

**IN THE MATTER OF** \* **BEFORE THE MARYLAND**  
**THOMPSON IBIDUN, P.T.** \* **STATE BOARD OF**  
**LICENSE No: 18394** \* **PHYSICAL THERAPY EXAMINERS**  
**Respondent** \* **CASE NUMBER: PT-13-35**

\* \* \* \* \*

**ORDER FOR SUMMARY SUSPENSION**

The Maryland Board of Physical Therapy Examiners (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **THOMPSON IBIDUN, P.T.** (“Respondent”) (D.O.B. 8/18/67), to practice 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:<sup>1</sup>

**I. Background**

1. The Respondent is licensed to practice physical therapy in the State of Maryland under License Number 18394. The Respondent was initially issued a license on June 22, 1996. His license is scheduled to expire on May 31, 2014.

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<sup>1</sup> 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.

2. At all times relevant, the Respondent was employed as a physical therapist by a home health care agency (“Employer A”) with offices located in Baltimore, Maryland.
3. On May 17, 2013, the Board received a telephone call from Employer A’s Director of Clinical Operations (“the Complainant”) notifying the Board that the Respondent had been terminated for sexual misconduct.
4. The Complainant filed a written complaint later that day alleging that the Respondent engaged in inappropriate sexual contact with two (2) female patients (“Patient A and Patient B”) during physical therapy treatment.
5. As a result of the complaint, the Board opened an investigation into the allegations.

## **II. Findings of Fact Supporting Summary Suspension**

### **A. Patient A**

6. Patient A was a 73 year-old woman with a history of asthma, arthritis, cardiac disease, thyroid dysfunction, right knee pain and carpal tunnel repair. Following exacerbation of her asthma condition, she experienced gait dysfunction and difficulty with ambulation.
7. The Respondent performed an initial evaluation of Patient A on or about April 22, 2013. The Respondent treated Patient A on approximately five (5) more occasions between April 26, 2013 to May 14, 2013, the date that gave rise to the complaint.
8. On or about May 17, 2013 Board staff interviewed Patient A.
9. According to Patient A, on May 14, 2013 the Respondent arrived for a home health care appointment unannounced. Typically, the Respondent contacted Patient A

to confirm the day before or the morning of the scheduled appointment. He did not do so on this occasion.

10. Patient A told the Respondent that she was not expecting him and that she had an appointment scheduled with another home health care provider. The Respondent suggested that he “do a quick massage before she gets here”. Patient A had benefitted from a therapeutic massage performed by the Respondent on a prior visit, and therefore she agreed to treatment.

11. Patient A recalled that the Respondent instructed Patient A to kneel on her sofa placing both arms on the back of the sofa. He pulled her pants and underwear down to her knees. It was Patient’s A’s understanding that he needed to massage her buttocks in order to alleviate hip pain.

12. As he continued the massage, the Respondent momentarily slipped his hand between Patient A’s legs. Patient A initially thought that the Respondent had inadvertently touched her vaginal area during the massage.

13. The Respondent then slipped his hand between Patient A’s legs a second time massaging her labia for approximately 3-5 minutes. The Respondent did not wear gloves nor did he speak to Patient A during this time. Although Patient A knew that the Respondent had “crossed a line”, she did not tell the Respondent to stop because she was “scared of what he might do”.

14. After approximately 3-5 minutes, the Respondent abruptly took his hand from between Patient A’s legs, pulled up her underwear and pants, walked into her kitchen, turned around and walked out the front door, stating that he would see her that Thursday afternoon.

15. Patient A immediately contacted Employer A to report the Respondent's inappropriate sexual contact. She also reported it to another home health care provider who arrived at her home for a scheduled visit shortly after the Respondent left.

16. Employer A immediately initiated an internal investigation. As part of its investigation, three (3) supervisory employees, a division clinical manager, Employer A's Associate Director of Clinical Management and the Complainant interviewed the Respondent.

17. The Complainant reported that during the interview, the Respondent became tearful stating, "I'm not going to dispute what [Patient A] said or how she felt. I'm not going to say she was wrong". The Respondent also stated that he needed to reexamine his boundaries because if Patient A had filed a complaint, he must have made her feel uncomfortable. The Complainant also reported that Respondent admitted that while massaging Patient A's hip and gluteal area, his hand slipped.

18. On May 17, 2013, Employer A terminated the Respondent for sexual misconduct during the course of physical therapy treatment.

19. On or about June 6, 2013, Board staff conducted an interview of the Respondent. The Respondent stated the following:

a. He did not have an appointment scheduled with Patient A for May 14, 2013. He decided to "drive by" the residence to perform a re-evaluation and arrived between 11:30-12:00 p.m.

b. Patient A advised the Respondent that she had an appointment with a home health aide in approximately 45 minutes. Respondent told her that his re-

evaluation would be completed in that time period. He estimated that he treated Patient A for 35-45 minutes.

c. After performing muscle, balance and gait testing, the Respondent suggested that he perform a therapeutic massage. He requested that Patient A kneel on the sofa and place her hands over the back of the sofa.

d. He pulled Patient A's pants and underwear down to the bottom of her buttocks and the top of her thigh in order to reach her low back and thigh area. He denied pulling Patient A's pants and underwear down to her knees stating, "I don't know why [she would say that] maybe that was her interpretation".

e. He massaged the lumbar sacral area. While doing so, it was possible that 2-3 fingers may have reached inside Patient A's thighs. He denied placing his entire hand between Patient's A's legs suggesting that because Patient A wore adult incontinence pads, she may have mistook his hand for her *Depends*.

f. He denied massaging Patient A's labia stating that his "hand could have been technically inside the thigh but I did not massage the vaginal area". If Patient A stated to the contrary, it was possible that he unintentionally touched her between her legs.

g. He had a good relationship with Patient A and had never had any issues with her in the past. She talked openly with him about conflicts with family members and other personal issues. He tried to console Patient A when she appeared upset about familial conflicts.

h. After performing a deep tissue therapeutic massage on May 6, 2103, he documented “DTM to low back” and had Patient A sign the treatment note. The signature included Patient A’s first name, middle initial and last name.

i. After performing a similar massage on May 14, 2013, the treatment notes made no reference to a therapeutic massage. The Respondent stated, “I am sure I put it in there”. When questioned about an obvious discrepancy in Patient A’s signature following the May 14, 2013 visit, the Respondent had no explanation for the handwriting being different and the signature containing only first and last name with no middle initial.

j. On the afternoon of May 14, 2013, the Respondent met with three (3) supervisors from Employer A. They suggested that he had a “sexual control problem”, which he denied. They discussed a prior similar complaint filed against him by an elderly female patient (“Patient B”). That incident involved a physical therapy visit on February 23, 2013. Following that visit, he was accused by Patient B of rubbing his penis against her back while straddling her during a therapeutic massage.

k. His supervisors suggested that because two (2) complaints had been lodged against him, he needed to respect boundaries.

l. In response he stated, “maybe I need to understand what boundaries are”...”You could have been doing something for a long time and no problem. All of a sudden you get comfortable and carried away and you just get a little more careless”.

m. Following the accusation by Patient B, Employer A mandated that the Respondent was required to explain to every patient in advance of touching them exactly what he was going to do and why. He was also required to have a chaperone present when exposing a patient's private areas.

n. He did not have a chaperone present during Patient A's therapeutic massage and "was wrong for not following the agreement".

20. The Respondent was terminated by Employer A on May 17, 2013.

### **INVESTIGATIVE CONCLUSIONS**

Based on the foregoing facts, the Board has reason to determine that there is a substantial likelihood of a risk of serious harm to the public health, safety, or welfare by the Respondent. The Respondent engaged in a pattern of inappropriate sexual contact with female patients in a therapeutic setting. The Respondent violated his fiduciary responsibility to his patients, placing them in vulnerable and exposed positions and exploiting them for his personal gratification. The Respondent's conduct constitutes actual harm to public health, safety or welfare and undermines the integrity and dignity of the physical therapy profession.

In addition, the Respondent's conduct as set forth above constitutes, in whole or in part, violation of the following provisions of the Physical Therapy Act and the Board's regulations:

#### **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...to any applicant, reprimand any licensee...place any licensee...on probation, or suspend or revoke a license...if the licensee...:

- (15) Violates any provision of this title or rule or regulation adopted by the Board;
- (19) Commits an act of unprofessional conduct in the practice of physical therapy or limited physical therapy.

The Respondent violated the following provisions of the Board's regulations:

**Code Md. Regs. tit. 10, § 38.02.02 – Sexual Misconduct**

- A . A physical therapist or physical therapist assistant may not engage in sexual misconduct.
- B. Sexual misconduct includes, but is not limited to:
  - (1) Sexual behavior with a client or patient in the context of a professional evaluation, treatment, procedure or service to the client or patient regardless of the setting in which the professional service is rendered;
  - (2) Sexual behavior with a client or patient under the pretext of diagnostic or therapeutic intent or benefit;
  - (3) Solicitation of a sexual relationship, whether consensual or non-consensual, with a patient;
  - (4) Sexual advances requesting sexual favors;
  - (5) Therapeutically inappropriate or intentional touching of a sensual nature;
  - (6) A verbal comment of a sexual nature; and
  - (7) Physical Contact of a sexual nature with a patient[.]

**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 State Gov't § 10-226(c)(2)(i) (2009 Repl. Vol.).

**ORDER**

Based on the foregoing, it is this 26 day of June, 2013, by a majority of the Board:

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

**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Investigator his original Maryland license number 18394; 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.*

6/26/13  
Date

Lori Mizell, PT  
Lori Mizell, Vice- Chair  
Maryland Board of Physical Therapy  
Examiners