

IN THE MATTER OF

KRISTINA L. GARCIA, P.T.A.

Respondent

*** BEFORE THE**

*** MARYLAND BOARD OF**

*** PHYSICAL THERAPY**

*** EXAMINERS**

License Number: A2749

Case Number: PT-10-01

* * * * *

**ORDER FOR SUMMARY SUSPENSION
OF PHYSICAL THERAPY ASSISTANT LICENSE**

The Maryland Board of Physical Therapy Examiners (the "Board") hereby **SUMMARILY SUSPENDS** the license of KRISTINA L. GARCIA, P.T.A. (the "Respondent") (D.O.B. 09/28/1977), License Number A2749, to practice limited physical therapy in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Gov't Code Ann. § 10-226(c) (2009 Repl. Vol.) concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:¹

1. At all times relevant hereto, the Respondent was and is licensed to practice limited physical therapy in the State of Maryland. The

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

Respondent was originally licensed to practice limited physical therapy on April 3, 2003.

2. On or about July 7, 2009, the Board received a complaint from a co-chair of the Maryland Physical Therapy Impaired Professionals Committee ("IPC") that the Respondent had violated the contract into which she had entered with IPC in October 2008 ("IPC Contract"). The complaint stated that the Respondent has a dual diagnosis of mental illness (severe depression and anxiety) and chemical dependency (pain medication and abuse of psychiatric medications). According to the complainant, the terms of the IPC Contract required the Respondent to be abstinent and have her workplace supervisor and her psychiatric treatment provider submit periodic reports to the IPC regarding her status at work and in treatment.
3. The Board thereafter initiated an investigation, the results of which are set forth below.

INVESTIGATIVE FINDINGS

4. On November 5, 2007, the Respondent began employment as a Physical Therapy Assistant (P.T.A.) at Baltimore Sports Rehabilitation and Physical Therapy ("BSR").
5. On or about May 12, 2008, the Respondent was observed by BSR staff "twirling around in circles" and lying on the floor laughing uncontrollably. The Respondent was informally counseled.

6. On June 24, 2008, after only fifteen (15) minutes into her work shift that began at noon, the Respondent was observed by BSR staff with her head on her desk. One hour later, she was observed sleeping in a chair in the pool room while patients under her supervision were in the water. When questioned whether she had taken any medications, the Respondent stated that she had taken Ambien² at 8:00 p.m. the previous evening. The Respondent was suspended from duty for the remainder of her shift. The Respondent slept in the car while a staff member drove her home and when awakened, did not remember being at the office.
7. On June 25, 2008, the Respondent initially reported to work in fit condition; however, after leaving the workplace briefly, reportedly to go to the bank, she returned slurring her words and appearing lethargic. She was observed by BSR staff applying an ultrasound machine to a patient without having first turned it on. While using the ultrasound machine on the patient, the Respondent began to cry. The Respondent was removed from the treatment area. The Respondent denied taking any prescribed or non-prescribed medications and was warned by BSR management that any similar behavior would result in indefinite suspension. When asked if there was anything BSR could do to help the Respondent, she admitted that she was suicidal and wanted to overdose herself. She further stated that she had been “nibbling” Ambien during the day to “control her anxiety.”

² Ambien is a Schedule IV Controlled Dangerous Substance (“CDS”) indicated for the treatment of insomnia.

8. BSR management called 911 for medical assistance. Harford County police were also dispatched. The Respondent repeated her desire to overdose and felt that she would harm herself. The Respondent permitted a female police officer to check the contents of her purse. The officer found a bottle of Ambien that had been prescribed to the Respondent two (2) days earlier. Of a total of 30 tablets, 12 tablets were missing.
9. The Respondent subsequently agreed to seek medical care at a local hospital.
10. The Respondent returned to BSR on the evening of June 25, 2008 after being discharged from the hospital. She stated that she felt no better and when asked if she had told hospital staff that she had had thoughts of harming herself, the Respondent stated that she had lied and had told them she had not.
11. The Respondent was notified by BSR management that if she did not seek help immediately, she would be reported to the Board.
12. On June 27, 2008, the Respondent contacted BSR management and advised that her psychiatrist had changed her anti-anxiety medication and that she planned to enter a dual diagnosis program at Sheppard-Pratt Health System upon her return from a trip to Georgia to visit her sister.
13. BSR management provided to the Respondent information about the IPC and advised her that if she did not enter this program, she would be reported to the Board.

14. On July 8, 2008, the Respondent telephoned BSR from an inpatient hospital in Georgia. She stated that she would be an inpatient at the hospital for an indeterminate period of time. The Respondent stated that she had not yet contacted IPC.
15. On or about August 2, 2008, the Respondent stopped by BSR to discuss her status. The Respondent was advised that she would be returned to work on a part-time basis and progressed to a full patient load. The Respondent was advised that when she returned to work, she would not be permitted to run errands during her work shift. She was further advised that she would be placed on a two (2) year probation during which she would be required to remain alert, sober and able to perform her job. The Respondent was cautioned that any infractions would result in her termination from BSR.
16. On September 22, 2008, the Respondent returned to work at BSR. According to the Respondent, she had been admitted to a psychiatric day program.
17. On October 16, 2008, the Respondent entered into a contract with IPC. Among the terms of the Contract, the Respondent agreed to completely abstain from any mood-altering drugs for a minimum of two (2) years. She further agreed to arrange for her mental health care provider and her employer to submit monthly written status reports to the IPC.
18. On or about November 23, 2008, the Respondent resumed part-time employment at BSR while attending a psychiatric day program.

19. On November 26, 2008, the Respondent asked a BSR staff member to drive her (the Respondent) to the liquor store to purchase alcohol for the holiday and left the office during her shift without authorization for this purpose. Upon her return, the Respondent was instructed to notify IPC immediately.
20. The Respondent's monthly employer status reports through April 2009 indicate that she was compliant with BSR's policies and procedures.
21. On June 6, 2009, the Respondent was arrested for driving under the influence of alcohol, driving or attempting to drive while impaired, driving the wrong way on a one-way street and driving on a suspended license.³
22. On June 24, 2009, BSR terminated the Respondent's employment after learning of the Respondent's arrest for driving under the influence of alcohol or while impaired, in violation of the terms of the Respondent's IPC contract.
23. On October 9 and 12, 2009, upon referral by the Board, the Respondent underwent psychological testing and a clinical interview by Ralph D. Raphael, Ph.D.
24. In his report, Dr. Raphael summarized the Respondent's substance abuse history, including her abuse of Vicodin, a Schedule III CDS, in 2004 and her abuse of Ambien beginning in 2008. The Respondent advised Dr.

³ The Respondent had two prior motor vehicle arrests. On March 20, 2008, she was arrested for negligent driving. On May 28, 2008, she was arrested for driving while impaired by drugs or alcohol and leaving the scene of the accident. When interviewed by the Board's Compliance Manager, the Respondent acknowledged that she "still had Ambien in [her] system" and had fallen asleep. The Respondent's driver's license was suspended after evaluation by the Motor Vehicle Administration's Medical Advisory Board from September 16, 2008 through October 18, 2009.

Raphael that in April 2009 she noticed she was having a problem with alcohol and drank "to take care of [her] emotions." The Respondent reported that her drinking got worse after she was terminated from BSR in June 2009. At that time, she was drinking three (3) to five (5) shots of tequila or vodka a day, usually when she was alone and at home. The Respondent told Dr. Raphael that her last drink was two (2) days before the interview when she had drunk three (3) to (5) shots of alcohol.

25. On October 9, 2009 (Friday), the Respondent left Dr. Raphael's office and reported to a local laboratory to provide a urine sample for a toxicology screen. The sample the Respondent produced was insufficient for analysis. The Respondent was requested to drink more liquid, but after about an hour and a half, the Respondent left without providing a sample. She returned to the lab on the following Monday and provided a sample, which was negative for drugs of abuse, including alcohol.
26. The Respondent reported to Dr. Raphael that she had been attending Alcoholics Anonymous ("AA") meetings once a week from January to June 2009, but stopped attending after she was terminated from BSR in June. She stated that she thought AA would be helpful but has never applied herself to the program. The Respondent further stated that she thought she needed to go to an inpatient rehabilitation program, but is constrained by financial problems.
27. Dr. Raphael noted that the Respondent's insight was moderate and that she had difficulty explaining the reasons for her conduct. He further noted

that her judgment also seemed to be moderate; she did not think through the possible consequences of her behavior. He noted as an example that the Respondent drove herself to the initial interview even though her driver's license was suspended, explaining that she could not think of any other way of getting to the interview.

28. Dr. Raphael's diagnostic impression of the Respondent includes: alcohol abuse (rule out alcohol dependence); narcotic dependence, mood disorder (long-standing depressed mood, sadness, low self-esteem), personality disorder with self-defeating and dependent features and severe financial, employment and primary support group stress.
29. Dr. Raphael concluded that the Respondent's "active alcohol abuse and under-treated mood disorder impairs her ability to practice."
30. Dr. Raphael's recommendations include:
 - a. Completion of a residential treatment program;
 - b. Residential treatment should be followed by an aftercare program focusing on sustaining abstinence;
 - c. Continued treatment of mood disorder with psychotherapy and medication;
 - d. The Respondent should continue her IPC contract;
 - e. The Respondent should remain abstinent from alcohol and other mood-altering drugs;
 - f. Monitoring of the Respondent through random toxicology screening;

- g. All of the Respondent's treatment providers and monitors (e.g., psychotherapist, substance abuse counselor, IPC) should be aware of any medications that she is prescribed;
- h. Return to work could be considered after the Respondent has completed the residential treatment program and has entered into, *and actively engaged in*, the aftercare program focusing on sustaining abstinence. [Emphasis in Dr. Raphael's report]

STATEMENT IN SUPPORT OF SUMMARY SUSPENSION

Dr. Raphael has concluded that the Respondent's active alcohol abuse and under-treated mood disorder impairs her ability to practice. Moreover, he recommended that the Respondent's return to work could be considered only after extensive inpatient and outpatient substance abuse treatment and the Respondent's active participation in an aftercare program focusing on sustaining her abstinence.

The Respondent has demonstrated that in the absence of such extensive treatment, her continued practice of limited physical therapy would constitute a significant risk of harm to public health, safety or welfare. For example, the Respondent was observed to be sleeping in the BSR pool room when patients under her supervision were in the water.

In addition, the Respondent's conduct constitutes, in whole or in part, the following provisions of the Physical Therapy Act:

H.O. § 13-316. Denials, reprimands, probations, suspensions, and revocations – Grounds.

Subject to the hearing provisions of § 13-317 of this subtitle, the Board may deny a license or restricted license to any applicant, reprimand any licensee or holder of a restricted license, place any licensee or holder of a restricted license on probation, or suspend or revoke a license or restricted license if the applicant, licensee, or holder:

- ...
(8) To an extent that impairs professional competence, habitually uses any:
 - (i) Drug; or
 - (ii) Alcoholic beverage;
- ...
(23) Provides professional services while:
 - (i) Under the influence of alcohol; or
 - (ii) Using any narcotic or controlled dangerous substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication[.]

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively requires emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2009 Repl. Vol.).

ORDER

Based on the foregoing, it is this 8th day of February, 2010, by a majority of the Board:

ORDERED that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice limited physical therapy be and hereby is **SUMMARILY SUSPENDED**; and it is further

ORDERED that upon presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Manager her original Maryland License A2749, her wall license and wallet-size license and it is further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to State Gov't §§ 10-611 *et seq.*

February 8, 2010
Date

Margery Rodgers PT
Margery Rodgers, P.T. *et*
Chair
Maryland Board of Physical
Therapy Examiners