



Farewell/Welcome

As summer arrives, there are often changes in the Board membership. Sadly, we bid farewell to John Shober, PT, who has served on the Board since June 1996. He finished out the term of a Board member who resigned and, then had two terms of his own. John is in private practice, just recently received his doctorate degree in physical therapy, and served on the Board's Legislative and Continuing Education Committees. His expertise in private practice, orthopedics, and electromyography were an extreme asset to board discussions.

Ed Lyons, PT served as a Board member for two terms commencing June 1997. His varied em-

ployment background in skilled nursing facilities, hospital settings and private practice was valuable expertise in board discussions. Ed recently opened his own practice in Eldersburg, Maryland. While on the Board, he served on the Legislative Committee and as the Board's liaison to the American Physical Therapy Association.

The Board and staff wish John and Ed the very best in their future endeavors.

Two new members have been appointed—Donald Novack, PT and Stephan Ryan, PT, both are in private practice. Don is from Frederick and Steve from Hagerstown.

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From A Licensee

I am a PT who chooses to work with geriatric patients. I have found working in subacute rehab that my job has increasingly become evaluation and development of individualized plan of care (POC) while physical therapist assistants are providing the daily treatments. This posed new questions as to my responsibilities to the patients and to the PTA. I have reviewed the Maryland Physical Therapy Practice Act and summarized the relevant regulations in hopes of clarifying for me and other licensed physical therapists the relationship and legal requirements between the PT and PTA.

The Practice Act says only give patient treatments to the PTA that they are competent to handle. This implies that the physical therapist judge the ability of the PTA and keep the more complex treatments, if necessary. It also instructs the PT to demonstrate and/or observe treatments to be able to document that the PTA has been trained to follow the prescribed POC. Both of these rules are to ensure the safety of the patient while receiving treatment.

The PT has to be able to prove that he/she developed and reviewed the POC with the PTA and documents continued discussion or supervision of treatment to be able to adjust treatment plans as the patient's status changes. I know I often observe treatment in the gym and even offer suggestions, but taking the next step of writing in the medical record what was observed and discussed as mandated is often forgotten. Documentation of PT and PTA communication is a necessary component for quality care.

I hope this article will be helpful for supervising physical therapist; reminding them of the need to continue to coordinate the care during treatment of the patients being treated daily by a physical therapist assistant.



PTs and PTAs who did not renew -

According to Board records, the following licensees did not renew their license and can not practice physical therapy or limited physical therapy in the State of Maryland. Some may have since had their licenses reinstated.

Physical therapist assistants:

Anthony Atkins
Jessica Barnes

Paul Bramble	Laura Dillon
Tammy Brooks	Lynne Eckley
Therese Chism	Michelle Emerson
Sandra Cooper	Kevin Ewan
Sally Crisp	Jennifer Eyrich
Douglas Cuffee	Brian Fox

PTs and PTAs who did not renew (cont'd)

Almario Gato
 James George
 Michelle Gesswein
 Anne Glynn
 Melvin Greene
 Breanna Halkovich
 Tito Hartz
 Janet Hieber
 Kent Hulnick
 Barbara Kalmer
 Zachary LaSalle
 Robyn Least
 Elizabeth MacKenzie
 Todd Martin
 Ashley McMurtrie
 Michael McNulty
 Eric Medved
 Jody Mohlman
 Kirk Morningstar
 Brandi Morris
 Melissa Moyer
 Michele Mullins
 Kathryn O'Grady
 Jeremy Oldham
 Eric Ondecko
 Diane Preaskorn
 Krista Records
 Terry Reynolds
 Theodore Ricci
 Susan Rice
 Catherine Schneider
 Patricia Scott
 Pamela Selwyn

Travis Senn
 Betsy Smith
 Deanna Stoffle
 Shawn Struzinksky
 Regina Sullivan
 Kelly Tamman
 Susan Tarbet
 Joseph Torello
 Eric Whetsel
 Sylvia Willis
 Amanda Zaksek

Physical therapists:

David Alexander
 Deborah Altman
 Brittaney Anderson
 TraceyAnn Anderson
 Fauzia Asad
 E. Brian Ashton
 Amy Baker
 Candice Barnes
 Daryl Barthelmes
 Danielle Barton
 Jamie Bartz
 Rene Bates
 Deborah Bauer
 Tori Bayer
 Jacqueline Becker
 Raymond Belisle
 Melissa Bell
 Marisa Benson
 Jeremy Berger

Jodi Berger
 Joyce Berger
 Glenys Burns
 Tavona Boggs
 Lita Bostick
 Craig Bouslough
 Naomi Bowman
 Sharon Branch
 Mark Bresee
 Kari Brizendine
 Paula Bronson
 Tamara Bronson
 Robyn Brulatour
 Mary Burgess
 Kenneth Burnett
 Sheila Cancino
 Martha Carroll
 Michelle Cassidy
 Alice Cheung
 Raymond Chiang
 Linda Christopher
 Richard Clendaniel
 James Coker
 Doriscine Colley-Brown
 Robert Collins
 Susan Corriere
 Kevin Corrigan
 Lynette Coyne
 Senobia Crawford
 John Crismali
 Frederick Cudlipp

PTs and PTAs who did not renew (cont'd)

Karen Culler
 Elizabeth Culley
 Quan Dao
 Sherry Dawson
 Mark Derouaux
 Stacy Doten
 Timothy Dreher
 Cynthia Drown
 Molly Dubow
 Nicole Dudley
 Christine Durbin
 DeShon Eason
 Dawn Ebanks
 Melanie Fader
 Donna Feily
 Catherine Fiscella
 Stacey Fransen
 Jacqueline Frustace
 Pamela Garland
 Ginger Garner
 Karen Godley
 Patricia Gordon
 Angela Granger
 Johanna Greiner
 Kraig Gualtieri
 Lisa Gualtieri
 Kara Gummow
 Laura Michele Hall
 Nancy Jean Hansen
 Jeanne Hardmon
 Kristine Harrison

Yvette Harrison
 Jennifer Hartzell
 Tracy Harvey
 Steven Hatfield
 Robin Hayes
 Chandra Heaven
 Melissa Hileman
 Cheryl Holleran
 Brenda Hon
 Soo Hong
 Kimberly Horkey
 Jamie Howard
 Robyn Hunter
 Roberto Incer
 Christopher Jagessar
 Lucy Jainarine
 Tamara Johnson
 Todd Johnson
 John Jurjans
 Elizabeth Keys
 Barbra Kilker
 Matthew Kinne
 Tanya Kormann
 Linda Kosinski
 Dimitrios Kostopoulos
 Savas Koutsantonis
 Kevin Kowalski
 Carissa Kraft
 Melissa Krisniski
 Tiffany Kriz
 Susan Kruger

Timothy Kubistek
 Jodi Kuhn
 Jonathan Kula
 Paul LaBreche
 Anne Lambros
 Zachary LaSalle
 Lynnette Latchford
 Mary Laudeman
 Jennifer Laur
 Phu Le
 Edward Ledesma
 Michael Leininger
 Stephen Levine
 Theresa Loges
 Samson Luk
 James Lumsden
 Catherine Machuski
 Scott Malena
 Courtney Malone
 Stacey Maloney
 Maria Marchetti
 Wendy Marciariello
 Kelly Marciniak
 Patricia Maroda
 Laurie Matson
 Jennifer Mattei
 Joanne Mayberry
 Louis Mazakas
 Alice McDonald
 Sean McLean
 James McMahon

PTs and PTAs who did not renew (cont'd)

Kevin McQuade
Kelley Meehan
Samuel Moncure
Heather Moore
Bonnie Morgan
Beth Morris
Eleanor Mouser
Amy Murray
Shirley Nasirov
Amy Nehrke
Nadine Nembhard
Lisa Norman
Stefanie Parham
Pamela Parker
Christine Parmley
Neelam Patel
Miriam Peace
Elisabeth Perugini
Nicole Petit
Pamela Pfarr
Jacqueline Pollock
E. Brock Price
Jennifer Prue
Sarah Rank
Teresa Reynolds
William Rhodes
Dana Richardson
Daniel Rick
Katie Rickards
Miranda Roberson
Mary Roberts

Monique Rodolphe
Marc Rucker
Hillary Sampson
Arthur Sansone
Michael Santa Lucia
Andrea Santman
Amy Schlor
Angela Schock
Kevin Schroeder
Gregory Schultz
Thomas Schumacher
Michelle Scifers
Gina Shearer
Michele Sheets
Jennifer Sherman
Tiffany Shue
Shirlie Sidhwaney
Megan Sidorick
Vaishali Sikotra
Heidi Simmons
Christopher Sipes
Megan Small
Gerald Smith
Tejpreet Sodhi
Ruth Spence
Lynn Spiegel
Lonni Stanton
James Stoker
Dawn Strickland
Amanda Swann
Brian Tableman

Patricia Talone
Adrienne Taylor
Guy Terry
Tracy Truman
Tracy Umstot
Alan Vuong
Karyn Wade
Victoria Warburton
Jeneen West
Sandra Weyer
Paul Whittaker
Wendy Wilhelm
Trena Williams
Carolyn-Lynne Wilson
Michelle Winer
Julie Wingate
Keith Wong
Jeffrey Wright
Sopheap Yi
Amy Yonker
Elizabeth Young
Marshall Yount
Stacy Yungkurth
Mark Zamerowski

Did you know?

- That your moral and ethical obligation is to report to the Board all information that indicates a person is allegedly performing or aiding and abetting the illegal or unsafe practice of physical therapy.
- That foreign-educated individuals are no longer required to serve a preceptorship.
- That you must meet acceptable standards in delivering physical therapy or limited physical therapy care.
- That there must be documentation of ongoing communication between the PT and the PTA.
- That you must provide information about fees upon request by the patient.
- That the term "physical therapy aide" or "aide" means a person who performs certain physical therapy duties under the direct supervision of a licensed physical therapist. This individual may be known, also, as a physical therapy technician, a rehab tech, or athletic trainer or be described by some other similar title.
- That continuing education must be completed prior to April 1 in the year of renewal to be counted.
- That recently approved continuing education courses and the corresponding units are listed on the Board's web site—dhmh.state.md.us/bphte. This list changes on a monthly basis.

Hear Ye, Hear Ye! CEU Course

The Board is planning a continuing education course on ethics to be held September 23, 2005 at the Conference Center, University of Maryland, College Park. This course will be free to the first 400 licensees that register. Stay tuned for more information!

Legislation—HB 926, sponsored by Delegate John Donoghue, passed in the 2005 session. This bill removed the word "onsite" in referring to supervision of PTAs and removed a certain phrase regarding the preceptorship requirement. The requirements for preceptorship of the foreign-educated PT were removed in the 2004 session.

PTAs are required to have indirect supervision. That means the PT must evaluate the patient and write a plan of care before the PTA may begin treatment. The PT and PTA must have "ongoing" communication re the patient's treatment. This communication (either in person, by telephone, or e-mail) must be documented in the patient's chart by both the PT and PTA. Even if the PT and PTA are working together in a practice setting, there must be documentation of their communication.

Watch for published updates of regulations in the future!

Truth Telling & Safe Disclosures—Paz Susan Caberno-Johnson, PT, DScPT.CWS

Professional conduct is the proper, ethical behavior that supports the highest standards of performance. It goes beyond mere competence in that it seeks the interests of others above one's own. It is the moral compass that builds character among ordinary men because it places the onus squarely on their shoulders to "do the right thing." In the midst of conflicting interests, the moral choice to uphold the common good for the welfare of many is crystal clear.

This principle comes into play when there is a breach of professional standards of care. When we know that someone is possibly doing something unethical, illegal or injurious to the welfare of others, there is a duty to report such activities. As professionals, the greater calling is to protect other people's interests above our own. Blowing the whistle on such activities is not only ethical, it is the right thing to do.

There are two major reasons why many professionals fail to uphold this ethical principle. Many believe that reporting wrong-doing will not amount to anything. There is also a greater fear that disclosing such information will bring reprisals. Other reasons include loyalty to colleagues and the ability of the wrong-doer to assign blame.

Today, there are internal and external safeguards for disclosure of wrong-doing. Companies are integrating policies and setting up venues by which sensitive information can be received and acted upon without the fear of reprisals on the person(s) who reported. This is the first safe haven to disclose wrong-doing provided the company shows a culture of corporate integrity. If the company fails to correct the problem, then the professional is ethically and legally compelled to report the information to regulatory bodies externally.

The Maryland Board of Physical Therapy Examiners supports and encourages disclosures of wrong-doing. Anonymity is provided unless it becomes an interest of justice and law. If there are practices in the delivery of physical therapy service that raise a prudent man's reasonable belief that an infraction has been committed, telling the truth as early and fully as you can is construed as action done in good faith.

Safe disclosures are protected legally. Broadly, if an employee is treated adversely after a complaint was made regarding breach of occupational safety and health and there was a direct connection between cause and effect, the company must provide evidence that is not trying to retaliate. Under the Sarbanes-Oxley's Whistle-Blower provisions, criminal penalties, including fines and prison sentences of up to 10 years, are imposed for *any person* who retaliates against someone who provides truthful information relating to the commission or possible commission of a federal offense. Finally, the False Claims Act of 1863 can be used in "qui tam" lawsuits filed by a citizen(s) who reports wrong-doing against the government and who then reaps a percentage of whatever monies is recovered as a result of a positive outcome of the legal suit. These days, the big qui tam action is in Medicare fraud!

Truth Telling & Safe Disclosures (cont'd)

The measure of true professionalism is not mere ascriptions to the highest level of performance for our own sakes. As healthcare professionals, the moral code by which we live our lives should be more stringent than the ones we use to measure others. Therefore, our values and ideals should not be easily tossed and turned by the demands and pressures of the time and push us into unethical choices in spite of what we know. For in the end, we are left only with our own moral convictions and the sobering need to face the shadows of our own flawed character. Do you have the courage to do the right thing?

The only thing necessary for evil to triumph is for a few good men to do nothing!— Edmund Burke



From the Executive Director -

Renewal processing went well this year with our new PC licensure database, despite the fact that our Board clerk, Jeanette Robinson, has been out ill since April. We wish Jeanette a speedy recovery! All existing staff pitched in to help during this period and renewals were completed on time. The Board, however, urges licensees to submit their renewal applications early. Renewal applications are mailed in March. **DON'T WAIT UNTIL MID TO LATE MAY TO RENEW YOUR LICENSE.** This is when problems arise such as continuing education not being acceptable, renewal application incomplete, etc. The renewal application must then be returned to the applicant, there are delays in the mail and problems ensue. Be considerate to yourself and Board staff—renew your license early! Remember the license expires on May 31 and you cannot work until your license has been renewed. Many employers want to see the license before they will allow a licensee to see patients on June 1.

The Board continues to be active in its role of public protection. Know your law and regulations. Abide by them and keep yourself out of trouble. The Board has two investigators who handle complaints received against PTs and PTAs and are professional in their investigative skills. The Board reviews the investigative report and then votes to charge a person with a violation of the Practice Act, invites the licensee to an informal educational meeting, or closes the case without action.

The Board meetings are open to the public except for the executive session where disciplinary matters are discussed. Meetings are held on the third Tuesday of each month and are advertised on the Board's website—dhmh.state.md.us/bphte. Please come to a meeting. You will learn some of the many issues which come before this body that is empowered by law to regulate PTs and PTAs.

Survey—Complete and return

In response to each statement, please rate your satisfaction with the service you received from the Board office on a scale of 1 to 5 with 5 being the highest.

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. You were able to reach the Board office during state business hours (includes leaving a message) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
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| 5. Renewals were processed timely and accurate | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. You find the Board website easy to navigate and helpful | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. Overall, you are satisfied with the service you received from the Board office | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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