

AWARD RECIPIENT: Ann Tyminski, the Board's Executive Director, was the recipient of The Richard McDougall Long Term Service Award that was presented to her by the Federation of State Board's of Physical Therapy at its annual meeting in September 2007. Ann made significant contribution of volunteer time by participating in the following activities of the FSBPT over many years:

- 1993 Summit Participant
- Administrative Staff Committee 1996-1999
- 1997 President of the Council of Board Administrators
- 1999 Summit Participant
- Outstanding Service Awards 1998 and 2000
- 2001 President's Award
- FSBPT Board of Directors 2002-2005
- 2003 Real Estate Task Force
- 2006 Membership Survey Task Force
- 2007 Anniversary Task Force

President E. Dargan Ervin, Jr., PT made the presentation at the Awards luncheon.

NEWS FROM THE EXECUTIVE DIRECTOR

Ann E. Tyminski , Executive Director

Finally, after a long period of time the Board is fully staffed with positions it has been allowed in the State budget. We extend a warm welcome to Sandra Kurland, Board Office Secretary, who arrived on August 1 from a contract position in the Office of the Inspector General for the Maryland Department of Public Safety and Corrections. Prior to that Ms. Kurland held responsible positions in the health care field. She has already made a great deal of difference in helping to reduce our work backlog. Her easy and caring manner comes across to all who telephone this office. She works closely with and under the direction of Patricia Miller, Licensing Administrator, and Joy Aaron, Deputy Director. While I hold overall responsibility for licensure, I am concentrating more efforts in the regulatory and disciplinary aspect of the Board activities while these capable ladies handle the applications for licensure and the renewal processes.

Jill Kuramoto, PT resigned from the Board in October to travel with her husband to a new life aboard their boat and working in other countries. She will be greatly missed.

We have just welcomed Lori Mizell, PT as the replacement for Susan Cabanero-Johnson, PT who resigned from the Board in January because of pressures of a new job. Lori has been active in APTA Practice Committee and already is making her mark in Board activities by becoming a member of the Continuing Education Committee, volunteering for hearings, etc.

Nonlicensed practitioner:

The PT Board is extremely proud of the fact that its investigators, Patrick Rooney and Ernest Bures worked closely with the Montgomery County police and the State's Attorney's office in Montgomery

County to investigate a complaint this office received against a person who has been practicing physical therapy without a license and presenting himself as a doctor for many years. Patrick Rooney took the lead on the investigation, and the individual was recently sentenced to a jail term and other conditions.

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This person was treating people suffering from Bell's Palsy and other neurologic conditions and billing it as physical therapy although he was not licensed to do so. It was not until a physical therapist from Kentucky reported him to this office were we aware that this was happening in our State.



You are reminded that under the PT law all licensees are obligated to report any illegitimate physical therapy practice as well as any problems that might be occurring in any practice that you might know about. It is through such complaints that the PT Board can ensure the integrity of physical therapy practiced in Maryland as well as protect the citizens of Maryland from harm. Watch the licenses of fellow practitioners!!! Even though a person may not be licensed, this Board has the ability to work with law enforcement to protect our citizens.

Regulation changes:

Changes in the Continuing Education regulations are coming! The Board has authored some regulation changes to COMAR 10.38.08. They are currently going through the legislative process. As soon as they are approved, they will appear on our web site at:
www.dhmf.state.md.us/bphte

Website :

Please look at the website periodically. This is the venue we use to communicate to the public and licensees. On the site you will see Board meeting dates, board information, minutes of board meetings, disciplinary actions, changes to practice act and regulations, a list of active licensees - all information that you need to be aware of in your practice settings.

Online renewals :

The first online renewal March to May, 2007 went extremely well. We are confident that we will have 100% participation in online renewals for the 2008 renewal period. Watch for a letter in the mail and look on the website for instructions. The letter will be sent out late February or early March. The online website is active from March 1 to May 20 and then closes. May 20 is the last date to renew your license to ensure you will have a new license in-hand prior to May 31. It is a secure site, do not be afraid to use your credit card.

Legislation :

The Board is requesting that the General Assembly pass a bill to remove temporary licensure from the Practice Act. Temporary licensure was instituted many years ago to allow new graduates to practice immediately upon graduation because the national licensing examination was given only twice yearly in Maryland. Now, it is a computerized exam, given seven days a week in some testing centers. New graduates can graduate, take the exam and be issued a license in a week's time if they begin the licensure process prior to graduation. We have seen a huge upswing in applicants who fail the exam. The Maryland schools have a high pass rate. However, those candidates educated in other jurisdictions including foreign countries often fail the exam once or more times before passing. It does not seem that we protect the public when these candidates are issued a temporary license and are practicing for any length of time prior to passing the examination. A passing score on the examination is one of the important criteria for meeting licensure requirements. Most states have ended temporary licensure and no other health occupation board in Maryland offers those types of licenses. Therefore, we hope to do away with that license and pledge to all the employers and

applicants that we will process their license in a timely manner as soon as we receive a pass score electronically. These are usually received within 24-48 hours of taking the examination.

Budget Crisis - The Board is moving to another floor in the Metro Executive Building at the order of General Services. This move was unanticipated and will cost the Board approximately \$31,000. Therefore, the Board has voted to not offer a free continuing education course to licensees in this fiscal year (2008) and to use the budgeted amount for its move. Hopefully, this activity can be resumed in fiscal year 2009.



You are wished a most prosperous, healthy and happy 2008.

Ann E. Tyminski
Executive Director

**LOOK FOR
DISCIPLINARY
ACTIONS ON OUR
WEBSITE AT
www.dhmf.state.md.us/bphte**

Correction: Eric Shavitz and Mark Hopkins were erroneously listed as non-renewed in the summer 2007 edition of newsletter. The board apologizes for this oversight.

NO CONTINUING EDUCATION COURSE SPONSORED BY BOARD IN 2008!

EARLY IN 2008, THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE IS MOVING THE BOARD OFFICES TO THE THIRD FLOOR IN THE METRO EXECUTIVE OFFICE BUILDING, 4201 PATTERSON AVENUE, BALTIMORE, MD 21215. THERE WILL BE NO CONTINUING EDUCATION COURSE OFFERED BY THIS BOARD DURING FISCAL YEAR 2008. THE FISCAL YEAR ENDS JUNE 30, 2008. THE BUDGETED FUNDS FOR THE CONTINUING EDUCATION COURSE HAVE BEEN REALLOCATED TO PAY FOR THE PHYSICAL THERAPY BOARD'S SHARE OF THE MOVING COSTS.

AS A STATE AGENCY, THE PHYSICAL THERAPY BOARD IS NOT ALLOWED TO OFFER A CONTINUING EDUCATION COURSE AND CHARGE ITS LICENSEES FOR THE COURSE. THAT IS THE REASON FOR CANCELLING ANY PLANS FOR A CONTINUING EDUCATION COURSE IN FY 2008.

WE REGRET ANY INCONVENIENCE TO OUR LICENSEES. THE BOARD HOPES TO REINSTITUTE OFFERING A CONTINUING EDUCATION COURSE IN FY 2009.

Privacy Codes

The Maryland Board of Physical Therapy Examiners is required by law to allow licensees to have a privacy code on the licensee data kept by the Board. Forms are sent out to each licensee at the time of initial licensure that are to be returned to the Board office. The licensee has the option to elect a privacy code or not. If a privacy code is elected, then the Board cannot release that licensee's name and address to anyone who requests a board roster for marketing purposes. The requests for mailing addresses typically are from APTA, continuing education sponsors, or recruiters. APTA of Maryland has felt that it has a low response from Maryland physical therapy licensees to its continuing education courses. That low response is most probably due to the fact that a licensee has a privacy code placed on his/her data. Therefore, the Board cannot release the name and address even to APTA for purposes of soliciting attendance at its continuing education courses.

The Board office advises that if you wish to receive brochures or information regarding continuing education courses sponsored by APTA, then you must send a request in writing to the Maryland Board of Physical Therapy Examiners office that you would like the privacy code removed.

Online Renewal Process Reminder

The Board of Physical Therapy Examiners is in its' second year of offering renewals online. A letter with instructions will go out in early March for those whose license expires on May 31, 2008. A paper application will not be mailed. The instructions will also be available on our website at www.dhnmh.state.md.us/bphte when the site goes "live". Remember to have your continuing education credits

completed by March 31st. If you take courses after that timeframe you will have to REINSTATE your license. Reinstatements are not commenced until after June 1.

Advantages of the online system are numerous. You will be able to update our database with current information such as current address, check to see if your social security number is correct, license number correct and you can change your address if you have recently moved. If you have waited longer than 30 days to notify the board of an address change, you will be levied a \$100 assessment for failure to keep your address current with the Board. If you owe the address fine or any other fees, your license will be flagged and not renewed until all fees owed the Board are paid. See COMAR 10.38.07 Fee schedule, which authorizes the Board to collect fines.

The turn around time for online renewals is much faster than the old paper renewals. You can use a credit card when renewing online. The payment system will accept the correct amount of your renewal according to your license type only, and you will receive an automatic verification. If you supply an e-mail address, you will also receive an e-mail confirmation. The web address is a secure site and your credit card information is encrypted. Look for the letters https whenever you are paying online, which signifies a secure website. The board staff cannot view the credit card information. You can choose the alternative check option, but must fill out the information online, choose the check option, mail the check to the Board office. Your license will be printed and mailed to you only when the check has been received.

PLEASE COMPLETE YOUR OWN RENEWAL FORM.

Employers or other third parties **CANNOT** complete the forms for you! **ONLY YOU**, the **LICENSEE**, can answer the character and fitness questions as well as attest to the veracity of your answers. You must take responsibility for your own license.

PHARMACEUTICALS

The Board wishes to advise all licensees that physical therapists cannot prescribe pharmaceuticals, nor store or dispense non-patient specific federal legend drugs in an outpatient physical therapy practice. For example, drugs used in iontophoresis and phonophoresis are federal legend drugs. The appropriate delivery of these treatments require that a physician issue a prescription to a patient for use of the drug in the treatment.



The patient then brings the filled prescription to the physical therapy practice, and the physical therapist utilizes the drug, as prescribed, in performing the treatment. The physical therapist may store the patient's medication in the physical therapy facility as a convenience for the patient, but may not use the medication on any other patient. The physical therapy practice is responsible for maintaining appropriate policies and

procedures for the appropriate storage and handling of all patient-specific medications that it opts to store in its facility.

Generally, persons who are not authorized prescribers or licensed pharmacies are prohibited from purchasing and storing prescription medications in bulk. In addition, the Physical Therapy Act does not permit physical therapists to determine when and how prescription medication may be used. Doing so would be considered the practice of medicine. Physical therapists should work with the referring physician to assure that the appropriate prescription is written for patients requiring medication in conjunction with their physical therapy treatment.

In a hospital setting, the physical therapy department shall follow hospital policy in obtaining medications for in-patient physical therapy services.

FOREIGN EDUCATED APPLICANTS

Effective April 1, 2008 the educational requirements for foreign educated physical therapist applicants who have graduated from their programs in 2006 forward have changed. The general education requirement will be 60 credits, up from the previously required 54 credits. The Professional Education requirements will be 90 credits, up from the previously required 69 credits. Total acceptable credits will total 150.



Maryland's requirements for persons educated outside of any state are found at Section 13-303 (b) of the Practice Act which states, "If an applicant for a physical therapy license has been educated in physical therapy outside of any state, the applicant shall have graduated from a physical therapy program that in the year of graduation had educational requirements equivalent to a degree in physical therapy from a U.S. program accredited by the Commission on Accreditation of Physical Therapy Education."

The Commission on Accreditation of Physical Therapy Education (CAPTE) changed the requirements for U.S. graduates in 2006 and the coursework tool prepared by the Federation of State Boards of Physical Therapy which is recognized by Maryland has changed its requirements effective April 1, 2008 to reflect the 2006 CAPTE requirements.

The Board of Physical Therapy Examiners will continue to work with its foreign educated applicants to obtain the additional required education in a timely and efficient manner.

COMMUNICATE



KEEPING UP WITH SUPERVISION OF THE PTA FOR PTs AND PTAs

Although the 10 visit requirement for a co-visit with the PT and PTA has not been part of the regulations for awhile, there are still Regulations and Statutes covering the supervision of the PTA. Supervision is an integral part of the relationship between a PT and a PTA. COMAR 310 - Scope of physical therapist license (b) defines supervision required: "A licensed physical therapist assistant may practice limited physical therapy only under the direction of a licensed physical therapist who gives ongoing supervision and instruction that is adequate to ensure the safety and welfare of the patient". COMAR 10.38.01.01 Definitions: B(12) "ongoing supervision" means that

the physical therapist and physical therapist assistant regarding changes in a patient's status and treatment plan." COMAR 10.38.03.03 Penalties. Violation of these regulations may result in the Board taking action to reprimand a licensee, place a licensee on probation or suspend or revoke a license. The Board may also impose a penalty not exceeding \$5,000.

What all this means is that the PTA needs to communicate to the PT each time there is a change in patient status. Progress, lack of progress, regression of progress, requests for a change in the treatment plan, and changes in the patient all need to be communicated to the PT as well as anything of which the PTA is not sure. Both parties need to document the communication. A supervising PT needs to be available at all times the PTA is working, with the PT being either on site or available by telecommunication.

A PT, after doing an evaluation or re-evaluation of the patient, needs to communicate to the PTA the information needed for the PTA to treat the patient. This would include pertinent past medical history, current diagnosis and other related information, plan of care and goals, anything else the PT feels necessary. It would be most beneficial if the PTA could also see a written copy of this information. That would allow for information from the PT that was inadvertently omitted to be received by the PTA and thus avoid possible harm to the patient. The amount of guidance the PT gives the PTA must be based on the level of experience and knowledge of the PTA, and the PT's knowledge and comfort level with that information. A new graduate is going

to need a lot more direction and instruction than an experienced PTA. A PT should never hesitate to give the amount of guidance felt necessary. A PTA should never hesitate to ask for guidance no matter how experienced.

As a PTA, you should not do or be asked to do anything that is not within the scope of practice of a PTAs as defined in COMAR 13-101(h)(i)(ii)(2)(i)(ii)(3)(i)(ii)(iii) 1.2.3. If you are, refuse to do so, and explain why. If you are asked to do something within the scope of practice that you do not feel knowledgeable or competent enough about, ask for further instruction and if necessary, take a continuing education course.

As a PT, do not ask a PTA to do something that is not within the scope of practice of a PTA. If you ask a PTA to do something that is within the PTA scope of practice but they express a lack of knowledge or competence, teach what is needed or have the PTA attend a continuing education course. Do not hesitate to assess the knowledge or competence of the PTA if there is doubt about their level of competence. The safety and welfare of the patient is at stake as well as both the PTA and PT license.

In short, **COMMUNICATE** and **DOCUMENT.** PTs and PTAs, you worked very hard to obtain your license and need to work just as hard to protect it. If you have any questions, do not hesitate to contact the Board.

A new graduate is going to need a lot more direction and instruction than an experienced PTA. A PT should never hesitate to give the amount of guidance felt necessary.

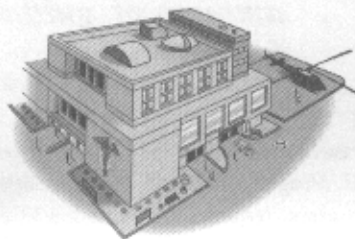


UPDATES IN CULTURAL COMPETENT HEALTH CARE

The growing ethnic and racial diversity in the nation and the state make it essential for all health care providers to examine their perceptions, awareness and practices related to people from different cultural groups. Below are a few segments representing newly released data on resources and research initiatives pertaining to culturally competent care.

Hospitals, Language and Culture: a Snapshot of the Nation, Findings from the National Study of 60 Hospitals

Those of you looking for best practices related to serving a culturally and linguistically diverse patient population, need to look no further. The Joint Commission on Hospital Accreditation recently released a report examining how 60 hospitals across the country manage health care provision to culturally and linguistically diverse patients.



The study shows inconsistent practices not only between hospitals but also within the same facilities. Promising practices were highlighted in the report, with examination of patient-centered communications. Additionally, an exploration of system-level support will help facilities pondering best approaches to culturally and linguistically responsive care, plan their interventions. The report can be downloaded for free by visiting the following website:

http://www.jointcommission.org/NR/rdoonlyres/E64E5E89-5734-4D1D-BB4D-C4ACD4BF8BD3/0/hlc_paper.pdf

Hard copies can be purchased for the cost of shipping by calling: 630-792-5957.

Strategies for Leadership: Does Your Hospital Reflect the Community it Serves?

The National Center for Healthcare Leadership, American Hospital Association, American College of Healthcare Executives and the Institute for Diversity in Health Management put together a checklist for healthcare



leadership to assess their institution's diversity orientation. The check list is followed by action steps, case studies and a comprehensive bibliography. The report can be accessed at the following site:

<http://www.aha.org/aha/content/2004/pdf/diversitytool.pdf>

Are Physicians Less Likely to Offer Invasive Therapy to Minorities?

DHMH – Office of Minority Health and Health Disparities December, 2007

The fact that race matters in clinical management has long been established. Kevin Schulman and his colleagues illustrated in 1999 that women and blacks presenting with chest pain are less likely than males and non blacks to be referred for cardiac catheterization, even after controlling for symptoms. The report concluded that this practice "may suggest bias on the part of the physician." Since that report, other work demonstrated that black patients are less likely to receive cardiac angioplasty or revascularization following a heart attack, both life-saving procedures. Moreover, black and Hispanic patients are less likely to undergo renal transplantation, receive surgical management of degenerative spinal disorders or be prescribed pain medications for long bone fractures. These findings are especially perplexing given that in most of these studies there were no statistically significant differences in patients' preferences regarding these procedures by race.



A newly released study used the Implicit Association Test (IAT) to detect overt and implicit prejudice applied in the management of sharp chest pains. While physicians reported no explicit preferences for white versus black patients, IAT revealed implicit preferences favoring white patients and implicit stereotypes of black Americans as less cooperative in general and with medical procedures in particular. (Green et al., JGIM, June 27, 2007 epub).

Developed by MHHD-Office of Minority Health and Health Disparities December, 2007

DISCIPLINARY ACTIONS:

2006-2007 Disciplinary actions that resulted in public orders are listed below. The Orders appear on our web site at www.dhmf.state.md.us/bphte under Discipline. The Board also issued educational letters, educational letters with agreements, admonishment letters, and admonishment letters with agreements. These actions are not public disciplinary actions. However, the Board uses these actions to educate a licensee in the law and regulations for appropriate practice.

James Dyett, PTA	Effective October 13, 2006 – reprimand, two year probation, fine
Mark Hopp, PTA	Effective October 3, 2006 – reprimand, two year probation
Linda Ashdown, PT	Effective September 19, 2006 – six-month suspension (stayed), two year probation
Christopher Butler, PT	Effective September 19, 2006 – two month suspension (stayed), one year probation, fine
Sharon M. Campbell, PT	Effective June 20, 2006 – two-year probation
Carrie Caronello, PT	Effective September 19, 2006 – reprimand, probation upon return to Maryland, fine
David M. Costea, PT	Effective September 19, 2006 – reprimand, two year probation
Carol J. Coughlin, PTA	Effective January 17, 2006 – two year probation
Robert J. Cvetic, PTA	Effective April 18, 2006 – one year probation
Marguerita Ledwell, PT	Effective January 17, 2006 – six month suspension (stayed), three year probation
Amy Roseman, PT	Effective January 17, 2006 – reprimand
Jonas S. Tapangan, PT	Effective January 1, 2006 – six month suspension with all but 30 days stayed, two-year probation beginning on January 31, 2006
Ellen Warrtay, PT	Effective January 17, 2006 – License revoked
Christine D. Grasso, PTA	Effective March 21, 2006 – reprimand, one year probation
Wendy A. Merry, PTA	Effective March 21, 2006 – reprimand, one year probation
Vijayakumar Palaniswamy, PT	Effective May 16, 2006 – suspension
Pamela A. Vogel, PTA	Effective September 19, 2006 – one year suspension (stayed), two year probation, fine
Thomas R. Westwood, PTA	Effective April 18, 2006 – two month suspension (stayed); two year probation
Dennis Nole, PTA	Effective December 5, 2006 – two year suspension (stayed), two year probation, fine
Patrena Caldwell, PT	Effective December 5, 2006 – two year suspension with all but 60 days stayed, two year probation, fine
Nancy D. Brauer, PT	Effective January 16, 2007 – six month suspension(stayed), two year probation, fine
Tessa M. Walker, PTA	Effective February 20, 2007 - 30 day suspension, two year probation
Tessa M. Walker, PTA	Effective July 1, 2007 – two year probation is extended to a period of two years from July 1, 2007
Douglas Palmer, PT	Effective March 29, 2007 – one year suspension with all but 60 days stayed. Deferred until licensee is reinstated, then two year probation and fine
Jennifer Eyrich, PTA	Effective May 15, 2007 – order of denial of reinstatement
Vijayakumar Palinswamy, PT	Effective June 28, 2007 – permanent revocation, not eligible for reinstatement at any time
Rhonda Jones, PTA	Effective August 21, 2007 – one year probation
Boris Yurganov, PTA	Effective June 29, 2007 – two year probation
Boris Yurganov, PTA	Effective October 24, 2007 – order modification re work sites
Jennifer Angeles, PT	Effective September 18, 2007 – one year probation, fine
Cary Peralta, PT	Effective September 18, 2007 – one year probation, fine
Christine Sutton, PTA	Effective September 18, 2007 – one year probation, fine
Donna Jean Regalado, PT	Effective September 18, 2007 – one year probation, fine
Marcia Rosenberg, PT	Effective September 28, 2007 – pre-charge consent agreement, fine