

Approved: 2/3/94
Fm Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 1:30 p.m. on February 1, 1994 in Room 423-S of the Capitol.

All members were present except:
Rep. Weiland, Rep. Mayans, Rep. Henry, all excused.

Committee staff present: Emalene Correll, Legislative Research Department

Norman Furse, Revisor of Statutes
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Larry Buening, Executive Director, Kansas Board of Healing Arts
Joan Arterburn, Registered Physical Therapist, representing Physical Therapy Examining Committee
Julie Newman, Certified Physical Therapist Assistant, faculty member of Washburn University
Maleea Gitthens, Certified Physical Therapist Assistant
Charlotte Abbott, licensing Agent for the Board of Healing Arts, (answered questions).

Others attending: See attached list

Chairperson Flower called the meeting to order and welcoming especially the physical therapy assistant students from Washburn University.

Chair asked if there was anyone present with bill requests. There were none.

Chair drew attention to (Attachment No.1), testimony from Linda Lubensky, Kansas Home Care Association who answered numerous questions on 1/27/1994, and had submitted her comments on HB 2602, per request of Chairperson Flower.

Chair requested a staff briefing on HB 2787.

Ms. Correll noted at the outset, registration is protection of the title, not of the scope of practice. She detailed language in HB 2787, relating to the qualifications for become a registered physical therapist or certified as a physical therapy assistant, (PTA). She explained new and amended language proposed.

Ms. Correll drew attention to language "any manner representing oneself as a PTA" may be an expansion of the original intent. and noted Committee may wish to have this issue clarified when holding discussion on HB 2787. She answered questions related to penalties.

HEARINGS BEGAN ON HB 2787.

Larry Buening, Executive Director, Kansas Board of Healing Arts provided hand-out, (Attachment No.2). He began by answering questions posed prior to his testimony, i.e., he had agreed with the Revisor, Mr. Furse to place language in the bill, i.e., "Class (B) nonperson misdemeanor". Mr. Buening noted there have been many recent changes in sentencing guidelines, and he was not aware of the full extent of those changes, but would trust the judgement of Mr. Furse.

He directed attention to the proposed changes in HB 2787, i.e., page 1, lines 34-38 relating to qualifications for application for examination: page 2, lines 35-43 relating to one representing themselves as a PTA when they are not, shall be guilty of a class B nonperson misdemeanor. He detailed rationale. He answered numerous questions, i.e., the Board is unaware of a shortage of PTAs.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on February 1, 1994.

It was noted by Ms. Correll, there isn't anything in current law to keep anyone from providing the health care that a physical therapist or physical therapy assistant does, regardless or not as to whether such a person has been credentialed by the Board. It was also noted, any person can perform therapy procedures, but cannot set themselves out as a therapist by using that title. Attention was drawn to the language relating to both levels of training, i.e., physical therapy, and physical therapist assistant's, should perhaps be clarified. Mr. Buening stated, he has no problem with that and perhaps a change would be appropriate.

Joan Arterburn, Registered Physical Therapist speaking in behalf of the Physical Therapy Examining Committee of Kansas, of which she is a member. (See Attachment No. 3). She noted concerns with current law; allowing aides to take the PTA exam with work experience. Kansas and California are the only two states allowing this practice. The Federation of state Boards of Physical Therapy has encouraged Kansas and California to get the practice act changed to reflect the up-grading of the profession. She noted, in the past, the lack of associate-degree programs in Kansas had been detrimental to this change. She urged members to give favorable consideration for HB 2787. She answered questions.

Jule Newman, Certified Physical Therapist Assistant, and faculty member of Washburn University's PTA program offered hand-out, (Attachment No. 4). She drew attention to hand-out, PTA program and schedule of student curriculum; course description; PT 180 PT procedures II Practical 2 evaluation sheet; Performance guide on fluidotherapy. She indicated passage of HB 2787 would require all individuals seeking credentialing as a PTA to have successfully completed an educational program approved by the Board of Healing Arts and hopefully accredited by the American Physical Therapy Association. She offered specifics on the educational curriculum being offered. She noted PTA educational programs in Kansas are producing 51 graduates per year. This number will increase to 78 as Colby Community College has just received accreditation to expand it's program. Washburn University is investigating the possibilities of developing a distant learning program that will directly benefit hospitals that have openings for PTAs. This legislation will strengthen the current credentialing process.

Maleena Gitthens, a Certified Physical Therapist Assistant (CPTA) offered hand-out (Attachment No. 5). She related her personal story, i.e., she was allowed to sit for a certification exam in Kansas based on 8 years of work experience and no formal college education. She passed, and was then certified in Kansas as a PTA. She stated as she began working she realized she didn't have the knowledge base to understand the PT treatments she was asked to perform, nor could she fully explain why the treatments were necessary and effects of treatments would have on the patient. She choose to apply for acceptance in an accredited PTA program, graduated from Washburn University in May of 1993. She stressed, an individual that has not completed an accredited educational program, most likely will not be exposed to the theory, ethics, skills and techniques required in the various settings in which a CPTA may be employed. She urged support for HB 2787.

HEARING CLOSED ON HB 2787.

Chairperson Flower made announcements regarding future agendas.

Chair adjourned the meeting at 2:27 p.m.
The next meeting is scheduled for February 2, 1994.

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE _____

[illegible]

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE

Feb. 1, 1994

NAME	ORGANIZATION	ADDRESS
Margat Gordon	Bachinger Ingelheim	Columbia, Mo
John Rickman	mmc inc.	KC Mo
Kathy Miller	St. Francis Med Ctr	Wichita
Kathy Puckett	Washburn SPTA	Topeka
Becky Birch	WU - SPTA	Topeka
Linda Allen	WU - SPTA	Topeka
Lenny Schmitt	WU - SPTA	Topeka
Theresa Smith	WU - SPTA	Topeka
VERONICA BYRNE	W.O. SPTA	Carbondale, KS
Rhonda Thomas	WU SPTA	Whiting, KS
Nancy Centlivre	Washburn SPTA	Topeka, KS
Rhonda MATZKE	W.U. SPTA	Silver Lake, KS
Linda Berry	W.U. - SPTA	Topeka, KS
Pat Gideon	W.U. SPTA	Topeka, KS
Laurie Drinkard	W.U. SPTA	Osaka, KS
Leona Ostermeyer	W.U. SPTA	Topeka, KS
TOM NYQUIST	WU SPTA	TOPEKA
Joe Furjanc	KCA	Topeka
Lisa Groves	WU - SPTA	Topeka
Yvonne Mardis	WU - SPTA	Topeka
Kristie Smullen	WU - SPTA	Wichita, KS
Nita Schrader	WU SPTA	Topeka
Charlene K. Abbott	Bd Healing Arts	Topeka



Kansas Home Care Association • 1000 Monterey Way, E2 • Lawrence, Kansas 66049 • (913) 841-8611

To: Public Health & Welfare Committee for the House

From: Linda Lubensky, Executive Director
Kansas Home Care Association

Date: January 28, 1994

Re: H.B. 2602, the administration of intravenous fluid
therapy by licensed practical nurses

As requested by Chairperson Flower, I will attempt to address in the following written text those questions posed by the Committee during the recent hearing on H.B. 2602, January 27.

For over two years, the Kansas Home Care Association has participated in the discussion and debate over the administration of IV therapy by licensed practical nurses. Our twenty member Board, composed of nurse administrators from across the state, has consistently felt that this was a priority issue due to the possible ramifications in home care. Consequently, much time has been spent in careful consideration and discussion.

From the beginning, the KHCA Board of Directors has remained adamant that the administration of IV therapy by LPNs in the home setting was inappropriate and ill-advised. Even with the proposed additional training, the Board does not feel that an LPN has the developed judgement, skill, and expertise to handle the many potential problems inherent in IV therapy that is delivered in the home. In home care, it would be impractical to send a registered nurse to accompany the LPN. Consequently, the LPN would be on her own, with no immediate "back-up" in case of emergencies. The problem is compounded by distances, rural settings, and the different physical and psycho-social environment of each client's home.

Yes, it is true that an important role of home care is to teach the client and family members to assume more responsibility for the care delivered. IV therapy is one of the nursing tasks that is taught to families. The home care agency's responsibility is to see that the person is capable of learning and performing the task, and then to see that they are taught appropriately. It must be stressed that the family member is learning one set of tasks that will always be delivered for the same person, in the same setting. Adversely, an LPN, employed by an agency and delivering IV therapy, will face a constantly changing set of

*PNW
2-1-94
Attn #1.*

circumstances, client needs, and problems. Some of the procedures and drugs used in IV therapy today are very complex and potentially problematic. Consequently, the KHCA board has been unanimous in its opinion that the liability issues far outweigh any possible benefit from using LPNs to do IV therapy in home care.

For these reasons, KHCA has worked to see that a limitation was placed, in regard to the home setting, in the draft regulations that will follow this legislation. We realize that situations and technologies may change in the future, and that home care may at that time reconsider its position. Therefore, although KHCA feels strongly about this issue, it will accept the limitation being placed in the regulations rather than the statute, for the greater flexibility. KHCA does understand that other care delivery sites feel that the use of LPNs to do IV therapy is safe and appropriate. Furthermore, we support the formalization of training and practice standards for these other situations.

Finally, although many of our members have, or are, hospices, KHCA wishes to stress that we do not speak for the Association of Kansas Hospices. Therefore, we encourage the Committee to seek their input directly.

I hope that I have adequately clarified our position and responded to your concerns. As always, your interest is greatly appreciated.

P. H. W.
2-1-94
Attn #1-2
JG 272

KANSAS BOARD OF HEALING ARTS

JOAN FINNEY
Governor

LAWRENCE T. BUENING, JR.
Executive Director



235 S. Topeka Blvd.
Topeka, KS 66603-3068
(913) 296-7413
FAX # (913) 296-0852

M E M O R A N D U M

TO: House Committee on Public Health and Welfare

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: February 1, 1994

RE: **HOUSE BILL 2787**
PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Thank you very much for the opportunity to appear before you in support of this Bill. As you may recall, I appeared before you last Tuesday and requested introduction of this Bill through your Committee.

This Bill makes some technical changes to K.S.A. 65-2906 and also makes one substantive change to the qualifications for individuals to become certified as physical therapist assistants. In addition, a criminal violation is created for those individuals who hold themselves out as certified physical therapist assistants without being certified.

Currently, under K.S.A. 65-2906(c)(3), individuals may be certified as physical therapist assistants if it is determined by the State Board of Healing Arts that those individuals possess equivalent qualifications based on training and experience rather than successful completion of a program in a school for physical therapist assistants approved by the Board. Provisions to modify this have been included in several other Bills relating to physical therapy over the last several Legislative Sessions. However, since those Bills included other provisions that were of a somewhat more controversial nature, those Bills failed to be enacted by the Legislature. The Board, with the support of the Examining Committee for Physical Therapy and the Kansas Physical Therapy Association, strongly urges your consideration in deleting the "work experience" ability to be certified as a physical therapist

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assistant in Kansas. Based upon our information and research, it is our belief that Kansas is the only State which regulates physical therapist assistants and allows state credentialing without formal educational requirements. Further, physical therapist assistants is the only one of 10 professions regulated by the State Board of Healing Arts that has the ability to be credentialed without having successfully completed some sort of formal educational program. The Board and the Physical Therapy Examining Committee have had a great deal of difficulty over the last several years in determining the quality of the training and experience which applicants by this method have obtained. Since most of these individuals obtain such training out-of-state, it has made it very difficult to closely examine exactly what experiences and training the individuals have and thereby render an informed decision as to their equivalent qualifications to a two-year formal program of education as is offered by Colby Community College and Washburn University.

Statistics would reflect that many out-of-state individuals have utilized Kansas certification as some sort of conduit for obtaining registration or certification in their state of residence. At the present time, we presently have 616 active physical therapist assistants. Yet, only 361 of these show a Kansas address. Of the 15 individuals who successfully passed the last PTA examination based on "work experience" qualifications, only 5 of these individuals were from Kansas. Of the last 61 individuals certified in the State of Kansas based on "work experience", 30 were from out-of-state.

Requiring that certification as a physical therapist assistant can only be obtained following successful completion of an approved educational program provides greater consistency and assurance that the individual possesses adequate skills and training to perform the functions as a PTA in the State of Kansas.

Section 2 of the Bill would make it a Class B non-person misdemeanor for anyone to hold themselves out or represent themselves to be a physical therapist assistant in the State of Kansas without being certified by the Kansas Board of Healing Arts. At present, it is a Class B misdemeanor for individuals to hold themselves out as a physical therapist without being registered as such. Further, K.S.A. 65-2913(b) presently states that a person who meets the requirements of K.S.A. 65-2906(c) may refer to themselves as a physical therapist assistant. However, it does not require that such individual be certified by the Board. Also, there is no prohibition or penalty for individuals to represent themselves as physical therapist assistants without any qualifications whatsoever. The changes made to subsection (b) of K.S.A. 65-2913 would make it a Class B misdemeanor for an individual to hold themselves out as a physical therapist assistant without having a valid certificate issued by the Board.

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2-1-94
Attn #2-2
Pg 283.

As stated at the time of the request for introduction of this Bill, it is not the intention of the Board to take away certification from those who have previously been certified based upon training and experience. If it is necessary to prevent such an occurrence, the Board would suggest a new clause be inserted in the Bill at the appropriate location as follows:

"All registrations and certificates issued prior to July 1, 1994, shall be and continue in full force and effect and be eligible for renewal and reinstatement under the provisions of K.S.A. 65-2910 and amendments thereto."

Again, thank you for your courtesy in allowing me to appear before you today. I would be happy to respond to whatever questions you might have.

PHW
2-1-94
Attn #2-3
Pg 3 of 3

J. Arterburn

My name is Joan Arterburn, a registered Physical Therapist in Kansas. I am here today representing the Physical Therapy Examining Committee of Kansas, of which I am a member. I have practiced in Kansas for thirty-seven years and am a graduate of the University of Kansas.

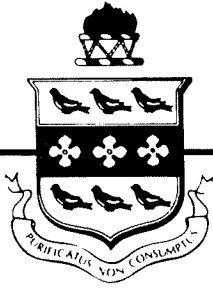
We as a committee have several concerns about our current law, which allows aides to take the Physical Therapist Assistant exam with work experience. Kansas and California are the only states that allow this practice, and California has an educational requirement that is consistent with that of the associate-degreed assistant. Kansas is the only state that requires only a work-experience component--an aide can work in a physical therapy department for five years, then apply to take the exam. This work experience is to be directly under the supervision of a registered physical therapist. We have had a very difficult time actually verifying the work experience (with no idea about the quality) and the supervision. Often the therapist that signed the original application form no longer works at that facility, or the therapist does not understand that they must verify that this experience must be directly supervised. Office staff members work many extra hours trying to get the correct information from the applicant, with many telephone calls to Committee members with comments about how unreasonable these requests are. We have grave concerns about the accuracy of the information that we get.

Our Committee is a member of the Federation of State Boards of Physical Therapy. We have been encouraged by other states' board members to actively campaign to get our practice act changed to reflect the upgrading of our profession to include an associate-degreed level assistant. It is very frustrating for other states that their practice acts reflect the changes in educational level, yet their aides can come to Kansas to take the test and be considered a "Physical Therapist Assistant". Needless to say, this practice does not create a favorable impression of Kansas. Although many of these states do not recognize the work-experienced assistant, the facility many choose to use these employees as assistants instead of aides, despite the lack of formal education.

In the past, one argument for keeping this law in Kansas was our lack of associate-degree programs. We now have two programs in Kansas that have been in operation for at least five years, and our supply of assistants is getting relatively plentiful. Sixty-one of the current work-experienced PTA's have been registered--thirty-one of these practice in Kansas, thirty out of the state. Of the fifteen that passed the examination in November, five practice in Kansas, ten out of state. This does not seem to be a valid concern at this point, and it is time for Kansas to march in step with the rest of the country.

We are requesting that you give this bill your utmost attention and recognize that we would like to practice physical therapy at the highest level possible in the state of Kansas. Our citizens deserve the best trained personnel, possible and we feel this bill will help to insure good care.

*P.H.W.
2-1-94
Attn #3*



WASHBURN UNIVERSITY

School of Applied Studies
Topeka, Kansas 66621
Phone 913-231-1010, Ext. 1619

TO: House Public Health & Welfare Committee Members
FROM: Julie Newman, CPTA
DATE: February 1, 1994
RE: Testimony for House Bill No. 2787

PHW
2-1-94
Attn #4

Good Afternoon,

I am Julie Newman, a Certified Physical Therapist Assistant, a faculty member of Washburn University's Physical Therapist Assistant Program and a representative of the Kansas Physical Therapy Association.

I stand before you as proponent of this bill. Passage of this bill will require all individuals seeking credentialing as a physical therapist assistant to have successfully completed an educational program approved by the Board of Healing Arts and hopefully accredited by the American Physical Therapy Association.

I would like to briefly explain the curriculum and competency assessments that a Washburn Physical Therapist Assistant student is expected to complete in order to graduate from this accredited educational program.

In the packet of handouts you received there is a page titled "Schedule of Student Curriculum" this is a list of courses taken each semester. In the course of two years and a summer session the physical therapist assistant student is expected to complete over 70 credit hours. These include general education requirements of six hours each in the natural sciences, social sciences and humanities, an english composition course and two hours of physical education activities. These requirements are similar to other Associate of Science degrees.

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Attn #4-2
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In addition, human science courses are required and include Biology, Anatomy, Physiology, a course in Pathology, Kinesiology and Exercise Physiology. These courses are the building blocks to a better understanding of the complex manner in which the human body functions.

Then there are 30 hours of courses specific to the practice of physical therapy. These courses cover all expects of patient care, modalities, procedures, techniques and ethics as related to physical therapy practice. A page listing a brief description of these courses is included in your handout.

For a student to receive a passing mark and for the assessment of student's to be objective and consistent, out-come based competencies have been developed for physical therapy techniques and procedures. A copy of one such competency assessment is also included in your handout.

Students must pass all competencies prior to graduation. These competencies are evaluated in numerous practical examinations throughout the program. The competencies cover all aspects of patient care, ie. preparatory procedures, reviewing the physician's order and physical therapy evaluation, preparing the patient for the treatment including assessing the patient's current condition, performing the treatment, re-assessment of the patient's tolerance to the treatment and documentation of the treatment. As you can see, these competencies are very thorough and comprehensive.

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Students are also evaluated in the clinical setting. Each student will complete over 650 hours of supervised internships at different physical therapy departments. These internships allow the student, first hand, to observe different patient types, to transfer the didactic knowledge to actual application of procedures and the development of professional conduct.

Currently, the two physical therapist assistant programs in Kansas are producing 51 graduates per year. This will increase to 78 as Colby Community College has just received accreditation to expand it's program. Washburn University is investigating the possibilities of developing a distant learning program that will directly benefit hospitals that have openings for physical therapist assistants.

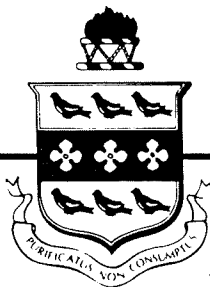
I hope I have given you some insight to an accredited physical therapist assistant program. I encourage you to support this bill that will close the loop-hole which allows the credentialing of individuals as a physical therapist assistant, who are seeking to by-pass the academic rigors of accredited physical therapist assistant programs. This bill will substantially strengthen the credentialing process that is currently in place and assure the citizens of Kansas that the individuals who represent themselves as physical therapist assistants, are indeed properly trained to provide physical therapy services as their title represents.

Thank you. I would be more than happy to answer any questions that you may have.

Respectfully Submitted,

Julie Y. Quaman, CPTA

*PAW
2-1-94
attn 4-4
Cg 488*



WASHBURN UNIVERSITY

School of Applied Studies
Topeka, Kansas 66621
Phone 913-231-1010, Ext. 1619

PHYSICAL THERAPIST ASSISTANT PROGRAM

SCHEDULE OF STUDENT CURRICULUM

FIRST SEMESTER		HOURS
PT 100	Introduction to Physical Therapy	3
BI 100	Introduction to Biology	3
BI 101	Introduction to Biology Lab	2
EN 101	Freshman Composition	3
Social Science		3
Humanities		3
		<hr/> 17

SECOND SEMESTER		HOURS
PT 160	Procedures I and Lab	3
AL 220	Introduction to Disease	3
BI 255	Human Physiology and Lab	4
BI 275	Human Anatomy and Lab	4
Natural Science		3
		<hr/> 17

SUMMER SESSION		HOURS
PT 180	Procedures II and Lab	4
PT 250	Clinical I	1
Humanities		3
		<hr/> 8

THIRD SEMESTER		HOURS
PT 251	Clinical II	3
PT 270	Procedures III	4
PE 321	Kinesiology	3
PE 326	Physiology of Exercise	3
Social Science		3
PE Elective		2
		<hr/> 18

FOURTH SEMESTER		HOURS
PT 252	Clinical III	5
PT 285	Issues in Physical Medicine	1
PT 275	Procedures V	3
PT 280	Procedures IV	3
		<hr/> 12

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E. COURSE DESCRIPTIONS

PT 100 Introduction to Physical Therapy 3 hours

A brief history of Physical Therapy and the scope of physical medicine and rehabilitation which includes ancillary professionals, specific disorders, treatment overview and preventive medicine.

PT 160 Physical Therapy Procedures I 3 hours

Features the development of skills and understanding of basic physical therapy procedures. Includes topics such as bed positioning, range of motion, transfer techniques, ambulation, vital signs and massage. Prerequisite: Admission into the Physical Therapist Assistant Program.

PT 180 Physical Therapy Procedures II 4 hours

Continuation of Physical Therapy Procedures I with emphasis on various modalities of heat, cold, electrical stimulation, ultraviolet, traction, hydrotherapy, diathermy, etc. Prerequisite: Physical Therapy Procedures I and satisfactory completion of year one.

PT 250 Physical Therapy Clinical I * 1 hour

Observation of various types of patients and practicum of skills and techniques learned in preceding courses at local health care facilities. Prerequisite: Physical Therapy Procedures I and satisfactory completion of year one.

PT 251 Physical Therapy Clinical II * 3 hours

Direct assistance of patient care under supervision in local health care facilities. Prerequisite: Satisfactory completion of summer session.

PT 252 Physical Therapy Clinical III 5 hours

Continuation of practicum. Advanced applications to patient care with indirect supervision in health care facilities outside the Topeka area. Prerequisite: Satisfactory completion of year two.

PT 270 Physical Therapy Procedures III 4 hours

This course emphasizes measuring and testing joints, exercise, prosthetics, orthotics, gait and physical therapy treatment programs for various rehabilitation patients. Prerequisite: Satisfactory completion of PT 180.

PT 275 Physical Therapy Procedures V 3 hours

This course is a continuation of PT 270 Physical Therapy Procedures III and follows with emphasis on therapeutic exercise and physical therapy treatment programs for various rehabilitation patients. Prerequisite: Satisfactory completion of PT 270.

PT 280 Physical Therapy Procedures IV 3 hours

This course emphasizes time management, working relationships, ethics, employment, reimbursement, legalities and additional responsibilities and considerations of the Physical Therapist Assistant. Prerequisite: Satisfactory completion of PT 270.

* Clinical Lab - Clinical Lab is a didactic session in which clinical problem solving is stressed.

PT 285 Issues in Physical Medicine 1 hour

Individual projects related to current issues in physical medicine. May include intensive reading and the preparation of patient educational materials related to the assigned project. Prerequisite: PT 270

PT 290 Special Topics in Physical Therapy 1 - 3 hours

Selected topics related to Physical Therapy which vary from semester to semester. Announced in advance.

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PT 180 Physical Therapy Procedures II

Practical 2 Evaluation Sheet

Dx: Right wrist sprain 2 weeks ago.

Rx: Fluidotherapy Rx to right wrist for 20 minutes, temperature 115 F.

AROM to right wrist during fluidotherapy treatment

AROM to right wrist for flexion and extension, ulnar and radial deviation and supination.

- _____ Review physician's orders and PT's evaluation and treatment plan.
- _____ Assemble needed supplies (gown, towels, timer, call system chair, etc).
- _____ Wash hands.
- _____ Check unit and make sure functioning properly. Place towel over vents to prevent dust from escaping when unit is turned on.
- _____ Preheat unit to prescribed temperature.
- _____ Greet patient, identify self and verify patient's condition.
- _____ Visit with patient about the condition.
- _____ Rule out contraindications.
- _____ Explain procedure to the patient:
- _____ Have patient remove all clothing and jewelry from the area to be treated. Provide with sheet and gown if indicated.
- _____ Wash part and inspect it for temperature sensation, sensation in general, and skin integrity.
- _____ Cover any open wounds with an airtight dressing.
- _____ Position patient comfortably near the fluidotherapy unit.
- _____ Turn fluidotherapy unit off and check temperature.
- _____ Teach patient any exercises to be performed while in the fluidotherapy unit.
- _____ Position part to be treated in the fluidotherapy unit and secure sleeve around the part.
- _____ Set time, start treatment, and adjust air flow.
- _____ Give patient call system and reiterate to call if questions, discomfort, etc.
- _____ Set timer for 5 minutes to recheck on patient.
- _____ Remain nearby to make necessary adjustments as indicated.
- _____ Once unit timer goes off the fluidotherapy unit shuts off, and you should remove treated part from the unit and secure sleeve closed with velcro closures.
- _____ Perform AROM measurements for right wrist flexion and extension, ulnar and radial deviation and supination.
- _____ Assess patient's response to treatment.
- _____ Perform all post-treatment assessments.
- _____ Schedule follow-up appointment.
- _____ Clean up treatment area.
- _____ Document treatment given.

Comments:

_____ passed _____ retake Evaluator _____ Date 3-7-98

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2-1-94
Attn # 4-7
3-7-98

PT 180 Physical Therapy Procedures II

Fluidotherapy

Objective: Be able to demonstrate competency in providing a fluidotherapy treatment.

Task: Administer fluidotherapy treatment to a designated body part.

Performance Guide:

1. Review physician's orders and PT's evaluation and treatment plan.
2. Assemble needed supplies (gown, towels, timer, call system chair, etc).
3. Wash hands.
4. Check unit and make sure functioning properly. Place towel over vents to prevent dust from escaping when unit is turned on.
5. Preheat unit to prescribed temperature.
6. Greet patient, identify self and verify patient's condition.
7. Visit with patient about the condition.
8. Rule out contraindications.
9. Explain procedure to the patient:
 - A. What you are going to do.
 - B. What to expect.
 - C. What you expect of them.
10. Have patient remove all clothing and jewelry from the area to be treated. Provide with sheet and gown if indicated.
11. Wash part and inspect it for temperature sensation, sensation in general, and skin integrity.
12. Cover any open wounds with an airtight dressing.
13. Position patient comfortably near the fluidotherapy unit.
14. Turn fluidotherapy unit off and check temperature.
15. Teach patient any exercises to be performed while in the fluidotherapy unit.
16. Position part to be treated in the fluidotherapy unit and secure sleeve around the part.
17. Set time, start treatment, and adjust air flow.
18. Give patient call system and reiterate to call if questions, discomfort, etc.
19. Set timer for 5 minutes to recheck on patient.
20. Remain nearby to make necessary adjustments as indicated.
21. Once unit timer goes off the fluidotherapy unit shuts off, and you should remove treated part from the unit and secure sleeve closed with velcro closures.
22. Assess patient's response to treatment.
23. Perform all post-treatment assessments.
24. Schedule follow-up appointment.
25. Clean up treatment area.
26. Document treatment given.

PKW
2-1-94
Autm #4-8
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February 1, 1993

Representative Flower and Members of the House Public Health and Welfare Committee,

My name is Maleea Gitthens, and I am a Certified Physical Therapist Assistant (CPTA). I was allowed to sit for the certification exam in Kansas based on 8 years of work experience and no formal college education. I passed the examine and became certified in the state of Kansas as a physical therapist assistant.

After getting my certification I started working as a CPTA and found that I didn't have the knowledge base to understand the physical therapy treatments I was performing. I came to realize that secondary to my lack of a formal education in physical therapy, that I was not able to explain fully why I was doing particular treatments and the effect they could have on the patient.

Based on my lack of understanding of the effects of Physical Therapy techniques I choose to apply for acceptance into an Accredited Physical Therapist Assistant Program. I was accepted into the Physical Therapist Assistant (PTA) Program at Washburn University and graduated from it in May of 1993.

From the PTA Program I gained the knowledge base required to understand the theories behind the various techniques utilized in Physical Therapy. Completing this educational program allows me to more effectively treat and educate the patients entrusted into my care.

In conclusion: An Accredited Physical Therapist Assistant Program teaches the theory, ethics, skills, and techniques required in all settings that a CPTA may be employed. An individual that has not completed an accredited educational program most likely will not be exposed to the theory, ethics, skills, and techniques required in the various settings in which a CPTA may be employed.

I ask that you please support House Bill 2787.

Sincerely,

Maleea Gitthens CPTA

Maleea Gitthens, CPTA

PFF:CC
2-1-94
Attn # 5