

### **Administering The Maryland Physical Therapy Practice Act**

**Stephen D Ryan, PT, DPT**

Licensing boards are responsible for ensuring that licensees serve the public in positive (legal) ways and do not harm or otherwise take unfair advantage of consumers or clients. Thus, in addition to the Boards' power to license is the inherent power to discipline. The purpose of discipline, which may involve the suspension or revocation of a license, is not merely to protect



the public and the community. Its purpose is to maintain high professional standards and thereby

maintain public confidence in the profession. Members of professional boards may act in similar ways as some parents do when it comes to discipline. While they hate to learn that "one of their own" has done something wrong, they may simultaneously feel guilty when they must impose discipline. On the other hand, they may also be experiencing a sense of outrage that "one of their own" has been perpetrating some egregious behavior on the public. The Board has to take the law as it is and apply it, considering the nature and degree of the offense and how much harm has been done to the public or an individual.

In the Board's regulations under Title 10, Chapter 1 section .05B "Practice after the date of expiration of the license is prohibited." The Board may refuse to grant a license to an applicant who practices after the date of the expiration of the license. An experienced Physical Therapist who lets his or her license lapse does not endanger the public directly because his or her clinical skills have not changed because the license is lapsed. However it makes a mockery of the high professional standards we are all pledged to maintain.

A professional license is considered as a property right. With that right comes

responsibility. However, failure to protect this right by letting the license lapse places its owner in jeopardy, since the license technically NO LONGER EXISTS. The Board requires that the license be prominently displayed is to inform patients that they are being treated by licensed physical therapists and physical therapists. When the license is displayed as required YOU will also see it regularly and hopefully it will remind you that there is a date on which the license expires and YOU have a responsibility to see that it is renewed in a timely manner. The renewal date does not change. It is the same for your license every two years. Professionally, it IS the most important date on your calendar.

The Practice Act is the law that regulates the practice of physical therapy in Maryland. It is important to be aware that as technologies change in the various practice environments there will always be questions about scope of practice that the Board will have to deal with. For instance, technological advances may allow Physical therapists to acquire additional information, which were previously a skilled intervention outside the scope of physical therapy practice, but now are not. This newly accessible clinical information may actually be a necessary adjunct in order to render quality physical therapy services. Answers that seemed appropriate a short while ago may need revision. Board members also complete their terms and are replaced by new members who may have different experiences and outlooks on physical therapy practice. There are also issues where there are overlapping procedures shared by physical therapy with other allied health professions and potential and real entanglements that periodically must be addressed, either at the board level or in the legislature. There are also regular attempts at what seem to be infringements of the Practice Act by other allied health professions, whether they are intentional or not. The Board of Physical Therapy, volunteers all, has the task of maintaining a high level of public confidence in the profession of Physical Therapy and part

of this is to remember that while possession of a license gives one the right to practice, the privilege to practice is dependent on adhering to all aspects of the practice act.

### **CHANGES IN THE BOARD**

**John Baker, PT, DPT** was appointed to the Board recently to fulfill the term of Jill Kuramoto, PT. That term expired May 31, 2008 and John has been reappointed to a four year term.

**Lois Rosedom-Boyd**, consumer member has just completed her first term on the Board and was reappointed to a second term.

**Patrick Rooney**, Investigator, left to pursue a position in the private sector. The Board is in the process of obtaining an investigator through transfer from the Board of Chiropractic Examiners.

**Margery F. Rodgers, PT**, Chairperson of the Board and **Shirley Leeper, PTA**, Vice Chairperson of the Board were both recently reappointed to second terms.

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## RENEWALS!!!!

May 31, 2008 at midnight ended the licensure of all those active licensees whose license ends in an even number. The renewals were conducted online again this year, the second year the Board has offered this system in compliance with a State Government electronic mandate. For most licensees the process went smoothly. There is a payment option of either credit card with an instant receipt or payment by check. When paying by credit card and the Board is notified the card was accepted, the renewal application is reviewed and a license printed immediately. If the check option is chosen, the renewal application is held in queue and renewed only after the check is received.

The Board has never experienced so many people who take their professional licensure as lightly as they have this year. It is amazing to the Board members and staff that there has been such an increase in professionals who "have forgotten" to renew their licenses, tell us they mailed the renewal and yet it was never received in the Board office, have numerous excuses for failing to send payment, failing to pay fines, failing to settle with the State for fines or taxes owed, failing to obtain continuing education. These problems are your problems, which must be resolved before any license can be renewed. The Board staff CANNOT make exceptions for anyone. If you want to continue to work as a physical therapist or physical therapist assistant you must hold a current license. We make every effort to send out the renewal notices well in advance of the month previous to the end of the license period. In fact, we try to mail the notices early in March so that everyone has time to save up for their fee. We also have heard that the fee is so expensive. The Board has not raised its fees in ten years. Some other professional licenses in Maryland are much higher than those of the Physical Therapy Board. For example, to be a licensed Chiropractor in Maryland the fee will soon be \$ 700.

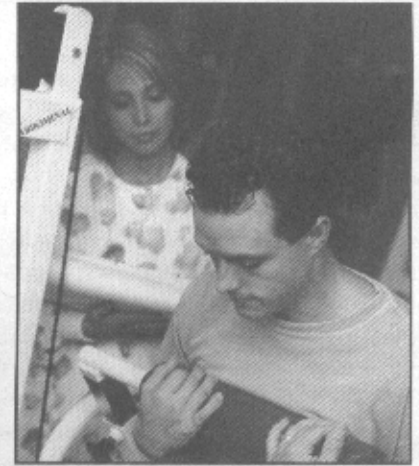
Continuing Education as a condition for licensure has been a requirement in the

Practice Act since 1989. (See Title 13, Section 311 ((d) The Board may adopt regulations to establish continuing education requirements as a condition for the renewal of licenses. The continuing education regulations are found

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at COMAR 10.38.08. Physical Therapists must have 30 contact hours and physical therapist assistants 20 contact hours earned between April 1 and March 31 in the two years prior to renewal. Healthcare providers must keep up to date on the latest techniques, equipment, and treatment options. To be a true professional and outstanding in your field the continuing education requirement is not a burden at all. Continuing education may be earned in a variety of ways—attending courses, online courses, writing a refereed article, presenting a course are some of the ways you may earn continuing education units. In fact all continuing education courses can be taken online.

In the renewal notice sent to all active licensees whose license number ended in an even year, the date before which renewals must be performed online was clearly delineated. That date was May 19th. Because the Board was moved to another floor in May, that deadline was extended a few more days to May 23rd. Still, we learned of persons who tried to go online on May 31, 2008 and were indignant because the site was shut down. The Board is required by law under Title 13, Section 311 (b) At least 1 month before the license expires, the Board shall send to the licensee by first class



mail to the last known address of the licensee, a renewal notice that states: (1) The date on which the current license expires, (2) the date by which the renewal application must be received by the Board for the renewal to be issued and mailed before the license expires, and (3) the amount of the renewal fee. Please take careful note—you may NOT renew on the date your license expires (May 31) because you will not receive a renewed license in the mail prior to the date your current license expires. You may not practice physical therapy on a lapsed license and you MUST have your renewed license in hand prior to practicing after midnight on May 31.

Please honor the profession that you worked so hard to enter. Obey the regulations, renew in a timely fashion and make your lives easier. We at the Board office are doing our part—licensees must do their part. We at the Board strive hard to perform our duties in a professional manner, and would appreciate the same consideration we show you.



## VIOLATIONS

The Board often hears complaints about address fines, public orders and various disciplinary issues. Food for thought: in many other states, issues we deem unreportable, and therefore of a more confidential nature are treated much more harshly and are public. Take the issue of the address fine that the Board is mandated to collect when a licensee does not inform the Board of the change in a timely manner and we receive sent mail back to the Board marked undeliverable. The Board contacts the licensee, collects the fee and that is the end of the issue.



The California Board of Physical Therapy sees it quite differently. They order a citation that is in effect for 5 years. It is a public order and is reported to the Healthcare Integrity and Protection Data Bank (HIPDB). This is a federal database for healthcare practitioners to which all licensing boards are required to report formal disciplinary actions. The licensee has the option of having an administrative hearing before an administrative law judge. Translation: more time and more money involved due to an address fine.

There is also much complaining about continuing education. When it is not completed in the correct time frame, the licensees **MUST** reinstate. Once reinstated, the licensee is in good standing and that is the end of the issue.

The DC Board of Physical Therapy charges licensees and issues public orders for not having sufficient continuing education units. As should be apparent, the Maryland Board strives to be fair and treat licensees respectfully and according to the current statutes. To avoid paying fines or coming before the Board for resolution of violations of the Practice Act, be aware of the laws and regulations under which you practice.

## OFFICE MOVE

The State Department of General Services has moved many of the Health Occupations Boards to the third and fourth floors of the Metro Executive Building. This meant that your Board of Physical Therapy Examiners moved in mid-May from the second floor to the third floor. We are now in a closed suite where it is secure.



We are located next to the Board of Chiropractic and Massage Therapist Examiners. However, there is a locked door between the two suites to ensure only Board members and staff have access to Board records.

We are happy to receive visitors. To gain access to the Board offices, you must present photo identification at the building's reception area. The guard will call someone on the staff. Staff will come to the reception area and escort you to our offices.

## STORAGE OF MEDICAL RECORDS

We often receive calls regarding medical records. The Department of Health & Mental Hygiene has recently promulgated regulations regarding storage and disposal of records. Following is a list of things you should know about medical record storage.

1. Medical records are the personal property of the provider/facility providing the health care. They are not the property of the patient. Patients may request and should receive only copies of their own medical record.
2. Every health care provider/facility must have a medical record retention schedule that includes a list and description of the medical records, the retention period for each medical record, and destruction instructions. This schedule should include storage and maintenance procedures and disposal methods.
3. Medical records must be stored in an office that has access restricted to authorized staff. Electronic medical records shall be stored on an electronic medium with passwords or data encryption. Health care providers/facilities must keep current back-up copies of those electronic records. If records are stored at a commercial records storage site, that site must have environmental and security access controls.
4. Paper medical records must be destroyed either by shredding, incineration, pulping or any method that makes the record permanently unreadable.
5. Electronic medical records such as those on computer hard drives must be destroyed by completely sanitizing the media with no possibility of recovery. Mere deletion of a file is not sufficient. Medical records such as on film or photos must be destroyed without the possibility of recovery.
6. Medical records must be kept for five years before being destroyed. For a minor patient the longer of three years after the minor reaches age 18 or five years after the medical record was made is the law for retaining records before destroying them. Good practice would be to maintain medical records for at least ten years.
7. Before a medical record can be destroyed prematurely, a written notice must be sent to the patient (or the guardian if patient is a minor) at least 30 days before the destruction date.
8. Health care facilities that violate the Medical Records Destruction law are subject to fines of up to \$10,000 per day. Individual health care providers or administrators may be fined up to \$5,000 per day.

## AMENDMENTS TO REGULATIONS

TITLE 10  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Subtitle 38 Board of Physical Therapy Examiners  
Notice of Final Action

On the secretary of health and mental hygiene adopted amendments to Regulation .02 under COMAR 10.38.03 Standards of Practice; Regulation .01 under COMAR 10.38.06 Foreign-Educated Licensure; and regulations .03, .04, .06, .08 under COMAR 10.38.08 Continuing Education Requirements. This action, which was proposed for adoption in 34:25 Md.R. 1983 (December 7, 2007), has been adopted as proposed.  
Effective Date: December 7, 2007

JOHN M. COLMERS  
Secretary of Health and Mental Hygiene

## FOREIGN EDUCATED APPLICANTS

FOREIGN EDUCATED LICENSURE REQUIREMENTS  
10.38.06  
June 19, 2007

Authority: Health Occupations Article, Sections 13-207, 13-301, 13-302, 13-203

### .01 Requirements For Licensure

#### A. Application options.

(1) An applicant educated in a physical therapy **core** curriculum outside the United States or its territories shall apply for licensure under one of the categories described in Section A (2-4) of this regulation.

(2) (a)-(b) text unchanged

(c) Evaluation of educational credentials forwarded directly to the Board from an approved agency that provides evidence that the applicant's education is equivalent to that of an accredited **core** physical therapy program in the United States;

(d)-(e) text unchanged

(3)(a)-(b) text unchanged

(c) Evaluation of educational credentials forwarded directly to the Board from an approved agency that provides evidence that the applicant's education is equivalent to that of an accredited **core** physical therapy program in the United States;

(d)-(h) text unchanged

(4) (a)-(b) text unchanged

(c) Evaluation of educational credentials forwarded directly to the Board from an approved agency that provides evidence that the applicant's education is equivalent to that of an accredited **core** physical therapy program in the United States;

(d)-(h) text unchanged

B. In addition to the requirements of Section A of this regulation, an applicant educated in a **core** physical therapy curriculum outside the United States or its territories shall comply with section C of this regulation.

C. (1)-(2) text unchanged.

### .02 Reexamination

(text unchanged)

## STANDARDS OF PRACTICE

STANDARDS OF PRACTICE REGULATION  
PROPOSAL  
10.38.03  
June, 2007

Authority: Health Occupations Article, Section 13-206. Section 13-309, 13-310

### .01 Definitions (text unchanged)

### .02 Standards of Practice

A. (1) (2) (text unchanged)

(3) The physical therapist may:

(a) (text unchanged)

(b) Decline to carry out any evaluation, or treatment [ or both, that has been ordered if

(i) in the physical therapist's judgment, the evaluation, treatment, or both are contraindicated or unjustified; and

(ii) The physical therapist documents notification of the decision to the referring physician.] of a patient who has been referred to the physician's therapist by a healthcare practitioner if:

(i) in the physical therapist's judgment the evaluation or treatment is contraindicated or unjustified, and

(ii) the physical therapist documents the decision in the patient's record.



## DISCIPLINE

The Physical Therapy Board is a regulatory board and has a mandated responsibility to discipline those licensees who violate the law and standards of practice. The Board lists its orders on its website. If you are under a current order or a past order, even though you may have completed the terms outlined for you, on the verification page of the website it will always show that you were disciplined. The Board is happy to write a letter indicating you have completed the terms of your order and are no longer on probation if you petition the Board to do so. That letter discharging you from probation can be presented to prospective employers who may question why a verification check on our website indicates "suspension" or "probation". The Board staff will also verify the lifting of suspension or probation by telephone. We keep careful records on our computerized database.



## CONTINUING EDUCATION REGULATIONS

CEU REGULATION PROPOSAL  
10.38.08  
April, 2007

Authority: Health Occupations Article, Section 13-206 and 13-31  
Annotated Code of Maryland

### .01 Scope (text changed)

### .02 Definitions (text unchanged)

### .03 Continuing Education Requirements

- A. (text unchanged)
- B. Professional education eligible for continuing education credit shall be:

- (1) *relevant to the practice of physical therapy*
- (2) *directed to a professional audience.*

- C. (text unchanged)
- D. Continuing education courses shall have course materials that include clear and concise written statements of:

(1) [Except for courses sponsored by the American Physical Therapy Association, continuing education activities shall be at least 4 contact hours in length;]

- (2) Intended learning outcomes;
- (3) Performance objectives.

[(2) The course materials shall contain clear and concise written statements of:

- (a) Intended learning outcomes;
- (b) Behavioral objectives;
- (c) Performance objectives;
- c) Performance objectives; and

(3) A pretest and posttest shall be administered and scored.]

E. Continuing education courses sponsored by the American Physical Therapy Association are automatically approved by the Board.

### .04 Continuing Education Requirements

- A. (text unchanged)
- B. Public Representations
  - (1) -(2) (text unchanged)
  - (3) Approved course certificates and advertisements shall contain the following statement: "This course [meets the basic criteria of the] *has been approved by the Maryland State Board of Physical Therapy Examiners for \_\_\_ CEU's.*"

(4) (text unchanged)

(5) *The sponsor shall submit to the Board for approval any changes in an approved course, such as changes in speaker, content, or length.*

C. *Term of Approval.*

(1) *The Board shall approve a continuing education course for a period of 4 years.*

(2) *At the expiration of the 4-year approval period, the course sponsor may resubmit the course and shall meet the approval requirements of Section A of this regulation.*

### .05 Renewal Requirements

- A-H. (text unchanged)

### COMAR 10.38.06 Continuing Education Proposal

#### .06 Auditing Compliance with Continuing Education Requirements

- A. (text unchanged)
- B. The Board shall send an audit letter [with the renewal application] to those to be audited **at the close of the renewal period.**
- C. At the time of [renewal] **audit**, the [audited] licensees shall submit
  - (1)-(2) text unchanged
  - [(3) Renewal application
  - (4) Renewal fee]
- D. text unchanged

#### .07 Reinstatement Requirements

- A-B text unchanged

#### .08 Continuing Education Unit Requirements for Physical Therapy [Clinical] Practice.

- A. text unchanged
- B. Activities meeting the criteria for continuing education requirements for **practice of physical therapy [clinical practice]** may be classified as follows:

(1) - (5) text unchanged

(6) Completion of an approved [home] **self-study course [with post-test]** may earn 1 contact hour per interactive hour;

(7) Completion of an approved **internet course [with post-test]** may earn 1 contact hour per interactive hour;

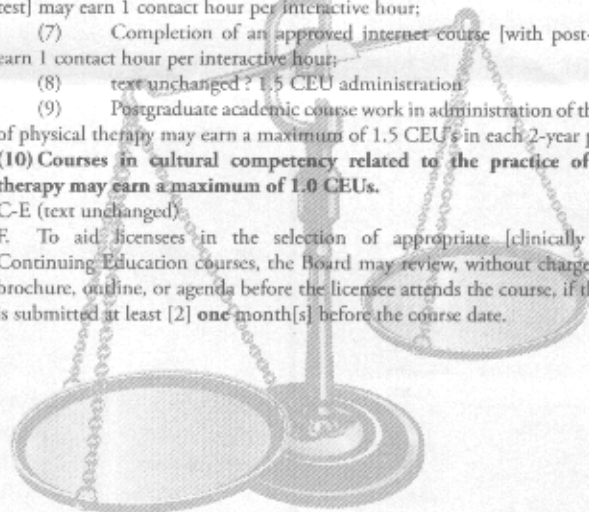
(8) text unchanged? 1.5 CEU administration

(9) Postgraduate academic course work in administration of the practice of physical therapy may earn a maximum of 1.5 CEUs in each 2-year period;

**(10) Courses in cultural competency related to the practice of physical therapy may earn a maximum of 1.0 CEUs.**

C-E (text unchanged)

F. To aid licensees in the selection of appropriate [clinically relevant] Continuing Education courses, the Board may review, without charge, a course brochure, outline, or agenda before the licensee attends the course, if the request is submitted at least [2] **one** month[s] before the course date.



### LAW COURSE

A Board approved law course is offered twice a year, usually in June and November. This is a continuing education course that offers 6 hours of continuing education. All licensees, including those of you have practiced for many years as well as recent graduates, are urged to take advantage of this course. A refresher on the law and regulations under which you practice in Maryland is helpful. There is no excuse to be ignorant of the law. It was made quite clear recently during and immediately after the renewal period that many of you are not familiar with the Maryland Physical Therapy Act.

# Non-Renewed Licensees

## Physical Therapists

Reg #	LastName	FirstNameM	20800	CLEMENCE	LISA MARIE	19364	HAUSFELD	LISA A.	18402	MAPES	CHAD M.
16716	ABADIE	BONNIE WALPERT	19994	CLOUGH	ERIN H.	16842	HAWN	RENEE D.	16594	MARKOVIC	FRANCES A.
23426	ABIQUTE	EILEEN D. C.	22306	CLOUSER	LAURA A.	22422	HEATH	NATALIE R.	11130	MCCRAY	WYOMA G.
22198	ACTERTO	MALCOLM B.	20722	COLACO	JANICE M.	15426	HELBRAUN	MADELINE	16276	McFARLAND	CRAIG LEE
21994	ADOR	MARIA TERESITA	20192	COOPER	AMY MICHELE	19366	HETHERINGTON	APRIL K.	21896	McKENZIE	LAURA KLEIN
22390	AHART	KELLY M.	17520	COSEY	JODI LYNN	18288	HOCHBERG	RANDALL J.	17188	McKEVETT	EITHNE
14792	ALEXANDER	NANCY B.	21096	COSTA	SUSAN A.	14340	HODGE-WILLIAMS	VALERIE A.	21626	McMAHON	LISA
21958	ALPAPARA	EMELYN KAYE DeCASTRO	21008	COTE	LAURA K.	17128	HOLLIS	SHARON L.	19500	MCMILLAN	MARK A.
16016	ANDERSON	KRISTI	21652	CRAM	RONALD A.	15232	CRAWFORD	GARFIELD	15842	MCSHERRY	KARLA PILE
21212	ARMINAVAGE	BETH	19954	CRISPO	CASSAND	20406	HOOD	MARY ELLEN	19174	MEADE	ROY A.
21976	AITARD	COLLEEN MARIE	20410	CUMMINGS	ORA	21690	HOPKINS	MICHELLE L.	21654	MELKON	HUONG LE
21748	AYRES	KATHARINE M.	21658	CUMMINGS	RYAN LAWRENCE	21536	HORN	CHRISTEN LEE	21784	MERRELL	CAMY YOUNG
16696	BAGE	JULIE OSS-MANN	21986	DANIELS	SALLY EAKIN	15476	HORN JR.	THOMAS HOWARD	22188	MILLER	KERRI P.
17800	BAGE	TROY DALE	21926	DAVID	JOSEPHINE L.	21616	HOSFORD	MEGHAN KATHLEEN	20582	MITCHELL	TYRA N.
20526	BALLAJ-MASSY	LESLIE G.	21774	DAVIES	MEGHAN REBECCA	18746	HULL	SUSAN E.	20998	MOCK	BRIAN A.
21886	BARNES	MILAN S.	14612	DAVIS	JAMES P.	17086	HURST	GLENIDORA L.	22292	MOELLER	MEGAN E.
21712	BASS	BIANCA L.	18300	De VELUX	HEATHER	18614	ICKES	JUDY A.	21746	MOLL	KRISTIN K.
22406	BASTIAN	AMY JO	21518	DELP	BARBARA R.	21612	INGHAM	ECHO L.	19882	MORGAN	MICHELLE N.
21842	BAXENDALE	ALLISON M.	20928	DI STASI	STEPHANIE L.	14108	IPPOLITO	CAREN A.	20516	MORRAYE	HEATHER L.
16204	BEHREND'S	ANN K.	19774	DINLOCKER	SUSAN DURY	20292	IRWIN	CHRISTINE LYN	21334	MUSE	PATRICIA M.
21570	BERENSON	JAMIE ALYSSA	18874	DRINKARD	RITA MORAN	20464	JACKSON	MATTI	22320	MYERS	SHAYA M.
15414	BERG	PHYLLIS	15146	DUCKWORTH	RICHARD CRAIG	22340	JACKSON	CHERIESSIE V	21204	NARAYAN	ASHIMA
22010	BERGENTY	KRISTIN L.	22052	DUFFY	DOUGLAS	20390	JENSEN-VICK	KAREN LYNN	15670	NEWBERG	CATHLEEN R.
22124	BERNAL	ROD UMEN-GAN	22270	EBERLIN	WESLEY B.	19074	JERAM	MICHELLE L.	14516	NICHOLS	DIANE
21650	BERNHARDT, IV	POWELL J.	17062	ELWELL	CHERYL ANN	22054	JOHNSON	CHAVONE LYNAE	19168	NIER	MELISSA DRABIC
19766	BERTOVICH	MAUDE	22336	EVERETT	JULIE L.	21844	JOHNSON	BRANDIS L.	22236	NOEL	MIKHAIL KAHLIL A.
21308	BISHOP	LAURI L.	21618	EVERS	SONJA	21464	JUDAH	JENNIFER A.	15130	NOLAN	LUCY JO
21026	BOGGS	MELISSA S.	19226	EZEANI	OLU PETER	22014	KIHOLE	PRIYANKA S.	20148	NONKES	JESSICA L.
21988	BOYLE	JANEL M.	20056	FABIAN	BRENDA V.	22146	KOCUR	CAROL R.	21114	NORRIS	VALERIE J.
22084	BREAM	STEPHANIE L.	21998	FADUGA	SHEILA MAY	22030	KRAMER	ROBYN BETH	21808	NYE	KAREN
17958	BRIDDELL	DERRICK A.	21366	FARLEY	MICHAEL H.	21660	KRAMER	TRACIE	17542	O'BRIEN	JANET F.H.
22072	Brocato	Charles	16256	FINLEY	MARGARET ANNE	19162	KRUSSMAN	CHRISTINA M.	21916	OFINA	MICHELLE ANNE
21398	BROUGHTON	GRETCHEN ANNE	21806	FTZGERALD	KEVIN G.	21216	KWOK	LYANNA LY	17828	OLEXA	KARA MARIE
17642	BROWN	WILLIAM FRANKLIN	20076	FLOWERS	NEVILLE BRIAN	21216	KWOK	LYANNA LY	22026	O'NEAL	STEPHANIE ANNE
21384	BUCHANAN	JENNIFER LEAH	19634	FLYNN	DAVID P.	21758	LAIRD	SHANNON	22108	ONG	APRIL AN-GELEE
21376	CADATAL-ABELLANA	DONABELE M.	17354	FRENCH	FARABE F.	16544	LAMPERT	MARSHA H.	17814	ONION	MICHELLE FREDENBURG
21316	CAPERS	HILLARY J.	22302	FUGLEBERG	ROXANA L.	21460	LAUGHLIN	KELLY ANNE	21540	OPAL	ABIGAIL RENEE
21696	CAPPELLI	MATTHEW J.	16934	GARTLAND	VIRGINIA K.	21856	LEEMAN	SHAUNA KATULANI	18480	OURSILER	MARIANNE ZAJACEK
21252	CARCONE	AMANDA	21888	GEARY	RYAN D.	18568	LEHMAN	CAROL H.	21362	Owens	Amy
21852	CASS	ANGELA MARIE	21992	GILL	ANNIE	19080	LEUTNER	KAREN S.	22332	OWENS	STEPHEN C.
20514	CAVE	JOSCELYN	22424	GONZALEZ	RONA PAULA	20080	LEWIS	JENNIFER N.	21244	PANDYA	VIRAJ
22172	CAVIN	JAMES W.	21562	GOULD	TIMOTHY	19740	LINSKY	SHELLY Mc-MINN	21890	PANTANELLI	VALERIE ELIZABETH
21706	CERDENIA	JOVEN CHRISTOPHER T.	21740	GOULDER	SARA	21726	LITSCHER	DOUG	19346	PAQUETTE	DENNIS QUENTIN
19786	CHALMERS	MARYANNE	18202	GRAY	HOLLY A.	21400	LOGAN	DANA N.	22000	PARK	JAMIE JOSEPH
20176	CHILDERS	KATHRINE L.	21428	GROSS	JEREME R.	20502	LOPES	KARI S.	20986	PARKER	KAREN S.
21944	CHUIDIAN	CHARMAINE C.	22378	GUNN	MANISHA P.	22098	LORA	LYNETTE ANNE	21716	PARSONS	MITCHELL E.
21910	CISEK	WILLIAM ROY	21476	GUTHRIE	SUSAN MARIE	21386	LORD	AISHA LEIGH	21340	PEOPLES, Sr.	ALAN B.
17186	CLAYTON	MARK ANTHONY	22144	HALL	MELISSA R.	16136	LOSAK	ANN	20296	PERSONS	GENA DENISE
			15646	HALL	JEAN CAL-LAWAY	21894	LYNCH	KERRY	22380	PETERS	NATALIE J.
			19652	HALL	LESLIE C.	22158	MAGNAYE	RAYMOND JUDE A. M.	22122	PIETRYKA	LORI MARIE
			21442	HANNASCH	KARISSA M.	21932	MALANYAON	MARY S.	20662	POINT	CAREN
			18108	HARRINGTON	MICHAEL C.	18124	MANGES	HILARY LEVYNE	22464	PORADA	KATHLEEN M.
			19820	HARRIS	EVERETT BRYAN	21324	MANN'S	DIEDRA R.	21766	PORCELLI	JAMES
			21764	HARTMAN	JAMIE D.				22192	PYERS	CHRISTINE A.
			21446	HATREL	DAVID M.						



# PT NEWS

## Non-Renewed Licensees Physical Therapists (cont'd)

19352	RADWAN	HISHAM
14386	RANDOLPH JR.	NATHANIEL
21952	REGACHO	JO-ANNA LISA
20346	REID	WENDY
12790	RHOADS	WILLIAM E.
22382	ROBLERO	ERIN E.
20318	ROSEMAN	DUANE STEPHEN
17886	RUSS	JILL H.
22262	RUSSELL	EMILY F.
21160	SAINVAL	RAYNOLD
21528	SALAZAR	FAUSTO MAURICE
17508	SALZBERG- KLINEDINST	DEBORAH JEAN
21088	SAUNDERS III	ARTHUR E.
17330	SCHAFFER	SUSAN M
21798	SCHNABL	RHONDA L.
16306	SCHNECK	MELANIE T.
21106	SCHUBERT	PAULA R.
16110	SCHUELER	LORI A.
21276	SCOTT-PACK- ARD	RENEE
21872	SHEALY	LYNDA NYCOLE
20350	SHIBESHI	MYRIAH J.
13130	SILVIA	JIMMIE RAE
21818	SJOSTEDT	SIMON
21768	SMITH	KAMA
21014	SMITH	KEVIN M.
20664	SMITH	STEPHEN DANIEL
20260	SOAPPMAN	STACY L.
20146	SOK	LAUREN A.
15360	SPRINGER	HUGH WINSTON
17036	STACK	KIMBERLY L.
16126	STAKEM	SHERRY LYNN
22324	STAMPFLMEIER	JAIME L.
19678	STANWIX	JEREMY
19938	STAYEAS	CHRISTINA BIAS
14474	STRAUCH- WOLF	ROSE K.
19748	STURGILL	RENEE
20812	SWANSON	RONALD PHILLIP
22162	SWIFT	CHRISTINA MARIE
21128	SWOOPE	ANNE N.
19518	TALIAFERRO	SARAH
21728	TAMBAGO, Jr.	SAMUEL ALMOQUERA

21598	TAN	FANG
15560	THEN	KAREN N.
21144	THIBODEAU	HEATHER H.
22232	THOMPSON	JENNIFER L.
19522	THOMPSON	FAYE E.
21676	TINGLE	WENDY L.
17694	TINSLEY	TONYA D.
10110	TTTUS	PAMELA B.
22088	TO	JESSICA KIM
14656	TOBY	MINDY S.
16128	TOLEMAN	DAVID T.
20040	TONARELLI	JOHN M.
14860	TOOHEY	GAIL A.
22372	TORRES	SASHA N.
21810	TREDO	SPENCER H.
22446	TRICE	STACY M.
22342	TROUST	KATHLEEN F.
13450	TUCKER	WILLIAM E.
20588	TURNER	KAY CHRIS- TINE
21620	TYNAN	ROBYN
14198	VANDER SCHAAF	MARILYNN SMITH
21248	VILLALON	RHOGER
22354	VOLTZ	MICHAEL A.
21244	WANG	PAUL II.
20322	WARD-LENGEL	SHANNON J.
21824	WATKINS	DEBORAH C.
21054	WHALEY	SYLVIA VON RIECK
20370	WHITTEN	DANLADI
14156	WIERMAN	RICHARD F.
16188	WILDERMAN	DAVID A.
19630	WOODSIDE	PAMELA
21482	WRAZIEN	LORIE N.
19708	WYATT	COURTLAND R.
19944	YAGODA	GARY S.
14924	YATES	L. BRADFORD
22184	YUMANG	MARICHU M.
19456	ZENTZ	DEBORAH JEWELL

## Non-Renewed Licensees Physical Therapist Assistants

RegNum	LastName	FirstNameM
1732	ARBO	LISA
2882	ARMSTRONG	JAMIE K.
3110	AUSTIN	JESSE NOEL
1672	BELL III	WILLIAM NOEL
1684	BORGAONKAR	MANDA
2152	BOWSER	JACKIE L.

1854	BROWN	LAMOAN C.
3066	BROWN	LATOYA L.
3032	BROWN	WENDYANN C.
1890	CARMONA	LUIS GUILLERMO
2738	CARRINGTON	NORISHIA CHLOE
2566	CIMINO	CARIE M.
2728	CORNAIRE	LISA MARIE
3132	CRAMER	ELIZABETH F.
3054	CRAWFORD	LEIGHANN
2682	CRISTALLO	ROBIN LYNN
1886	DAMORE	JOSEPH D.
2096	De PASQUALE	RICHARD
2702	DEBONAVEN- TURA	FELICIA K.
3124	DeGENNARO	SANTO A.
2536	DERAMUS	GREGORY
2558	DERAMUS	AMY R.
2162	DOVER	DOUGLAS LEE
1102	DUNN	MARY B.
2226	FELTCH	SUSAN MARIE
2198	GEARING	DAVID SCOTT
3064	GRIFFIS	PRISCILLA
3086	HEAVNER	BETHANY R.
2804	HILAIRE	SHEILA J.
3150	JABLONSKI	ANDREA D.
2366	JANETOPELOS	ELENA M.
3030	KENNEDY	BRANDEY
3228	KHAZIYEVA	FANIYA
3238	KILPATRICK	ELDON R.
2456	KRAUSS	DALE A.
2488	KREMER	REBEKAH
2512	KROFKA	PAUL JOHN
1230	KUBIK	DONNA M.
1844	KUNANIEC	DEBRA
3026	LEIGHT	MARY E.
3166	LENGEL	JENNA E.
3184	LENOX	DANIEL E.
2358	MASSEY	CHARLES E.
2174	MATTHEWS	DONNA NICOLE
3176	MCCANN	KASEY M.
2242	MCMILLAN	CINDY CARR
1930	MOBERLY	SARAH E.
2306	NANCE	WENDY L.
2230	NICHOLSON	JANICE L.
2908	PEER	ANNETTE C.
2860	RANSOM	MELANIE MC JON
2862	RANSOM	JON
1180	REDONDO	VIRGILIO R.
1628	REINHARDT	DAVID LEE
3104	REISINGER	ASHLEY M.
1582	RESSLER	MARLENE K.
3206	RIFFE	PATRICK W.
1308	RIMERMAN	CHERYL L.
3020	ROBERTS	FELECIA HOLSTON
2944	ROHEN	RACHEL M.
2724	ROSS	JACQUELINE J.

2090	RUDD	EUGENE D.
2902	RUSSELL	KRISTA JAYLENE
3208	SAKKAS	TASO
1630	SALTER	ALFREDA LAURICE
3222	SCHAEFFER	MACHELLE N.
3036	SCRUGGS	JONYSHIA R.
3098	SEVILLE	KACIE
2850	SHULTZ	ANGELA
3196	SNOW	STACY LYN
1230	TAYLOR	JENNIFER W.
2474	TRUXON	COREY E.
2432	TWIGG	JOHN A.
2906	VANDERPOOL	LISA M.
1560	WATIS	CLARENCE
3242	WEYANDT	CLYDE C.
2986	WHITAKER	MONICA J.
1270	WHITE- POLAK	DEBRA ANN
1960	WILLOUGHBY	DONNA M.
2714	WINGERT	MELISSA M.
2540	WONDU	ELIZABETH M.
3038	WRIGHT	CATHERINE
2806	YURCABA	CAROLYN

Renewal information  
current at time of printing.

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## THE IMPORTANCE OF COMMUNICATION WITH PATIENTS

A physical therapist recently reported that certain clinical events had caused him to ask himself what are the best ways to communicate with patients? He knew he should "listen and respond to what a patient has to say". However, he also realized that there is more to facilitating effective communication than merely listening. He decided it is important to give each patient his undivided attention by putting aside all other issues and concentrating on only what the patient was saying to him.

The physical therapist researched the internet and found several articles that discuss the topic of communication. These articles reinforced things the therapist was already doing such as making eye contact, greeting patients with a smile, listening carefully to what the patient is relating, all important behaviors. But he found more things that would lead to better communication.

An article entitled "Improving Patient Communication in No Time" by Ellen J. Belzar reinforced those basics of listening without interruption and making eye contact. In addition it reminded clinicians to not omit pleasantries. Those pleasantries such as handshakes, an introduction to the patient etc. are an essential part of opening a new clinical relationship. Starting with a pleasant base is important in building trust and developing the patient/clinician relationship. The mere act of introducing oneself to the patient begins to form a bond and puts the patient at ease.

He went on to say, that the same article also mentioned what is often forgotten in today's busy healthcare environment. A physical therapist or physical therapist assistant must never appear to be rushed, no matter how busy. Patients should never be given the impression that something is more important than they are at the time of evaluation or treatment. If one gives that impression, then a strain is placed upon the patient/clinician relationship. Research has shown that the clinician interrupts the patient after only 18 seconds into the evaluation process, and less than 2% of patients are allowed to tell their complete story. This research was reported in an article by Kathleen D. Mock entitled "Effective Clinician-Patient Communication", February 2001.

So, how do you utilize good time management and still obtain a good history from the patient? The suggestion of a template during the evaluation process may help guide the interview and ensure pertinent information is gathered. Clinicians are cautioned, however, not to interrupt the patient just to keep on track with the template. With practice, clinicians can develop both good patient communication and time management.

When you first meet the patient, introduce yourself with a smile. Say, "Hello, I am John Smith, your physical therapist". If you have a doctorate degree, you may say, "Hello, I am Dr. Smith, your physical therapist." You must be clear to the patient that you are a physical therapist, not a doctor of medicine so there will be no confusion on the part of the patient as to who is the treating professional. Trust builds from the first interaction. Introducing yourself appropriately and with a smile puts the patient at ease and lets him/her know you are there to help. By listening to the patient, you obtain the information you need to evaluate the patient condition, and in turn the patient realizes that you earnestly want to help them. You can empower the patient through educating them on their diagnosis. Minimize medical jargon and use models or drawings to help the patient better understand the condition for which they are being treated. Involve your patient in the development of the treatment plan, and the patient is more likely to stay engaged in the entire rehabilitation process resulting in a positive outcome.

**RE M I N D E R :**  
The Board meets monthly on the third Tuesday of the month from 1:00 p.m. until business is finished. Licensees, students and the general public are welcome to attend the Open Session which commences at 1:00 p.m. Closed sessions and Administrative session are reserved for discussions concerning peer reviews and discipline. Those sessions are not open sessions.