



MESSAGE FROM THE CHAIR

*John Baker, PT, NCS, GCS, DScPT
Chair, PT Board of Examiners*

I recently interviewed a clinician who wasn't happy with her company's current reorganization. It required more variability in the type of patients she had to work with and she was now job searching. She said, "I have to work with clients I don't really feel like I know what to do." Physical therapists and physical therapist assistants are not immune to the health care sea change going on around us. We may be asked to take on roles and work with clients we are not comfortable with. It is important that we all approach new opportunities, roles, and change with eyes wide open. Remember, it is your responsibility to the public to only work within your competence. COMAR 10.38.03.02 states a PT must "work within the physical therapist's competency in physical therapy evaluation and treatment;" and the section for physical therapist assistants has the same requirement. If you are not competent to see a certain type of client or use a specific treatment technique, then don't. Do no harm.

I know this can be difficult to as-

sess. The "bar" or standard doesn't seem that clear at times but it is a question you should ask yourself every time you agree to provide services for a client in the state of Maryland. Just because you have a license does not mean you are competent to see all types of clients or do all modalities or treatment techniques that are "legal" for a therapist or physical therapist assistant to perform. And passing a course or taking a test in a topic does not mean you are competent. Yes, we all wish it was that easy.

Some of the changes that the Maryland PT Board of Examiners is working on are designed to assist clinicians with this process and remain true to their role to protect the public. Feel free to contact the Board with any questions regarding standards of care. Re-assess your skill level to make sure they are up to expected standards of care. Think critically about your skill level and competence in dealing with clients. Providing the best possible care for our communities is a goal worth pursuing.

Welcome Katharine



Katharine Stout, PT, DPT, NCS, MBA, is the newly appointed physical therapist member of the Board. Dr. Stout recently accepted a position as scientific advisor and neuro-musculoskeletal portfolio manager for Clinical

and Rehabilitative Medicine Research Program at Ft. Detrick. Prior to her current role, Dr. Stout has worked on telehealth projects with the Army's Northern Region Medical Command Tele-rehabilitation and Defense Veterans Brain Injury Center as the tele-TBI program manager, providing telehealth services to remote and troop-intensive sites for service members who have sustained a brain injury. Stout is per diem at Holy Cross Hospital and has assisted the team with incorporation of Tele-PT into their support of local senior centers. She serves as adjunct faculty at the University Of Maryland School Of Medicine and lectures on acute care rehabilitation, brain injury rehabilitation, wellness, and telerehabilitation. Dr. Stout is married and has a 1 year old son, 4 year old lab mix, and a 16 year old beagle.

Legislative Committee Update

During the 2014 General Assembly, the Maryland Board of Physical Therapy Examiners and the Maryland Board of Chiropractic and Massage Therapy jointly introduced legislation to require criminal history background checks for licensure applicants. The proposed legislation will permit the Board of Physical Therapy Examiners to continue its mandate of public protection by obtaining verifiable background information on applicants. Currently 15 jurisdictions, including the District of Columbia, require criminal records checks for licensure as physical therapists and physical therapist assistants. The Board looks forward to working with the Board of Chiropractic and Massage Therapy, the General Assembly, and stakeholders in passing this important legislation in the Board's continued effort to protect the citizens of Maryland while promoting high standards of professionalism in the practice of physical therapy.

Note from the Executive Director

by Carlton A. Curry, Esq., Executive Director



Over the last several years that I have attended the Federation of State Boards of Physical Therapy Annual Meeting, there has been much discussion regarding technological advances related to physical therapy. One area that is being increasingly discussed is the role of telehealth and virtual technologies in the practice and regulation of physical therapy. In 2013, the Board had the opportunity to explore this area further.

Through the PHASE (Public Health Applications for Student Experience) Internship Program, a partnership between Johns Hopkins School of Public Health and the Department of Health and Mental Hygiene (DHMH), the Board worked with Jesse Song, a Master of Science in Public Health candidate, to do a survey of current regulatory trends with respect to telehealth and physical therapy. With guidance from Board Chair, Dr. John Baker, and Board Member, Dr. Rhea Cohn, Jesse spent an academic semester contacting various jurisdictions and stakeholders to assess the regulatory landscape of telehealth in physical therapy.

Jesse incorporated his findings into a presentation given before Johns Hopkins University staff, the Board, and the larger public health community. The Board is deeply appreciative of the work and research Jesse performed.

The Board will continue to monitor the role of telehealth and virtual technologies to ensure the regulation of the practice of physical therapy in Maryland remains progressive, while ensuring public protection.

NOTE: Since completing his PHASE internship with the Board, Jesse Song also completed his graduate studies and is currently employed with DHMH as a Health Policy Analyst.

CONTINUING COMPETENCE DRAFT REGULATIONS

For the last several months the Continuing Competence Committee worked tirelessly to refine and incorporate the various comments received from the proposal presented at the regional meetings held by the Board. The result of the Committee's work is a set of draft regulations which may be viewed on the Board's website. The Board is seeking constructive input from licensees on the latest draft regulations.

The Committee will review the comments received and prepare a final version of the regulations to move through the formal promulgation process. The Board is excited to advance Continuing Competence, keeping Maryland a leader in the practice of physical therapy and in the protection of the public.

Dry Needling Proposed Regulations Backgrounding and Update

by John Baker, PT, NCS, GCS, DScPT
Chair, PT Board of Examiners

In 1989, Maryland became the first jurisdiction to allow dry needling by physical therapists. Of the 53 jurisdictions that regulate the practice of physical therapy (all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands), 26 jurisdictions specifically allow dry needling by licensed physical therapists. The District of Columbia and the neighboring states of Virginia and West Virginia permit dry needling. Further, physical therapists in the United States Army and within the Veterans Administration currently utilize dry needling to treat patients. As the first jurisdiction to approve dry needling by physical therapists, Maryland remains progressive and proactive in permitting safe therapeutic interventions, while protecting the public.

Some states have delineated specific training requirements for physical therapists who utilize dry needling as a part of their practice. The Commonwealth of Virginia, in Guidance Document 112-9, indicates a "physical therapist using dry needling must complete at least 54 hours of post professional training" Similarly, North Carolina requires

a minimum of 54 hours of training for physical therapists practicing dry needling. Other states (Louisiana and Missouri) have minimum training requirements of 50 hours. Colorado has a minimum requirement of 46 hours for physical therapist performing dry needling. All of this training is beyond the entry-level training for a physical therapy, which is currently at the doctoral level.

In 2010, the Maryland Board of Acupuncture asked the Maryland Attorney General's Office for an opinion on whether dry needling "falls within the definition of the practice of physical therapy in Maryland." At the time, the Board of Acupuncture believed that "the authority to insert needles is reserved... to licensed acupuncturists" and certain exempted health care professionals, including physicians performing medical acupuncture.

In August 2010, the Attorney General of Maryland issued an opinion in response to the Board of Acupuncture's request. In the opinion, the Attorney General reviewed the history of dry needling and acupuncture in Maryland and the scope of physical therapy in Maryland. The Attorney General determined that "the authority to use acupuncture needles

for therapeutic purposes is not necessarily reserved exclusively to licensed acupuncturists or those specifically exempted from the licensing requirements for acupuncturists... In our opinion the Physical Therapy Board may determine that dry needling is within the scope of practice of physical therapy if it conducts rulemaking...and adopts a regulation that relates dry needling to the statutory definition of the practice of physical therapy."

In drafting the regulations, the Board of Physical Therapy Examiners considered regulations and position statements from many jurisdictions, including Colorado, the District of Columbia, and North Carolina. The Board also gave serious consideration to a resource paper on dry needling published by the Federation of State Boards of Physical Therapy. We have reached out formally and informally to various stakeholders, including experts in the field, physical therapy educators, the American Physical Therapy Association, the Board of Acupuncture, the public, and Maryland's Secretary of Health and Human Hygiene.

Continued on page 3

Farewell Don

In May 2013 the Board said farewell to long-time Board Member Dr. Donald J. Novak, PT, DPT after eight years of dedicated service. Originally appointed by then-Governor Robert Ehrlich in 2005, Don's dedication was acknowledged by reappointment to a second full term by Governor Martin O'Malley in

2009. During his time of service to the Board, Don was particularly helpful in reviewing hundreds of Continuing Education Unit (CEU) applications and making significant contributions to scope of practice inquiries. The Board thanks Don for his eight years of dedicated service to the citizens of Maryland.



On February 5, 2014, Mrs. Nancy Stanciel, Board Secretary, passed after a lengthy illness. Nancy served on the Board staff for three years, having retired from a career in management with Verizon. Nancy will be fondly remembered for her professionalism and kindness.

Dry Needling Proposed Regulations Backgrounding and Update

Continued from page 2

The Board began by hosting a Dry Needling Task Force, which met on January 6, 2011, to discuss a framework for the regulations. The Board formed a committee of the Board that met on a regular basis to draft the regulations. Following the public comment period initiated by the Secretary, the Board undertook some of these steps again to implement the changes requested by the Secretary. This multi-year process will ultimately benefit the citizens of Maryland by increasing the safeguards required for public protection, including those related to education and training. On December 5, 2013, Brett Felter, staff Board Counsel, Carlton Curry, our Executive Director, and I met again with Maryland's chief medical officer to discuss additional modification requested by the Secretary. We believe that we have adequately addressed these and now anticipate support from the Secretary for these proposed regulations as they continue to move through the legislative process. We expect these Regulations to be voted on by the Maryland General Assembly this term.

The proposed regulations cover a number of critical areas of concern related to the provisions of dry needling, including education and training, needle management techniques, documentation, informed consent, a restriction on delegation, and discipline. Furthermore, the regulations take into consideration the rigorous training in background areas relevant to the competent practice of dry needling, such as surface anatomy and skeletal muscle physiology-content areas that are part of the national physical therapist licensing examination. Taking into consideration the basic preparation that all physical therapists receive in entry level programs, the regulations propose two categories of training: dry needling specific education, and hands-on training in the application and technique of dry needling. The proposed regulations also require sponsorship for those courses by a national organization or its affiliate, so that they meet the highest standards possible. All education and training must include assessment of competency for the didactic work and a demonstration of the hands-on technique.

The proposed regulations also clarify for patients the status of physical therapists that currently provide dry needling while also protecting the public from substandard practice. Additionally, the Board has also proposed a number of oversight mechanisms intended to allow the Board to assess the practice of dry

needling to determine if the regulations are providing for the safety of patients in the State or if further regulatory changes are needed.

Finally, the proposed Regulations recognize that discipline of physical therapists that practice dry needling without the required education and training or without observing the standards of practice is an important part of oversight over the practice. The proposed regulations note specific areas of the existing disciplinary guidelines that

may provide the basis for disciplinary actions for dry needling-related violations.

This has been a long process and should be completed soon. We appreciate stakeholders' patience and involvement in the long process. Soon, hopefully very soon, the public and providers alike should have clear standards for care in dry needling that will ultimately benefit all Marylanders.

2013 Disciplinary Actions

Entire Final Orders and Consent Orders can be viewed on our website at: www.dhmh.maryland.gov/bphte under Disciplinary Actions. Please note that the orders can be modified by action of the Board.



Ibidun, Thompson PT, LN:18394
Date of Order (11/23/13) - Suspension

Johnson, Elaine H. PT, LN:20371
Date of Order (11/22/13) - \$500 fine, Reprimand

Rebstock, Karyn A. PTA, LN:A3450
Date of Order (11/6/13) - Suspension

Jones, Rhonda PTA, LN:A2744
Date of Order (10/25/13) - Modification

Ruta, Marian C. PT, LN:18214
Date of Order (10/22/13) - Summary Suspension
Date of Order (10/23/13)
Suspension Lifted, license is in Good Standing.

Harrell, Wendy PT, LN:20373
Date of Order (10/22/13) - Reprimand, \$300 fine

Rebstock, Karyn A. PTA, LN:A3450
Date of Order (9/20/13) - Summary Suspension

Eyong, Alice PT, LN:21282
Date of Order (9/6/2013) - \$250 fine, 1 year probation.

Derenick, Erin E. PT, LN:21989
Date of Order (8/20/13)
Suspended for 6 months, 2 years probation

Williamson, Catherine A. PTA, LN:A2988
Date of Order (7/29/2013)
Reprimand, Probationary period of 2 years

Mahmood, Tahir PT, LN:20199
Date of Order (7/12/2012)
Suspended for 6 months, \$2,500 fine, 3 years probation

Winn, Tessa, P. PTA, LN:A3277
Date of Order (7/3/2013) - Reprimand, \$400 fine

Brown, Shelley D. PTA, LN:A3141
Date of Order (7/3/2013)
Suspension-minimum 1 year,
Probation upon reinstatement

Mark, Tammy W. PT, LN:21020
Date of Order (7/3/2013)
\$2,500 fine, suspended for 6 months,
5 months stayed, 2 years probation

Ibidun, Thompson PT, LN:18394
Date of Order (6/26/2013) - Summary Suspension

Speer, Patrick Unlicensed
Date of Order (5/21/2013) \$25,000 Fine

Bechtold, Joyce PTA, LN: A1762
Date of Order (5/21/2013)
Suspended for 6 months, 3 years probation

Palmer, Douglas PT, LN: 16998
Date of Order (4/13/2013) Upon reinstatement - one year suspension, followed by one year probation

Chu, Jennifer PT, LN: 18949
Date of Order (4/3/2013) - \$5,000 Fine

Funk, Joshua PT, LN: 23730
Date of Order (3/22/2013) - Reprimand, \$1,000 Fine

Hege-Maisel, Tanya PT, LN: 17530 - Date of Order (3/19/2013) - Reprimand, Probationary period of 2 years

Corbin, Andrea D. PT, LN: 14690
Date of Order (3/1/2013)
Suspended for 1 month, 1 year probation

Felten, Jeremy C. PTA, LN: A3310
Date of Order (1/18/2013) - \$1,000 Fine

PT NEWS

A Publication of The Maryland Board of Physical Therapy Examiners

4201 Patterson Avenue Baltimore, MD 21215 • 410-764-4752 • Fax: 410-358-1183 • Website: dhmh.maryland.gov/bphte

BOARD MEETINGS

January 21, 2014	May 20, 2014	September 16, 2014
February 18, 2014	June 17, 2014	October 21, 2014
March 18, 2014	July 15, 2014	November 18, 2014
April 15, 2014	August 19, 2014	December 15, 2014

The Open Session of the Board meeting is open to the public

The meetings are held at
4201 Patterson Avenue
Baltimore, MD 21215
Room #110 at 1:00 p.m.



Unit #93
Board of Physical Therapy
4201 Patterson Avenue
Baltimore, MD 21215

Presorted
Standard
U.S. Postage
PAID
Baltimore, MD
Permit #3361