Digital Medicine Society, “Defining Digital Medicine,” Digital Medicine Society (DiMe), 2023, <https://dimesociety.org/about-us/defining-digital-medicine/>.

³ WCPT/INPTRA, “Report of the World Physiotherapy/INTPRA Digital Physical Therapy Practice Task Force,” June 15, 2019, <https://world.physio/sites/default/files/2021-06/digital-practice-report-2021-FINAL.pdf>.

⁴ American Physical Therapy Association, “Digital Health Technologies and Therapeutics in Physical Therapist Practice,” APTA, October 26, 2022, <https://www.apta.org/apta-and-you/leadership-and-governance/policies/digital-technologies-therapeutics-practice>.



augmenting physical therapy practice, including wearable technology, artificial intelligence, platforms, and apps. However, most regulatory language still uses telehealth, telerehabilitation, and/or telemedicine as the term of art. Acknowledging this and the delay between the introduction of technology and updating regulatory language, this resource will continue to use the term telehealth as defined in the seventh edition of the FSBPT Model Practice Act:

The use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.⁵

As technology has improved, providing physical therapy services via telehealth technology has been steadily growing since the 2010s. However, the onset of the COVID-19 pandemic brought exponential expansion. There are other reasons for the increase in utilization including improved reimbursement, positive outcomes, and jurisdictions adding telehealth-enabling statutory language. In March 2020, policy changes allowed PTs to bill Medicare for telehealth services for the first time at the same rate as in-person services.²⁹ New policies also allowed PTs to provide telehealth services from their home while continuing to bill from their office location (to avoid reporting their home address on their Medicare enrollment).

During the pandemic, when healthcare facilities were closed or limiting access, telehealth enabled patients to continue their care. A research report from the US Department of Health and Human Service's Office of the Assistant Secretary for Planning and Evaluation (ASPE) examined the use of telehealth in 2020 during the COVID-19 public health emergency (PHE). Prior to the pandemic, significant restrictions placed on Medicare telehealth visits limited utilization and total telehealth visits were estimated in the hundreds of thousands.⁶ During the PHE, the waiving of statutory limitations and policies such as geographic restrictions and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements for videoconferencing, coupled with the greater flexibility of allowing beneficiaries to receive telehealth in their home, allowed telehealth visits to expand to the tens of

⁵ Federation of State Boards of Physical Therapy, "The Model Practice Act for Physical Therapy a Tool for Public Protection and Legislative Change - Seventh Edition," 2022, <https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf>.

⁶ Centers for Medicare & Medicaid Services, "New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization during the Pandemic | CMS," [www.cms.gov](https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic), December 3, 2021, <https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic>.



millions.⁷ In some cases, such as when travel is difficult or when there is no provider nearby, provided appropriate professional care standards can be maintained, the use of remote visits is favorable to a traditional in-person encounter for the consideration of patient access and safety.

Physical Therapy delivered via telehealth is not a new treatment nor is it an expansion of the scope of practice. Rather, telehealth is a mode of delivering skilled physical therapy care to those in need. The PT retains responsibility for the care of the patient/client and for determining the best means to deliver that care. Standards of care and practice, laws, and regulations currently required to be followed for any in-person encounter must also be followed for any encounter via telehealth.

Advancements in telehealth are seemingly outpacing regulatory requirements, assumptions, and licensure policies. The current physical therapy licensure system, with inconsistent application requirements and limited licensure portability, creates potential barriers to providing physical therapy services remotely. Regulators acknowledge that like all healthcare delivery modes, telehealth has the potential for fraud and abuse as well as other unprofessional conduct. Mandates for in-person evaluations or supervisory visits are examples of regulations, while well-intentioned, may inhibit the potential use and availability of telehealth in physical therapy for patients/clients.

Delivery of skilled physical therapy services via telehealth continues to evolve with the advancement of developing technologies, and as such, questions remain regarding best practices for regulation. Prior to the utilization of telehealth as a mode of delivering physical therapy, all safety procedures and assessment of the appropriateness should be considered. The provider, whether virtual or in person, is responsible for making sure the appropriate care can be delivered without in-person interaction.

The purpose of this document is to provide information and general guidance to physical therapy boards for regulating the use of telehealth technologies in the practice of physical therapy. In developing these recommendations, the committee conducted a review of other professions' models and best practices, telehealth nomenclature, published practice/clinical guidelines, and industry standards. With the rapid growth in telehealth technology and applications, as well as emerging digital practice, the guidelines in this resource were purposefully written in a general manner to maintain future relevance and avoid the need for jurisdictions to continually revise statutes and/or regulations on this topic.

FSBPT updated these guidelines for regulators to consider when drafting statutes, regulations, and policies regarding telehealth technologies in the delivery of physical therapy. These guidelines support a consistent scope of practice and standard of care regardless of the delivery mode and are not draft model language. The following guidelines should not be construed to alter the physical therapy scope of

⁷ Centers for Medicare & Medicaid Services, "New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization during the Pandemic | CMS," [www.cms.gov](https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic), December 3, 2021, <https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic>.



practice or authorize the delivery of physical therapy services in a setting or manner otherwise not authorized by jurisdictional authorities or regulatory agencies. Regulators should review existing statutes and rules to determine if the language is sufficient to authorize physical therapy to be delivered via telehealth technology; drafting new language if required.

Current Telehealth Legislation and Regulation Specific to Physical Therapy

In preparing the following guidelines, the Ethics and Legislation Committee reviewed current and proposed legislative and regulatory language regarding physical therapy and other healthcare provided via telehealth technologies that may prove useful to other jurisdictional authorities. Since the last review in 2015, for the reasons discussed above, numerous jurisdictions have added telehealth language into statute, regulation, or policy; some of which is broadly applicable to all health professions while others are specific to physical therapy. Examples of telehealth affirming language are found in [Appendix A](#) and may be beneficial to jurisdictional authorities as they consider their own terminology and content. Jurisdictions should consider including the following elements: scope of practice and standards of practice remain unchanged whether in person or remote, maintenance of confidentiality, clearly communicating by what means the provider is authorized to legally practice/work in the jurisdiction (compact privilege, license, registry), and documentation (and possibly justification) that remote care is appropriate and potentially effective for the patient/client. Additionally, many jurisdictions have enacted statutes which facilitate telehealth through improved licensure portability by creating alternatives to traditional licensure pathways such as telehealth registries, universal licensure, and multi-state licensure compacts.

As digital practice and technologies such as artificial intelligence are increasingly more sophisticated and present in healthcare, regulators should ensure the goals of public health and protection, health equity, and accessibility are achieved while avoiding restricting the appropriate use of emerging technology.

Guidelines for Appropriate Use of Telehealth in Physical Therapy Practice

Responsibility for and Appropriate Use of Technology

A patient/client's appropriateness to be treated via telehealth should be determined on a case-by-case basis, based on the PT's judgment, patient/client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a patient/client. The therapist should determine and document the appropriate technology used to complete the visit. Additionally, the PT is responsible for assuring those involved in the patient/client's care possess the technological proficiency required to provide a safe and effective physical therapy encounter.

Verification of Identity



Both the patient/client's and the physical therapy provider's identities should be verified at the onset of the telehealth visit. Photo identification is recommended for this verification. The physical therapy provider should clearly inform the patient/client of their credentials (PT or PTA) and the patient/client should be made aware that resources exist, such as jurisdiction websites to verify the physical therapy provider is legally authorized to provide physical therapy services. It is important to identify where the patient/client is physically located and will receive telehealth services.

Informed Consent

PTs/PTAs must follow state law requirements and best practices for acquiring informed consent for in-person encounters, and these same requirements should be followed for the delivery of physical therapy services via telehealth communications/encounters. The patient/client should be made aware of any potential limitations of telehealth services, such as the inability to perform a hands-on examination, assessment, and/or treatment. Informed consent, at a minimum, occurs at the onset of physical therapy care and is updated when there are changes/modifications to the treatment of the plan of care. The PT or PTA should document if informed consent was obtained through written or verbal means, in-person, or via electronic communications. Regardless of the setting, the patient/client has the right to receive a clear explanation of care and the opportunity to give or deny consent.

Given the potential for technology issues and the unique nature of the provision of services through telehealth, PTs may wish to include the following during the informed consent process:

1. Services to be provided in the plan of care provided via telehealth should be clearly communicated with the patient/client.
2. Consent to being photographed, recorded, or videotaped and consent to the storage of the encounter data should be obtained, if applicable. Disclosure should be made as to how long the data will be stored.
3. Consent procedures should include a hold-harmless clause for medical or other information lost secondary to technological failures. The patient/client should be informed of the possibility that technology to provide telehealth services could fail.

Consent to release information from the patient/client's medical record, and laws protecting the confidentiality of medical information, should be held to the same standards of consent as for in-person care.

Provider-Patient/Client Relationship

PTs/PTAs have an obligation to adhere to the professional standards of care for the patient/client; the same guidelines apply for in-person and telehealth physical therapy encounters. Guidelines and standards for telehealth developed by a professional organization or society (e.g. American Physical Therapy Association (APTA)), should be reviewed and incorporated into practice.

The therapeutic relationship forms the basis of a patient/client-centered approach to healthcare. There is little guidance in physical therapy literature regarding the establishment of the therapeutic relationship,



potential implications for patient/client care management, and liability risk. The relationship is established regardless of whether the care delivered was pro bono or for a fee. The MPA defines both the PT and PTA patient/client relationship as the “formal or inferred relationship entered into by mutual consent between [the physical therapy provider] and a patient/client or their legally authorized representative.”⁸

As alternative delivery methods such as telehealth emerge, all parties involved (including regulators) must be mindful that the provider-patient/client relationship may be established in the absence of actual physical contact between the PT and patient/client. Though it may sometimes be difficult to determine the precise moment the relationship is established, the definition in the MPA states the relationship is, “established once the [provider] assumes or undertakes the care or treatment of a patient/client.”⁹ It is solidly established when the PT affirmatively commences to evaluate, diagnose, and render treatment, including any advice or instructions to the patient/client. This relationship continues at a minimum, “until either the patient/client is discharged, or treatment is formally transferred to another practitioner.”¹⁰ Once the provider owes a duty of care to the patient/client, the relationship is established.

Clinical Guidelines for Use of Telehealth in Physical Therapy Practice

FSBPT has proposed the following guidelines for telehealth technologies in the delivery of patient/client care, regardless of any pre-existing provider/client relationship. These guidelines support a consistent scope of practice and standard of care regardless of the delivery mode. Guidelines, position statements, or standards for telehealth developed by a professional organization or society (e.g. American Physical Therapy Association [APTA]), should be reviewed and appropriately incorporated into practice.

Scope of Practice

The following guidelines should not be construed to alter the scope of practice of the physical therapist or authorize the delivery of physical therapy services in a setting or manner not otherwise authorized by jurisdictional authorities or regulatory agencies.

Licensure

Physical therapy providers delivering care using technology must be legally authorized to provide physical therapy in the jurisdiction in which the patient/client is physically located during the provider/client interaction. Most jurisdictions define physical therapy care as occurring in the jurisdiction in which the patient/client is located at the time the technology is used. Although the

⁸ Federation of State Boards of Physical Therapy, “The Model Practice Act for Physical Therapy a Tool for Public Protection and Legislative Change - Seventh Edition,” 2022,

<https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf>.

⁹ Federation of State Boards of Physical Therapy, “The Model Practice Act.”

¹⁰ Federation of State Boards of Physical Therapy, “The Model Practice Act.”



provider should be legally authorized to provide physical therapy in the jurisdiction where the patient/client is located and must adhere to the laws defining scope of practice in that jurisdiction, the provider should not be required to be physically located in that same jurisdiction. Providers of telehealth services shall be aware of credentialing requirements at both the site where the PT is located and the site where the patient/client is located. The PT should ensure compliance with regulatory, credentialing, and accrediting agency requirements as applicable.

Standards of Care

A PT/PTA who uses telehealth communications should ensure that the services provided are included in both the legal scope of practice as well as personal competency, including their education, training, experience, and ability to perform safely and effectively. Physical therapy providers shall be guided by professional ethics and existing clinical practice guidelines with telehealth visits. The same standards of care and professional conduct as a traditional in-person visit with a patient/client must be followed, including documentation and making appropriate referrals. Regardless of the delivery method, a physical therapy examination and evaluation must be completed prior to providing physical therapy interventions. As such, it is incumbent upon the PT to determine the appropriateness for telehealth treatment sessions as a component of, or in lieu of, the in-person provision of physical therapy care. Failure to follow the appropriate standards of care or professional ethics may subject the PT/PTA to disciplinary action.

Supervision

The Model Practice Act states that a PT may provide supervision while either onsite or virtual. As stated previously, the PT or PTA is subject to the same standard of care that would apply to the provision of the same physical therapy service in an in-person setting. Boards should consider reviewing current statutes and regulations for requirements that may inhibit the ability for PTs to provide supervision to PTAs when the patient/client is seen virtually. A PTA should be able to engage in telehealth services with patients/clients where the PT, PTA, and the patient/client are in different locations, provided the client is first evaluated by the supervising PT. Physical therapy statutes and regulations should include the supervision of PTAs for telehealth visits conforming to the acceptable standards of care and compliance with privacy requirements.

Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies

Privacy and Security of Patient/Client Records and Exchange of Information

Physical therapy providers should meet or exceed applicable federal and state legal requirements of personal health information privacy, including compliance with:

- Health Insurance Portability and Accountability Act (HIPAA);



- Health Information Technology for Economic and Clinical Health Act (HITECH);
- Affordable Care Act (ACA); and
- State privacy, confidentiality, security, and medical record retention rules.

More information is provided in the US Department of Health and Human Services' guidance documents¹¹.

Identifiable patient/client health information confidentiality and integrity must be ensured by having sufficient privacy and security measures in place. Physical therapy providers and their staff should be aware of the requirements for privacy and confidentiality associated with the provision of telehealth services at both the originating and remote sites. Best practices for privacy include authentication and/or encryption technology and limiting access to a “need-to-know” basis. Transmissions including patient/client email, billing, and treatment records must be secure within existing technology. All provider-client email, as well as other client-related electronic communications, should be stored and filed in the physical therapy record, consistent with traditional recordkeeping policies and procedures. Specific guidelines shall be in place to address access to patient/client records to ensure that unauthorized users cannot access, alter, tamper with, destroy, or otherwise misuse patient/client information. The physical security of telehealth equipment and the electronic security of data storage, retrieval, and transmission should be maintained. The PT/PTA should confirm the originating site provides the patient/client with privacy during an appointment.

Telehealth does bring some unique issues regarding the security of patient/client information. Patients/clients should be informed of information/communications transmitted via telehealth technologies and the utilization of any passive tracking mechanisms in the collection of information. Additional considerations may include providing clients with a clear method to access, supplement, and amend client-provided personal health information, feedback mechanisms regarding the quality of information and services, and a means to register complaints to the therapist, employer, regulatory board, etc.

Administrative Guidelines

Written policies and procedures should be reviewed for currency and maintained at the same standard as traditional in-person encounters. In addition to privacy, policies and procedures should address topics such as:

- Required patient/client information to be included in communications
- Healthcare personnel authorized to process electronic communications

¹¹ Office for Civil Rights (OCR), “Standards for Privacy of Individually Identifiable Health Info,” HHS.gov, May 20, 2008, <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/standards-privacy-individually-identifiable-health-information/index.html>.



- Types of transactions that will be permitted electronically
- Archival and retrieval of the data
- Quality oversight systems

Procedures should be written to ensure the safety and effectiveness of equipment through ongoing maintenance. Infection control policies and procedures should be followed, and it is imperative that quality-oversight systems are in place.

Technical Guidelines

Physical therapy providers need to demonstrate competence with technology to ensure safe, effective delivery of care. Providers should take appropriate measures to familiarize themselves with the equipment being used by themselves and the patient/client. All providers should be fully aware of the capabilities and limitations of the technology they are using. All providers should have an appropriate plan prior to delivering services ensuring that the equipment is sufficient to support the encounter, is available and functioning properly, and that all personnel using the telehealth equipment are trained in equipment operation and troubleshooting. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

Physical therapy providers should have strategies in place to address the environmental elements of care including the physical accessibility of the treatment space as well as usability of equipment. This is essential in physical therapy telehealth applications as considerations must be made for patients/clients who have a variety of impairments in areas such as fine/gross motor skills, cognition, speech, and language. Providers should also consider possible modifications to accommodate patients/clients with visual or hearing impairments.

Emergencies and Patient/Client Safety Procedures

When providing physical therapy via telehealth services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedure plans, including notifying the patient/client's emergency contact or local physician and calling local first responders, should be accessible by the PT/PTA during telehealth services and the patient/client should be informed of these procedures. It is the responsibility of the practitioner/provider to have all needed information to activate emergency medical services to the patient/clients' physical location at the time of the interaction. At the outset of each telehealth visit the practitioner/provider should confirm the following:

- Patient/client location including physical address
- Alternate methods of communication in case of technical complications
- Ability to safely receive physical therapy treatment in the location without distraction
- Proper functioning of technology
- Understanding of emergency procedures



If during the physical therapy session, the clinician feels that the patient/client is experiencing a medical or clinical complication or an emergency, the treatment session should be immediately terminated, and a local emergency response initiated.

Conclusion

Advancements in technology, initiatives to increase access to care, concerns regarding health equity, and positive outcomes and feedback from patients/clients, as well as the COVID-19 public health emergency, have contributed to the development and acceptance of innovative treatment delivery options for healthcare providers, including PTs/PTAs. However, these innovations often pose challenges to regulators. The delivery of care by or under the supervision of a PT is physical therapy, whether virtual or in person, and falls under the purview of respective jurisdictional regulatory bodies. Regulators should adapt the existing physical therapy regulatory framework for telehealth, rather than draft a new set of telehealth-specific rules. Physical therapy providers must understand that they shall be held to the same laws, rules, ethics, and professional standards for both virtual and in-person encounters.



Definitions

Artificial Intelligence (AI): computer systems able to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages.

Digital: electronic technology that generates, stores, and processes data through binary code.
<https://www.gartner.com/en/information-technology/glossary/digital>

Digital practice: healthcare services, support, and information provided remotely via digital communication and devices. Digital practice is more encompassing than telehealth.

Electronic Communications: the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses, including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.

Informed Consent: a two-way ongoing process between the provider and the patient/client to provide information on the risks and benefits of the treatment plan and interventions recommended while respecting the right of the patient/client to make decisions regarding their healthcare.

Originating Site: the location of the physical therapy provider.

Patient/client: any individual receiving physical therapy from a licensee [or certificate holder]

Physical therapist or Physical therapist assistant-patient/client relationship: the formal or inferred relationship entered by mutual consent between a licensed [certified] physical therapy provider and a patient/client or their legally authorized representative established once care is assumed by the PT/PTA, or the care or treatment of a patient/client has been undertaken. The relationship continues until the PT either discharges the patient/client, or treatment is formally transferred to another provider or as further defined by rule.

Physical therapy providers: inclusive term for physical therapist and physical therapist assistant.

Physical therapy: the care and services provided in person or via telehealth by, or under the direction and supervision of, a physical therapist who is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].

Practice of physical therapy:



- a. Examining, evaluating, and testing patients/clients with mechanical, physiological, and developmental impairments; functional limitations; and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis, and plan of treatment intervention, and to assess the ongoing effects of intervention.
- b. Alleviating impairments, functional limitations, and disabilities; promoting health; and preventing disease by designing, implementing, and modifying treatment interventions that may include, but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/manipulation; functional training in self-care and in home, community, or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment.
- c. Reducing the risk of injury, impairment, functional limitation, and disability, including the performance of participation-focused physical examinations, and the promotion and maintenance of fitness, health, and wellness in populations of all ages.
- d. Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.
- e. Engaging in administration, consultation, education, and research.

Public Health Emergency (United States Federal): under Section 319 of the Public Health Service Act, the Secretary of the US Department of Health and Human Services government may declare that an event, either natural or manmade, creates public health risk and allows the government to take certain actions in response. The public health emergency for COVID-19 began January 31, 2020, and expired at 11:59 p.m. May 11, 2023.

Remote site: the location of the patient/client.

Supervision: the process by which a physical therapist oversees and directs safe and effective delivery of patient care through appropriate verbal, written, or electronic communication. This may be accomplished with the physical therapist located onsite or remotely as deemed appropriate based on the patient/client needs.

Telehealth: the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.



Therapeutic Relationship: another term for the physical therapist or physical therapist assistant-patient/client relationship.

Virtual: carried out, accessed, or stored by means of a computer, especially over a network.



Bibliography

- American Physical Therapy Association. "APTA Guide to Physical Therapist Practice 4.0." APTA Guide to Physical Therapist Practice, 2023.
<https://guide.apta.org>.
- . "Digital Health Technologies and Therapeutics in Physical Therapist Practice." APTA, October 26, 2022.
<https://www.apta.org/apta-and-you/leadership-and-governance/policies/digital-technologies-therapeutics-practice>.
- Arizona Medical Board. "Substantive Policy Statement." AZMD.gov, December 6, 2006.
https://www.azmd.gov/Files/LawsRules/SPS_12_PolicyStmt.pdf.
- Blake, Valarie. "When Is a Patient-Physician Relationship Established?" *AMA Journal of Ethics* 14, no. 5 (May 1, 2012): 403–6.
<https://doi.org/10.1001/virtualmentor.2012.14.5.hlaw1-1205>.
- Brennan, David M., Lyn Tindall, Deborah Theodoros, Janet Brown, Michael Campbell, Diana Christiana, David Smith, Jana Cason, Alan Lee, and American Telemedicine Association. "A Blueprint for Telerehabilitation Guidelines—October 2010." *Telemedicine and E-Health* 17, no. 8 (October 2011): 662–65.
<https://doi.org/10.1089/tmj.2011.0036>.
- Casetext. "Adams v. via Christi Regional Medical Center, 270 Kan. 824 | Casetext Search + Citator," March 9, 2001.
<https://casetext.com/case/adams-v-via-christi-regional-medical-center>.
- Centers for Medicare & Medicaid Services. "Consolidated Appropriations Act, 2021 (CAA) | CMS." www.cms.gov, 2021.
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA>.
- . "New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization during the Pandemic | CMS." www.cms.gov, December 3, 2021.
<https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic>.



- Commodity Futures Trading Commission, and Securities and Exchange Commission. "Commodity Futures Trading Commission 17 CFR Part 162 RIN: 3038-AD14 Securities and Exchange Commission 17 CFR Part 248," April 20, 2013.
<https://www.sec.gov/files/rules/final/2013/34-69359.pdf>.
- Digital Medicine Society. "Defining Digital Medicine." Digital Medicine Society (DiMe), 2023.
<https://dimesociety.org/about-us/defining-digital-medicine/>.
- Federation of State Boards of Physical Therapy. "The Model Practice Act for Physical Therapy a Tool for Public Protection and Legislative Change - Seventh Edition," 2022.
<https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf>.
- Federation of State Medical Boards. "The Appropriate Use of Telemedicine Technologies in the Practice of Medicine." *Fsmb.org*, April 2022.
<https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.
- Fuentes, J., S. Armijo-Olivo, M. Funabashi, M. Miciak, B. Dick, S. Warren, S. Rashid, D. J. Magee, and D. P. Gross. "Enhanced Therapeutic Alliance Modulates Pain Intensity and Muscle Pain Sensitivity in Patients with Chronic Low Back Pain: An Experimental Controlled Study." *Physical Therapy* 94, no. 4 (December 5, 2013): 477–89.
<https://doi.org/10.2522/ptj.20130118>.
- Hall, Amanda M., Paulo H. Ferreira, Christopher G. Maher, Jane Latimer, and Manuela L. Ferreira. "The Influence of the Therapist-Patient Relationship on Treatment Outcome in Physical Rehabilitation: A Systematic Review." *Physical Therapy* 90, no. 8 (August 1, 2010): 1099–1110.
<https://doi.org/10.2522/ptj.20090245>.
- Hall, Joseph L., and Deven McGraw. "For Telehealth to Succeed, Privacy and Security Risks Must Be Identified and Addressed." *Health Affairs* 33, no. 2 (February 2014): 216–21.
<https://doi.org/10.1377/hlthaff.2013.0997>.
- Health Resources and Services Administration. "Telehealth.HHS.gov: How to Get or Provide Remote Health Care." *telehealth.hhs.gov*, June 2, 2022.
<https://telehealth.hhs.gov/>.
- Justia Law. "Mead v. Legacy Health System," October 28, 2009.
<https://law.justia.com/cases/oregon/court-of-appeals/2009/a130969.html>.



- Khalifa, Othman O. "ICT in Telemedicine: Conquering Privacy and Security Issues in Health Care Services." *Www.academia.edu* 4, no. 1 (August 22, 2013).
https://www.academia.edu/2768112/ICT_in_Telemedicine_Conquering_Privacy_and_Security_Issues_In_Health_Care_Services.
- Lee, Yin-Yang, and Julia L. Lin. "The Effects of Trust in Physician on Self-Efficacy, Adherence and Diabetes Outcomes." *Social Science & Medicine* 68, no. 6 (March 1, 2009): 1060–68.
<https://doi.org/10.1016/j.socscimed.2008.12.033>.
- Nova Scotia College of Nursing. "Practice Guidelines for Nurses: Telenursing." Bedford Nova Scotia: Nova Scotia College of Nursing, February 2023.
<https://cdn3.nscn.ca/sites/default/files/documents/resources/Telenursing.pdf>.
- O'Connor, Meghan C. "The Physician-Patient Relationship and the Professional Standard of Care: Reevaluating Medical Negligence Principles to Achieve the Goals of Tort Reform." *Tort Trial & Insurance Practice Law Journal* 46, no. 1 (2010): 109–33.
<http://www.jstor.org/stable/41059475>.
- Office for Civil Rights (OCR). "Standards for Privacy of Individually Identifiable Health Info." HHS.gov, May 20, 2008.
<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/standards-privacy-individually-identifiable-health-information/index.html>.
- Samson, Lok Wong, Wafa Tarazi, Gina Turrini, and Steven Sheingold. "Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location Medicare Telehealth Flexibilities Mitigated Declines in In-Person Visits during the Pandemic in 2020, but There Is Also Evidence of Disparities by Race/Ethnicity and for Rural Populations." Department of Health and Human Services, USA, 2021.
<https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf>.
- Simon, R.I., and D.W. Shuman. "The Doctor-Patient Relationship." *FOCUS* 5, no. 4 (January 2007): 423–31.
<https://doi.org/10.1176/foc.5.4.foc423>.



Torres, Abel, and Richard Wagner. "Establishing the Physician-Patient Relationship." *The Journal of Dermatologic Surgery and Oncology* 19, no. 2 (February 1993): 147–49.

<https://doi.org/10.1111/j.1524-4725.1993.tb03444.x>.

WCPT/INPTRA. "Report of the World Physiotherapy/INTPRA Digital Physical Therapy Practice Task Force," June 15, 2019.

<https://world.physio/sites/default/files/2021-06/digital-practice-report-2021-FINAL.pdf>.



Appendix A Examples: Jurisdiction Telehealth Statutes & Regulations

Alaska

Regulation: 12 AAC Chapter 54. Statutory Authority: AS 08.84.010

12 AAC 54.530. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY PT.

(a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of an interactive telecommunication system by a PT licensed under AS 08.84 and this chapter in order to provide physical therapy to clients who are located at distant sites in the state which are not in close proximity of a PT.

(b) A PT licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system

(1) must be physically present in the state while performing telerehabilitation under this section;

(2) must interact with the client maintaining the same ethical conduct and integrity required under 12 AAC 54.500(c) and (d);

(3) must comply with the requirements of 12 AAC 54.510 for any licensed PTA providing services under this section;

(4) may conduct one-on-one consultations, including initial evaluation, under this section; and

(5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.

Colorado

Title: The Appropriate Use of Telehealth Technologies in the Practice of Physical Therapy Date issued: July 20, 2018 as guidelines modified to policy July 19, 2019

[Physical Therapy Policies - Google Drive](#)

Kentucky

Regulation: 201 KAR 22:160. Telehealth and telephysical therapy.

Section 1. Client Identity, Communication, and Informed Consent Requirements. A credential holder using telehealth to deliver physical therapy services or who practices telephysical therapy shall, upon an initial contact with the client:

(1) Verify the identity of the client;

(2) Obtain alternative means of contacting the client;

(3) Provide to the client alternative means of contacting the credential holder;

(4) Provide contact methods of alternative communication the credential holder shall use for emergency purposes;

(5) Not use personal identifying information in non-secure communications; and

(6) Inform the client and document acknowledgement of the risk and limitations of:

(a) The use of electronic communications in the provision of physical therapy;

(b) The potential breach of confidentiality, or inadvertent access, of protected health information using electronic communication in the provision of physical therapy; and

(c) The potential disruption of electronic communication in the use of telephysical therapy.

Section 2. Competence, Limits on Practice, Maintenance, and Retention of Records. A credential holder using electronic communication to deliver physical therapy services or who practices telephysical therapy shall:

(1) Be responsible for determining and documenting that telehealth is appropriate in the provision of physical therapy;

(2) Limit the practice of telephysical therapy to the area of competence in which proficiency has been gained through education, training, and experience;

(3) Document which physical therapy services were provided by telephysical therapy;

(4) Follow the record-keeping requirements of 201 KAR 22:053, Section 5; and



- (5) Ensure that confidential communications obtained and stored electronically shall not be recovered and accessed by unauthorized persons when the credential holder disposes of electronic equipment and data.

Section 3. Compliance with State Law. A credential holder practicing telephysical therapy shall be:

- (1) Licensed to practice physical therapy where the client is physically present or domiciled; or
- (2) Otherwise authorized by law to practice physical therapy in another jurisdiction where the client is physically present or domiciled.

Louisiana

§319. USE OF TELEHEALTH IN THE PRACTICE OF PHYSICAL THERAPY The board hereby adopts R.S. 40:1223.1 et seq., known as the “Louisiana Telehealth Access Act”, including any amendments thereto, and promulgates these rules to provide for, promote, and regulate the use of telehealth in the delivery of physical therapy services through telehealth. Physical therapists and physical therapist assistants owe a duty to patients to provide quality physical therapy services in accordance with the laws and rules governing the practice of physical therapy regardless of the mode in which those services are rendered. These rules shall be interpreted, construed, and applied so as to give effect to such purposes and intent. Individuals who are licensed physical therapists and physical therapist assistants in good standing in Louisiana may provide physical therapy via telehealth to a patient in an originating site as defined in R.S. 40:1223.3 within the jurisdiction of Louisiana and shall follow all requirements for standard of practice and documentation as provided in the Practice Act and board rules. The standard of care for telehealth services shall be substantially equivalent to the standard of care for services delivered in person. When providing telehealth services, a licensee shall have documented procedures in place to address remote medical or clinical emergencies at the patient’s location. A physical therapist licensed in good standing in another jurisdiction who is providing information, advice, or opinion through telehealth to a physical therapist licensed in Louisiana regarding patient care shall be exempt from Louisiana licensure requirements. A Louisiana licensee providing telehealth services to a patient in an originating site as defined in R.S. 40:1223.3 in a jurisdiction outside of Louisiana may be required to be licensed or registered in the jurisdiction in which the originating site is located.

Michigan

R 338.7127 Telehealth. Rule 27.

- (1) A licensee shall obtain consent for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284.
- (2) A licensee shall keep proof of consent for telehealth treatment in the patient’s up-to-date medical record and follow section 16213 of the code, MCL 333.16213.
- (3) A licensee providing any telehealth service shall do both of the following:
 - (a) Act within the scope of the licensee’s practice.
 - (b) Exercise the same standard of care applicable to a traditional, in-person health care service.

Nevada

NRS 629.510 Legislative findings and declarations. The Legislature hereby finds and declares that:

1. Health care services provided through telehealth are often as effective as health care services provided in person;
2. The provision of services through telehealth does not detract from, and often improves, the quality of health care provided to patients and the relationship between patients and providers of health care; and
3. It is the public policy of this State to:
 - (a) Encourage and facilitate the provision of services through telehealth to improve public health and the quality of health care provided to patients and to lower the cost of health care in this State; and
 - (b) Ensure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.



(Added to NRS by [2015, 621](#))

NRS 629.515 Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws; conditions for establishment of relationship with patient using telehealth; regulations.

1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to [NRS 630.261](#). The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

2. The provisions of this section must not be interpreted or construed to:

(a) Modify, expand or alter the scope of practice of a provider of health care; or

(b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care.

3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:

(a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth.

(b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.

4. A provider of health care may establish a relationship with a patient using telehealth when it is clinically appropriate to establish a relationship with a patient in that manner. The State Board of Health may adopt regulations governing the process by which a provider of health care may establish a relationship with a patient using telehealth.

5. As used in this section:

(a) "Distant site" means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.

(b) "Originating site" means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.

(c) "Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including facsimile or electronic mail. The term includes, without limitation, the delivery of services from a provider of health care to a patient at a different location through the use of:

(1) Synchronous interaction or an asynchronous system of storing and forwarding information; and

(2) Audio-only interaction, whether synchronous or asynchronous.

(Added to NRS by [2015, 621](#); A [2021, 3015](#))

Oregon

Chapter 848

Division 40

MINIMUM STANDARDS FOR PHYSICAL THERAPY PRACTICE AND RECORDS

848-040-0180

Standards for Telehealth Services

(1) A licensee may provide telehealth services to a patient who is domiciled or physically present in the state of Oregon at the time the services are provided. An aide may not provide telehealth services.



- (2) Telehealth services provided must conform to the scope and standards of practice and documentation as provided in Oregon Revised Statutes 688.010 through 688.201 and these Division 40 rules. Telehealth services must be at least equivalent to the quality of services delivered in person.
- (3) Prior to the initiation of telehealth services, a Licensee shall obtain the patient's consent to receive the services via telehealth. The consent may be verbal, written, or recorded and must be documented in the patient's permanent record.
- (4) When providing telehealth services, a Licensee shall have procedures in place to address remote medical or clinical emergencies at the patient's location.
- (5) The application and technology used to provide telehealth services shall meet all standards required by state and federal laws governing the privacy and security of a patient's protected health information.
- (6) A Licensee providing telehealth services to a person who is domiciled in another state and physically present in that state at the time the telehealth services are being provided, may be required to be licensed in the state where the services are being rendered.

Statutory/Other Authority: ORS 688.160(6)©

Statutes/Other Implemented: ORS 688.010-688.230

History:

PTLB 2-2015, f. 8-27-15, cert. ef. 9-1-15

Washington

Regulation: WA Admin Code 246-915-187 Use of telehealth in the practice of physical therapy.

- (1) Licensed physical therapists and physical therapist assistants may provide physical therapy via telehealth following all requirements for standard of care, including those defined in chapters [18.74](#) Revised Code Washington (LAW) and [246-915](#) Washington Administrative Code.
- (2) The physical therapist or physical therapist assistant must identify in the clinical record that the physical therapy occurred via telehealth.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:
 - (a) "Telehealth" means providing physical therapy via electronic communication where the physical therapist or physical therapist assistant and the client are not at the same physical location.
 - (b) "Electronic communication" means the use of interactive, secure multimedia equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the PT or the PTA and the client.

