## Chapter 246-915 WAC

### PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

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### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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Repealed by WSR 05-09-046, filed 4/18/05, effective 5/19/05. Statutory Authority: Chapter 18.74 RCW.

### Special requirements for physical therapist assistant utilization.

- **Statutory Authority:** RCW 18.74.023. WSR 85-13-057 (Order PL 471), § 308-42-140, filed 6/19/89. Repealed by WSR 08-17-026, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023.

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WAC 246-915-010 Definitions. For the purposes of this chapter and administering chapter 18.74 RCW, the following words and phrases have the following meanings:

(1) The "performance of tests of neuromuscular function" includes the performance of electromyographic examinations.

(2) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.

(3) "Supervisor" means the licensed physical therapist.

(4) "Trained supportive personnel" means:
   (a) "Physical therapist assistant." An individual who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant; or
   (b) "Physical therapy aide." An individual who is involved in direct physical therapy patient care who does not meet the definition of a physical therapist or physical therapist assistant and receives ongoing on-the-job training.

(5) "Direct supervision" means the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.

(7) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(8) "Office on AIDS" means the section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(9) "Spinal manipulation" or "manipulative mobilization" means movement beyond the normal physiological range of motion.

(10) "Patient reevaluation" means the licensed physical therapist must physically observe and interview the patient.

WAC 246-915-020 Physical therapist and physical therapist assistant examinations. (1) Physical therapy students in their last year may apply for licensure by examination prior to graduation under the following circumstances:

(a) Receipt of a letter from an official, of their physical therapy school, verifying the probability of graduation prior to the date of the examination for which they are applying.

(b) Results of the examination will be withheld until a diploma, official transcript or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy is received by the department.

(2) Applicants who do not pass the examination after two attempts shall demonstrate evidence satisfactory to the board of having successfully completed clinical training and/or course work as determined by the board before being permitted two additional attempts.

WAC 246-915-030 Examination. (1) The examination acceptable to and approved for use under the provisions of RCW 18.74.035 shall be the examination for physical therapists and physical therapist assistants as reviewed and approved by the board of physical therapy. A passing score is considered to be one of the following:

(a) Beginning November 8, 1995, the criterion referenced passing point recommended by the Federation of State Boards of Physical Therapy for the examination approved by the board. The passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Beginning February 28, 1991, through July 12, 1995, not less than sixty-eight percent of the raw score for the examination approved by the board; or

(c) Prior to February 28, 1991, not less than sixty percent raw score on each of the three examination parts for the examination approved by the board.

(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake the examination.

(3) Where necessary, applicant's score will be rounded off to the nearest whole number.
WAC 246-915-040 Licensure by endorsement—Applicants from approved schools. (1) Before licensure by endorsement is extended to any individual licensed to practice physical therapy under the law of another state, territory, or District of Columbia, the applicant shall have graduated from a board approved school, shall have taken the examination for physical therapy and shall have achieved a passing score approved by the board.

(2) If the decision to extend licensure by endorsement is based on an examination other than the examination approved in WAC 246-915-030(1), the board shall determine if such examination is equivalent to that required by the laws of this state.

(3) The board shall not recommend to the secretary that a person be licensed as a physical therapist under the licensure by endorsement provisions of RCW 18.74.060, unless said applicant shall have taken and passed the examination approved by the board, or other examination equivalent to that required by the laws of this state.

(4) If a licensee has not worked in physical therapy in the last three years, the applicant may be granted licensure by endorsement under the following conditions:

(a) The board may require reexamination of an applicant who has not been actively engaged in lawful practice in another state or territory; or

(b) Waive reexamination in favor of evidence of continuing competency satisfactory to the board.

[Statutory Authority: RCW 18.74.020. WSR 79-05-035 (Order PL 302), § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023. WSR 81-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; WSR 84-17-032 (Order PL 477), § 308-42-060, filed 8/13/08, effective 8/13/08; WSR 92-16-082 (Order 294B), § 246-915-032, filed 4/24/79.]

WAC 246-915-050 Reinstatement. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for over three years, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2. Before recommending reinstatement, the board may require reexamination and may impose any other requirements necessary to ensure professional competence and protect the public.

[Statutory Authority: RCW 18.74.023. WSR 05-06-022, § 246-915-040, filed 2/22/05, effective 3/25/05; WSR 94-05-014 (Order 403B), § 246-915-040, filed 2/4/94, effective 3/7/94; WSR 91-05-094 (Order 144B), § 246-915-040, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. WSR 90-16-070 (Order 074), § 308-42-060, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. WSR 86-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; WSR 84-17-032 (Order PL 477), § 308-42-060, filed 8/8/84. Statutory Authority: RCW 18.74.020. WSR 83-05-032 (Order PL 426), § 308-42-060, filed 2/10/83; WSR 81-19-071 (Order PL 384), § 308-42-060, filed 9/15/81; Order PL 191, § 308-42-060, filed 5/29/75; Order 704207, § 308-42-060, filed 8/7/70, effective 9/15/70.]

WAC 246-915-070 Application due date. All examination applications must be submitted no later than sixty days prior to the examination.

[Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020. WSR 83-05-032 (Order PL 426), § 308-42-070, filed 2/10/83.]

WAC 246-915-075 Temporary permits—Issuance and duration. (1) Unless there is a basis for denial of a physical therapist or physical therapist assistant license, an applicant who is licensed in another jurisdiction shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed physical therapist or physical therapist assistant license application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee;

(c) Submission of all required supporting documentation as described in the application forms and instructions provided by the department of health, excepting the seven hour AIDS education requirement as described in WAC 246-915-110.

(2) Applicants wishing to receive a temporary practice permit shall be granted an additional ninety days to complete the AIDS education requirement; however, issuance of a physical therapist or physical therapist assistant license is contingent upon evidence of having met this requirement.

(3) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(4) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-075, filed 8/13/08, effective 8/13/08; WSR 92-16-082 (Order 294B), § 246-915-075, filed 8/4/92, effective 9/4/92.]

WAC 246-915-078 Interim permits. An applicant who has not previously taken the physical therapy examination or an applicant who has not previously held an interim or temporary permit in Washington or another state, may be eligible for an interim permit under RCW 18.74.075 upon submission of the following:

(1) Payment of the application fee;

(2) Evidence of having obtained a physical therapy degree from a board approved school;

(3) Completed a physical therapist or physical therapist assistant license application on which the applicant:

(a) Requests to receive an interim permit;

(b) Provides the name, location and telephone number of his or her place of employment;

(c) Provides the name and license number of his or her licensed supervising physical therapist; and

(d) Provides written confirmation from the licensed supervising physical therapist attesting that he or she will:
Physical Therapists and Assistants

WAC 246-915-085 Continuing competency. Licensed physical therapists and physical therapist assistants must provide evidence of continuing competency in the form of continuing education and employment related to physical therapy every two years.

1. Licensed physical therapists and physical therapist assistants must complete 40 hours of continuing education every two years.

2. Physical therapists and physical therapist assistants are required to complete a one-time training in suicide assessment that includes screening and referral elements appropriate for this profession. The training must be at least three hours in length and must meet the requirements for training per WAC 246-915-086.

A physical therapist or physical therapist assistant must complete a one-time training by the end of the first full continuing competency reporting period after January 1, 2016, or during the first full continuing competency reporting period after initial licensure, whichever is later. Training completed between June 12, 2014, and January 1, 2016, that meets the requirements of this section will be accepted as meeting the one-time training requirements.

3. Acceptable continuing education specifically relating to the practice of physical therapy includes, but is not limited to, the following:

   a. Participation in a course with specific goals and objectives relating to the practice of physical therapy;

   b. Audio or video recordings or other multimedia devices, and/or book/article review. A two-page double-spaced synopsis of each item reviewed must be written by the licensee.

   c. Correspondence course work completed.

4. A physical therapist with a spinal manipulation endorsement must complete at least ten hours of continuing education per continuing competency reporting period directly related to spinal manipulation. At least five hours of the training must be related to procedural technique and application of spinal manipulation.

5. In addition to the required continuing education hours, physical therapists and physical therapist assistants must complete 200 hours involving the application of physical therapy knowledge and skills, which may be obtained as follows:

   a. In the clinical practice of physical therapy; or

   b. In nonclinical activities that involve the direct application of physical therapist skills and knowledge, examples of which include, but are not limited to:

      i. Active service on boards or in physical therapy school or education program accrediting bodies;

      ii. Physical therapy teaching or presentations on:

         A. Patient/client management, prevention and wellness;

         B. Physical therapy ethics and standards of practice;

         C. Professional advocacy involvement;

      iii. Developing course work in physical therapy schools or education programs or physical therapy continuing education courses;

      iv. Physical therapy research as a principal or associate researcher; and

      v. Physical therapy consulting.

6. Licensed physical therapists and physical therapist assistants shall maintain records of all activities relating to continuing education and professional experience for a period of four years. Acceptable documentation shall mean:

   a. Continuing education. Certificates of completion, course sponsors, goals and objectives of the course, credentials of the presenter as a recognized authority on the subject presented, dates of attendance and total hours, for all continuing education being reported.

   b. Audio or video recordings or other multimedia devices, and/or book/article review. A two-page double-spaced synopsis of each item reviewed must be written by the licensee.

   i. For audio or video recordings or other multimedia devices, a two-page double-spaced synopsis for every one to four hours of running time must be written by the licensee. Time spent writing a synopsis is not reportable.

   ii. For book/article review, a two-page double-spaced synopsis on each subject reviewed must be written by the licensee. Time spent writing a synopsis is not reportable.

   c. Correspondence course work completed. Course description and/or syllabus and copies of the completed and scored examination must be kept on file by the licensee.

   d. Physical therapy employment. Certified copies of employment records or proof acceptable to the board of physical therapy employment for the hours being reported.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-078, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023 (3), (6) and (7). WSR 04-13-052, § 246-915-078, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-078, filed 2/4/94, effective 3/7/94.]

WAC 246-915-086 Suicide assessment training standards. (1) A qualifying training in suicide assessment must:

   a. Be an empirically supported training in suicide assessment that includes screening and referral;

   b. Be provided by a single provider and must be at least three hours in length which may be provided in one or more sessions.

(2) The hours spent completing a training program in suicide assessment under this section count toward meeting any applicable continued competency requirements.

[Ch. 246-915 WAC p. 4]
Physical Therapy Association's Commission on Accreditation in Physical Therapy Education for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education will be considered qualified under RCW 18.74.030(2).

WAC 246-915-100 Approved physical therapy schools. The board adopts the standards of the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education will be considered qualified under RCW 18.74.030(2).

WAC 246-915-105 Approved physical therapist assistant schools. A board approved physical therapist assistant program shall mean a United States physical therapist assistant education program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist assistant program.

WAC 246-915-110 AIDS education and training. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

WAC 246-915-120 Physical therapist applicants from unapproved schools. (1) Applicants who have not graduated from a physical therapy program approved by the board must:

(a) Have a bachelor's degree in physical therapy with all credits earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health, or governmental entity;

(b) Have a valid, unencumbered license or authorization to practice physical therapy in the country in which the physical therapy education was obtained;

(c) Have graduated from a program of physical therapy education with requirements substantially equal to those required of graduates of board-approved programs;

(d) Submit an application for review by the board;

(e) Submit official transcripts from the physical therapy program showing degree date; and

(f) Submit transcripts, fees, and other documentation to a credentialing service approved by the board and request the evaluation report be sent directly to the board.

(2) In addition to the other requirements of this rule, the applicant must demonstrate a working knowledge of English by obtaining:

(a) Scores of at least:

(i) 4.5 on the test of written English (TWE);

(ii) 50 on the test of spoken English (TSE); and

(iii) 220 on the computer-based test of English as a foreign language (TOEFL) or 560 on the paper-based TOEFL; or

(b) Scores on the test of English as a foreign language (TOEFL) internet-based test (IBT) of at least:

(i) 24 on the writing section;

(ii) 26 on the speaking section;

(iii) 21 on the reading section;

(iv) 18 on the listening comprehension section; and

(v) 89 on the overall examination.

(3) The board may request additional supporting documentation as necessary.

(4) The degree's total credits must be at least one hundred twenty-three. A semester credit is equal to fifteen hours of classroom instruction per semester. For courses with a laboratory component, a semester credit is also equal to thirty hours of laboratory instruction per semester. (A semester credit equals 0.67 quarter credits.)

The applicant may meet the objective of one hundred twenty-three semester credits requirement by using additional elective credits in either general or professional education beyond the minimal requirements.

(5) Substantially equal physical therapy education as used in subsection (1)(c) of this section, shall include a total of one hundred twenty-three semester credits or equivalent credits of college education including:

General education - at least fifty-four semester credits:

(a) Humanities - nine semester credits which may include English, speech, foreign language, literature, music/art, philosophy and other humanities courses;

(b) Social sciences - ten semester credits which may include history, social sciences, philosophy, civilization, psychology, sociology, economics and other social science courses;

(c) Biological, natural, and physical science - eight semester credits which may include chemistry, mathematics, physics, biology, zoology, anatomy, kinesiology, physiology and other biological and natural science courses. In addition, the applicant must have one semester (five semester credits) of chemistry with laboratory and one semester (four semester credits) of physics with laboratory.

(6) Professional education. An applicant who has graduated from an approved school must complete at least sixty-nine semester credits in the following topics:

(a) Basic health sciences. At least one semester (at least four semester credits) in each of the following topics:

(i) Human anatomy (specific to physical therapy);

(ii) Human physiology (specific to physical therapy);

(iii) Neurological science;

(iv) Kinesiology or functional anatomy;

(v) Abnormal or developmental psychology; and

(vi) Pathology;

(b) Clinical sciences. The essential element of physical therapy education is teaching the student to assess and treat...
appropriately across the spectrum of age. Therefore, any educational course work should contain all of the following:

(i) Clinical medicine pertinent to physical therapy. Including, but not be limited to:
(A) Neurology;
(B) Orthopedics;
(C) Pediatrics;
(D) Geriatrics.

(ii) Physical therapy course work including, but not limited to:
(A) Physical agents;
(B) Musculoskeletal assessment and treatment;
(C) Neuromuscular assessment and treatment;
(D) Cardiopulmonary assessment and treatment;
(E) Wound debridement/wound care;
(F) Pharmacology.

c) Clinical education. Clinical education must include demonstrated application of physical therapy theories, techniques, and procedures, as supervised by a physical therapist. The applicant must have at least two clinical affiliations of no less than eight hundred hours total.

d) Related professional course work. The applicant must complete three semester courses in the following topics:
(i) Professional ethics;
(ii) Administration;
(iii) Community health;
(iv) Research;
(v) Educational techniques; and
(vi) Medical terminology.

(7) Applicants must have received a grade of "C" or higher in all professional education course work.

(8) The applicant may apply for the College-Level Education Program (CLEP) and their scores may be applied toward college credit. The board will consider the conversion of CLEP scores to college credits provided by a board-approved credentialing agency.

(9) The board may allow applicants who have not graduated from a physical therapy program approved by the board to correct deficiencies by completing board-approved course work. To obtain course work preapproval, the applicant must submit a written request along with the course description/syllabus for the proposed course.

WAC 246-915-140 Personnel identification. (1) Each person shall wear identification showing his or her clinical title, and/or role in the facility as a physical therapist, a physical therapist assistant, a physical therapy aide, or a graduate physical therapist as appropriate. Supportive personnel may not use any term or designation which indicates or implies that he or she is licensed as a physical therapist in the state of Washington.

(2) The licensee must post the license or interim permit, or a certified copy of the license or interim permit, in a safe, conspicuous location at the licensee's work site. The licensee may block out his or her address before posting the license or interim permit.

WAC 246-915-180 Professional conduct principles. (1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner and/or authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided by physical therapists and physical therapist assistants to insurance companies for billing purposes only.

(2) Physical therapists and physical therapist assistants are not to compensate or to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the physical therapist's and physical therapist assistant's responsibility to report any unprofessional, incompetent or illegal acts that are in violation of chapter 18.74 RCW or any rules established by the board.

(4) It is the physical therapist's and physical therapist assistant's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists and physical therapist assistants shall recognize the need for continuing education and shall be open to new procedures and changes.
(6) It is the physical therapist's and physical therapist assistant's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist and physical therapist assistant to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client and/or colleague.

(8) A physical therapist and physical therapist assistant shall not use or allow to be used any form of public communication or advertising connected with his or her profession or in his or her professional capacity as a physical therapist which:

(a) Is false, fraudulent, deceptive, or misleading;

(b) Guarantees any treatment or result;

(c) Makes claims of professional superiority.

(9) Physical therapists and physical therapist assistants are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

(10) Physical therapists shall not receive reimbursement for evaluating or treating him or herself.

(11) Physical therapists shall only delegate physical therapy tasks to trained supportive personnel as defined in WAC 246-915-010 (4)(a) and (b).

[Statutory Authority: RCW 18.74.023 and 18.74.025. WSR 04-08-102, § 246-915-182, filed 4/6/04, effective 5/7/04.]

WAC 246-915-185 Standards for appropriateness of physical therapy care. (1) Appropriate, skilled physical therapy treatment is treatment which is reasonable in terms of accepted physical therapy practice, and necessary to recovery of function by the patient. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

(2) Appropriate physical therapy services must be of such a level of complexity and sophistication, or the condition of the patient must be such, that the services required can be safely and effectively performed only by a physical therapist or physical therapist assistant under supervision of a physical therapist.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-185, filed 8/13/08, effective 8/13/08; WSR 92-08-039 (Order 259B), § 246-915-185, filed 3/24/92, effective 4/24/92; WSR 91-02-011 (Order 103B), reclassified as § 246-915-180, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84; WSR 05-06-023, § 246-915-180, filed 8/13/08, effective 8/13/08; WSR 92-08-039 (Order 259B), § 246-915-180, filed 2/22/05, effective 3/25/05; WSR 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; WSR 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), reclassified as § 246-915-180, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

WAC 246-915-187 Use of telehealth in the practice of physical therapy. (1) Licensed physical therapists and physical therapist assistants may provide physical therapy via telehealth following all requirements for standard of care, including those defined in chapters 18.74 RCW and 246-915 WAC.

(2) The physical therapist or physical therapist assistant must identify in the clinical record that the physical therapy occurred via telehealth.

(3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:

(a) "Telehealth" means providing physical therapy via electronic communication where the physical therapist or physical therapist assistant and the patient are not at the same physical location.

(b) "Electronic communication" means the use of interactive, secure multimedia equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the physical therapist or the physical therapist assistant and the patient.

[Statutory Authority: RCW 18.74.023 and 18.74.025. WSR 11-05-026, § 246-915-187, filed 2/7/11, effective 3/10/11.]

WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement. (1) Physical therapists and physical therapist assistants are not to directly or indirectly request, receive or participate in the dividing, transfer-
(f) "Physical therapist" means a person licensed pursuant to chapter 18.74 RCW.

(g) "Mentally or physically disabled physical therapist" means a physical therapist who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice physical therapy with reasonable skill and safety to patients by reason of any mental or physical condition.

(2) All reports required by WAC 246-915-220 through 246-915-280 shall be submitted to the board as soon as possible. A report shall contain the following information if known:
   (a) The name, address and telephone number of the person making the report.
   (b) The name and address and telephone numbers of the physical therapist being reported.
   (c) The case number of any patient whose treatment is a subject of the report.
   (d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.
   (e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.
   (f) Any further information which would aid the evaluation of the report.

WAC 246-915-220 Mandatory reporting—Physical therapists. (1) Physical therapists shall report to the board if the therapist has knowledge that:
   (a) Another therapist has committed unprofessional conduct under RCW 18.130.180, including violations of chapter 18.74 RCW and chapter 246-915 WAC; or
   (b) A physical therapist is unable to practice with reasonable skill and safety as the result of a physical or mental condition.

(2) Failure to comply with these reporting requirements may constitute a violation of laws which regulate the practice of physical therapy.

WAC 246-915-230 Health care institutions and home health agencies—Mandatory reporting. The chief administrator or executive officer of any hospital, home health agency, or nursing home shall report to the board when any physical therapist's services are terminated or are restricted based on a determination that the physical therapist has either committed an act or acts which may constitute unprofessional conduct or that the physical therapist may be mentally or physically disabled.

471), § 308-42-155, filed 6/19/84.]
WAC 246-915-240 Physical therapy associations or societies—Mandatory reporting. The president or chief executive officer of any physical therapy association or society within this state shall report to the board when the association or society has determined the physical therapist:

(1) Demonstrated incompetence or acted with negligence in the practice of physical therapy;

(2) Has engaged in unprofessional conduct under RCW 18.130.180; or

(3) Is mentally or physically unable to perform as a physical therapist. The report shall be made regardless to whether the physical therapist appeals, accepts or acts upon the determination made by the association or society. Any notification of appeals shall be included with the report.

WAC 246-915-250 Health care service contractors and disability insurance carriers—Mandatory reporting. The executive officer of any health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physical therapist has engaged in overcharging for services or has engaged in overutilization of services or has charged fees for services not actually provided.

WAC 246-915-260 Professional liability carriers—Mandatory reporting. Any institution or organization providing professional liability insurance directly or indirectly to physical therapists shall send a complete report of any malpractice settlement, award or payment as a result of a claim or any settlement, award or payment as a result of a claim or any judgment made by the association or society. Any notification of appeals shall be included with the report.

WAC 246-915-270 Courts—Mandatory reporting. The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all convictions of licensed physical therapists, other than minor traffic violations.

WAC 246-915-280 State and federal agencies—Mandatory reporting. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physical therapist is employed to provide patient care services, to report to the board when the program has determined the physical therapist:

(1) Demonstrated incompetence or acted with negligence in the practice of physical therapy;

(2) Has engaged in unprofessional conduct under RCW 18.130.180; or

(3) Is mentally or physically unable to perform as a physical therapist. Whenever such a physical therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of physical therapy, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physical therapist.

WAC 246-915-300 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for physical therapists and physical therapist assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such physical therapists and physical therapist assistants be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer physical therapists and physical therapist assistants impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

WAC 246-915-310 Terms used in WAC 246-915-300 through WAC 246-915-330. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with physical therapists or physical therapist assistants who have substance abuse problems regarding the required components of the physical therapist's or physical therapist assistant's recovery activity and oversees the physical therapist's or physical therapist assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating physical therapists or physical therapist assistants.

(2) "Contract" is a comprehensive, structured agreement between the recovering physical therapist or physical therapist assistant and the approved monitoring program stipulating the physical therapist's or physical therapist assistant's consent to comply with the monitoring program and its...
required components of the physical therapist's or physical therapist assistant's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020 (2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a physical therapist's or physical therapist assistant's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the physical therapist or physical therapist assistant and the physical therapist's or physical therapist assistant's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which physical therapists or physical therapist assistants may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-310, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-310, filed 6/21/91, effective 7/22/91.]

WAC 246-915-320 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating physical therapists or physical therapist assistants.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The physical therapy work environment; and

(f) The ability of the physical therapist or physical therapist assistant to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the physical therapist or physical therapist assistant and the board to oversee the physical therapist's or physical therapist assistant's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a physical therapist or physical therapist assistant will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the physical therapist's or physical therapist assistant's access to controlled substances in the workplace.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the physical therapist or physical therapist assistant as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any physical therapist or physical therapist assistant who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-320, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-320, filed 6/21/91, effective 7/22/91.]

WAC 246-915-330 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the physical therapist or physical therapist assistant may accept board referral into the approved substance abuse monitoring program.

(a) The physical therapist or physical therapist assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist or physical therapist assistant shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist or physical therapist assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist or physical therapist assistant will agree to remain free of all mind-altering substances
including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist or physical therapist assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist or physical therapist assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist or physical therapist assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist or physical therapist assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist or physical therapist assistant shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The physical therapist or physical therapist assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist or physical therapist assistant does not comply with the requirements of this contract.

(c) The physical therapist or physical therapist assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The physical therapist or physical therapist assistant may be subject to disciplinary action under RCW 18.130.160 if the physical therapist or physical therapist assistant does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A physical therapist or physical therapist assistant who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The physical therapist or physical therapist assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist or physical therapist assistant shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist or physical therapist assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist or physical therapist assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist or physical therapist assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist or physical therapist assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist or physical therapist assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist or physical therapist assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist or physical therapist assistant shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The physical therapist or physical therapist assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist or physical therapist assistant does not comply with the requirements of this contract.

(c) The physical therapist or physical therapist assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-330, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-330, filed 6/21/91, effective 7/22/91.]

WAC 246-915-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-340, filed 2/4/94, effective 3/7/94.]

WAC 246-915-350 Inactive credential. (1) A physical therapist or physical therapist assistant may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(9/22/15)
(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:
   (a) Submit verification of active practice from any other United States jurisdiction; and
   (b) Meet the requirements of chapter 246-12 WAC, Part 4.

(4) Practitioners with an inactive credential for more than three years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:
   (a) Successfully pass the examination as provided in RCW 18.74.035. The board may waive reexamination if the practitioner presents evidence of continuing competency satisfactory to the board; and
   (b) Must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-350, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.073. WSR 05-09-003, § 246-915-350, filed 4/7/05, effective 5/8/05.]

WAC 246-915-360 Sharp debridement education and training. Licensed physical therapists may perform sharp debridement upon showing evidence of adequate education and training. Physical therapists may not delegate sharp debridement. The board will accept the following as adequate education and training:

(1) Twenty hours of mentored sharp debridement training - mentored training includes observation, co-treatment, and supervised treatment. Twenty hours mentored training in a clinical setting must include a case mix similar to the physical therapists' expected practice; or

(2) Certification as a wound care specialist by the American Academy of Wound Management; the National Alliance of Wound Care; or other organizations approved by the board, meets the requirements of this section; or

(3) An affidavit submitted prior to July 1, 2006, by a physical therapist licensed in Washington demonstrating education and training in sharp debridement, including the use of a scalpel.

[Statutory Authority: RCW 18.74.023, 18.74.010(11), and 18.74.160. WSR 06-18-044, § 246-915-360, filed 8/30/06, effective 9/30/06.]

WAC 246-915-370 Electroneuromyographic examinations education and training. A physical therapist may perform electroneuromyographic (EMG) examinations, which may include needle EMG and nerve conduction studies, to test neuromuscular function only if the physical therapist has received a referral from an authorized health care practitioner identified in RCW 18.74.010(7) and only upon demonstrating education and training in EMG examinations. The board will accept the following as evidence of education and training:

(1) A minimum of four hundred hours of instruction in electroneuromyographic examinations including at least two hundred needle EMG studies under direct supervision from a qualified provider. A qualified provider includes a physical therapist with board certification in clinical electrophysiology from the American Board of Physical Therapy Specialties, a neurologist, or a physiatrist; or

(2) A person who is board certified in clinical electrophysiology from the American Board of Physical Therapy Specialties meets the requirements of this section; or

(3) A written attestation submitted prior to July 1, 2007, by a physical therapist licensed in Washington demonstrating that the physical therapist has education and experience acceptable to the board to perform EMG examinations.

[Statutory Authority: RCW 18.74.023, 18.74.010(11), and 18.74.160. WSR 06-18-044, § 246-915-370, filed 8/30/06, effective 9/30/06.]

WAC 246-915-380 Spinal manipulation—Endorsement. (Effective July 1, 2015, until June 30, 2020.) (1) A physical therapist may perform spinal manipulation only after being issued a spinal manipulation endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of full-time, orthopedic, postgraduate practice experience that consists of direct patient care, averaging at least thirty-six hours a week, and who provides evidence in a manner acceptable to the board of all of the following additional requirements:

   (a) Training in differential diagnosis of no less than one hundred hours outlined within a course curriculum;

   (b) Didactic and practical training related to the delivery of spinal manipulative procedures of no less than two hundred fifty hours clearly delineated and outlined in a course curriculum;

   (c) Specific training in spinal diagnostic imaging of no less than one hundred fifty hours outlined in a course curriculum; and

   (d) At least three hundred hours of supervised clinical practical experience in spinal manipulative procedures. The supervised clinical practical experience must:

      (i) Be supervised by a clinical supervisor who:

         (A) Holds a spinal manipulation endorsement under this section;

         (B) Is a licensed chiropractor or osteopathic physician and surgeon; or

         (C) Holds an endorsement or advanced certification the training requirements for which are commensurate with the training requirements as specified in WAC 246-915-382;

      (ii) Be under the close supervision of the clinical supervisor for a minimum of the first one hundred fifty hours of the supervised clinical practical experience, after which the supervised clinical practical experience must be under the direct supervision of the clinical supervisor;

      (iii) Be completed within eighteen months of completing the educational requirements in (a) through (c) of this subsection, unless the physical therapist has completed the educational requirements in (a) through (c) of this subsection prior to July 1, 2015, in which case the supervised clinical practical experience must be completed by January 1, 2017.

(2) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section shall consult with a health care practitioner, other than a physical therapist, authorized to perform spinal manipulation if spinal manipulative procedures are required beyond six treatments.
(3) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section may not:
(a) Have a practice in which spinal manipulation constitutes the majority of the services provided;
(b) Practice or utilize chiropractic manipulative therapy in any form;
(c) Delegate spinal manipulation; or
(d) Bill a health carrier for spinal manipulation separately from, or in addition to, other physical therapy procedures.

(4) A physical therapist holding a spinal manipulation endorsement under this section shall complete continuing education directly related to spinal manipulation as specified in WAC 246-915-085.

(5) If a physical therapist is intending to perform spinal manipulation on a patient who the physical therapist knows is being treated by a chiropractor for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the chiropractor to prevent conflict or duplication of services.

[Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-380, filed 6/29/15, effective 7/1/15.]

WAC 246-915-381 Spinal manipulation—Endorsement. (Effective July 1, 2020.) (1) A physical therapist may perform spinal manipulation only after being issued a spinal manipulation endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of full-time, orthopedic, postgraduate practice experience that consists of direct patient care and averages at least thirty-six hours a week and who provides evidence in a manner acceptable to the board of all of the following additional requirements:
(a) Training in differential diagnosis of no less than one hundred hours outlined within a course curriculum;
(b) Didactic and practical training related to the delivery of spinal manipulative procedures of no less than two hundred fifty hours clearly delineated and outlined in a course curriculum;
(c) Specific training in spinal diagnostic imaging of no less than one hundred fifty hours outlined in a course curriculum; and
(d) At least three hundred hours of supervised clinical practical experience in spinal manipulative procedures. The supervised clinical practical experience must:
(i) Be supervised by a clinical supervisor who:
(A) Holds a spinal manipulation endorsement under this section; or
(B) Is a licensed chiropractor or osteopathic physician and surgeon;
(ii) Be under the close supervision of the clinical supervisor for a minimum of the first one hundred fifty hours of the supervised clinical practical experience, after which the supervised clinical practical experience must be under the direct supervision of the clinical supervisor.
(iii) Be completed within eighteen months of completing the educational requirements in (a) through (c) of this subsection, unless the physical therapist has completed the educational requirements in (a) through (c) of this subsection prior to July 1, 2015, in which case the supervised clinical practical experience must be completed by January 1, 2017.

(2) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section shall consult with a health care practitioner, other than a physical therapist, authorized to perform spinal manipulation if spinal manipulative procedures are required beyond six treatments.

(3) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section may not:
(a) Have a practice in which spinal manipulation constitutes the majority of the services provided;
(b) Practice or utilize chiropractic manipulative therapy in any form;
(c) Delegate spinal manipulation; or
(d) Bill a health carrier for spinal manipulation separately from, or in addition to, other physical therapy procedures.

(4) A physical therapist holding a spinal manipulation endorsement under this section shall complete continuing education directly related to spinal manipulation as specified in WAC 246-915-085.

(5) If a physical therapist is intending to perform spinal manipulation on a patient who the physical therapist knows is being treated by a chiropractor for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the chiropractor to prevent conflict or duplication of services.

[Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-381, filed 6/29/15, effective 7/1/15.]

WAC 246-915-382 Spinal manipulation—Clinical supervisor. (Effective July 1, 2015, until June 30, 2020.) To qualify as a clinical supervisor under WAC 246-915-380 (1)(d)(i)(C), a person must be a licensed physical therapist who holds an endorsement or advanced certification for which the training requirements are commensurate with the training requirements in WAC 246-915-380 (1)(a) through (d) and have at least one of the following credentials:
(1) Orthopedic Manual Therapy Fellowship/Fellowship
(2) Orthopedic Physical Therapy Residency trained under an American Board of Physical Therapy residencies and Fellowship Education credentialed program.
(3) Orthopedic Certified Specialist/Orthopedic Clinical Specialist designation (American Board of Physical Therapy Specialties).
(4) Orthopedic manual therapy certification as a: 
(a) Certified Functional Manual Therapist at the Institute of Physical Art; or 
(b) Certified Manual Physical Therapist at the North American Institute of Orthopaedic Manual Therapy; or 
(c) Certified Orthopedic Manual Therapist at the:
(i) Maitland Australian Physiotherapy Seminars; or
(ii) North American Institute of Orthopaedic Manual Therapy; or
(iii) Ola Grimsby Institute; or
(d) Therapist with a Manual Therapy Certification from:
(i) Evidence in Motion; or
(ii) The University of St. Augustine for Health Sciences; or

(9/22/15)
(e) Other certifications approved by the board.

[Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-382, filed 6/29/15, effective 7/1/15.]

WAC 246-915-990 Physical therapy fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

<table>
<thead>
<tr>
<th>Title of Fee</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original application</td>
<td>$65.00</td>
</tr>
<tr>
<td>Active license renewal</td>
<td></td>
</tr>
<tr>
<td>License renewal</td>
<td>50.00</td>
</tr>
<tr>
<td>Late renewal penalty</td>
<td>50.00</td>
</tr>
<tr>
<td>Expired license reissuance</td>
<td>50.00</td>
</tr>
<tr>
<td>Inactive license renewal</td>
<td></td>
</tr>
<tr>
<td>License renewal</td>
<td>35.00</td>
</tr>
<tr>
<td>Expired license reissuance</td>
<td>50.00</td>
</tr>
<tr>
<td>Duplicate license</td>
<td>15.00</td>
</tr>
<tr>
<td>Verification of license</td>
<td>25.00</td>
</tr>
</tbody>
</table>

[Statutory Authority: RCW 43.70.280. WSR 15-19-149, § 246-915-990, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 43.70.110, 43.70.250. WSR 08-13-068, § 246-915-99005, filed 6/13/08, effective 7/1/08.]

WAC 246-915-99005 Physical therapist assistant fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for physical therapist assistant:

<table>
<thead>
<tr>
<th>Title of Fee</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original application</td>
<td>$60.00</td>
</tr>
<tr>
<td>Active license renewal</td>
<td></td>
</tr>
<tr>
<td>License renewal</td>
<td>45.00</td>
</tr>
<tr>
<td>Late renewal penalty</td>
<td>45.00</td>
</tr>
<tr>
<td>Expired license reissuance</td>
<td>50.00</td>
</tr>
<tr>
<td>Inactive license renewal</td>
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<tr>
<td>License renewal</td>
<td>35.00</td>
</tr>
<tr>
<td>Expired license reissuance</td>
<td>50.00</td>
</tr>
</tbody>
</table>

[Statutory Authority: RCW 43.70.280. WSR 15-19-149, § 246-915-99005, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 43.70.250. WSR 08-13-068, § 246-915-99005, filed 6/13/08, effective 7/1/08.]