

IN THE MATTER OF
STEVEN STEINBERG, P.T.
License No.: 16801

Respondent

* **BEFORE THE STATE BOARD**
* **OF PHYSICAL THERAPY**
* **EXAMINERS**
* **Case No.: 01-BP-144**

* * * * *

FINAL CONSENT ORDER

Based on information received and a subsequent investigation by the State Board of Physical Therapy Examiners (the "Board"), and subject to Md. Health Occ. Code Ann. § 13-101 *et seq.* (the "Act"), the Board charged Steven Steinberg, P.T., (the "Respondent"), with violations of the Act. Specifically, the Board charged the Respondent with violation of the following provisions of H.O. § 13-316:

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

- (15) Submits a false statement to collect a fee;
- (16) Violates any provision of this title or rule or regulation adopted by the Board;
- (21) Grossly overutilizes health care services;
- (26) Fails to meet accepted standards in delivering physical therapy care.

The Board also charged the Respondent with violations of the Code Md. Regs. tit. 10, § 38.03.02-1 Requirements for Documentation:

A. As established by the American Physical Therapy Association of Maryland, and as approved by the Board, the physical therapist shall document the patient's chart as follows:

(1) For initial visit:

- (a) Date,**
- (b) Condition/diagnosis for which physical therapy is being rendered,**
- (c) Onset,**
- (d) History, if not previously recorded,**
- (e) Evaluation and results of tests (measurable and objective data),**
- (f) Interpretation,**
- (g) Goals,**
- (h) Plan of care and**
- (i) Signature, title (PT) and license number;**

(2) For subsequent visits:

- (a) Date,**
- (b) Modalities, procedures, etc.,**
- (c) Cancellations, no-shows,**
- (d) Response to treatment,**
- (e) Signature and title (PT), with identifying signatures appearing on the patient's chart, although the flow chart may be initialed,**
- (f) Weekly progress or lack of it,**
- (g) Unusual incident/unusual response,**
- (h) Change in plan of care;**
- (i) Temporary discontinuation or interruption of services and reasons,**
- (j) Reevaluation,**
- (k) If there is a physical therapy assistant, reevaluate and document as required by Regulation .02L of this chapter;**

(3) For discharge or last visit:

- (a) Date,**
- (b) Reason for discharge,**
- (c) Status for discharge,**
- (d) Recommendations for follow-up, and**
- (e) Signature and title.**

The Board issued the charges on January 21, 2003. Thereafter, a Case Resolution Conference was held on April 3, 2003. Following the Case Resolution Conference, the parties agreed to resolve the matter by way of settlement. The parties and the Board agreed to the following:

FINDINGS OF FACT

The Board makes the following findings:

1. The Respondent is licensed to practice physical therapy in the State of Maryland. The Respondent was originally licensed on August 1, 1990.

2. At all times relevant hereto, the Respondent was employed as a physical therapist by Concentra Medical Centers, Inc. ("Concentra").

3. On or about March 11, 1999, the Board received a complaint from the Special Investigation Unit of the Injured Workers' Insurance Fund ("IWIF") that Concentra overutilized the following physical therapy procedures, as identified by the Current Procedural Terminology ("CPT") assigned to them:

95831- muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report

95851- range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)

4. Thereafter, the Board conducted an investigation of services provided and claims submitted to IWIF by Physical Therapists ("PTs") and Physical Therapist Assistants ("PTAs") employed by Concentra at the time the complaint was filed. The investigation revealed documentation and coding deficiencies in addition to those originally alleged in the IWIF complaint.

CPT CODES

5. CPT codes provide a uniform language that accurately describes medical, surgical and diagnostic procedures. According to the CPT Manual, the CPT is "the most widely accepted nomenclature for the reporting of physician procedures and service under government and private health insurance programs. CPT is also useful for administrative management purposes such as claims processing and for the development of guidelines for medical care review."

a. Codes 95831 and 95851

6. The CPT codes identified in the IWIF complaint, 95831 and 95851, are classified as Neurology and Neuromuscular Procedures.¹ Both codes are appropriate to evaluate a patient who has suffered deficiencies as a result of a neurological disorder or disease such as stroke or multiple sclerosis in order to document the patient's progression or regression. Both of these codes require the physical therapist to generate a separate report.

7. The term "separate procedure," as used in the description of the codes in the CPT manual, identifies a procedure that is commonly carried out as an integral component of a total service or procedure. The CPT manual states further:

The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component. However, when a procedure or service that is designated as a "separate procedure" is carried out independently or considered to be unrelated or

¹ The most common CPT codes recorded in Concentra patient records are listed in the Physical Medicine and Rehabilitation section, the first two digits are "97." Unless a four-digit CPT code suffix is specified, the suffix for all codes used herein is "0000."

distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending the modifier "-59" to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

8. Code 95831 is defined in the CPT manual as follows: Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report.

9. Code 95851 is defined in the CPT manual as follows: Range of motion ("ROM") measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine).

10. Objective findings such as muscle strength and range of motion are a standard of physical therapy documentation and are to be performed once a week at a minimum. It is not standard physical therapy practice to bill separately for these measurements except when being performed as re-evaluation. It is standard physical therapy practice to assess and interpret objective findings that result from muscle testing and range of motion testing in order to determine whether changes should be made to the patient's treatment plan and/or goals.

b. Code 97110-Therapeutic exercise

11. Therapeutic exercise (CPT code 97110) is classified as a therapeutic procedure. A therapeutic procedure is "a manner of effecting change through the application of clinical skills and/or services that attempt to improve

function. Physician or therapist required to have direct (one on one) patient contact.”

12. Therapeutic exercise is defined in the CPT manual as follows: Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility.

13. Instructing a patient how to perform the exercise is a component of a therapeutic exercise and is not to be billed as a separate charge by the provider.

c. Code 97112- Neuromuscular re-education

14. Neuromuscular re-education (Code 97112) is classified as a therapeutic procedure and incorporates all of the elements of therapeutic exercises. Neuromuscular re-education is further defined as the neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture and proprioception.

d. Code 97530- Therapeutic activity

15. Therapeutic activity (Code 97530) is classified as a therapeutic procedure and is defined as, “direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.”

General Allegations of Deficiencies

16. Throughout the patients' treatment records, the Respondent noted and billed for therapeutic exercises and therapeutic activities in the absence of documentation that the patients required one-on-one supervision, contact or instruction during these activities.

17. Treatment plans as written in initial evaluations are inadequate in that they lack treatment procedures and/or modalities to be provided.

18. CPT codes are used for tests conducted shortly after a patient's initial evaluation. These tests include: range of motion, manual muscle testing, reflexes, girth and grip strength. Objective findings are a standard of physical therapy documentation and are to be performed on a weekly basis at minimum. It is not standard practice to bill separately for these measurements, except as part of a re-evaluation. The Respondent failed on most occasions to prepare reports for those procedures that are defined in the CPT manual as a "separate procedure" but billed for the procedure nonetheless.

Patient-Specific Allegations

Patient A

19. Patient A² initially presented to Concentra on April 1, 1998 with complaints of a shoulder injury. Patient A reported that he was pulling on a 70 pound chuck on a drum at work and felt something pull on his left side.

20. Patient A was evaluated on April 1, 1998. The treatment plan included Therapeutic Exercise, Therapeutic Activities and Modalities.

21. The Respondent treated Patient A on April 3, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110), and Myofascial Release (97250)³.

22. The Respondent treated Patient A on April 6, 1998. He noted the following charges for the visit: Modalities – Hot/Cold packs (97010); Procedures

² The birthdate for Patient A was not available in the patient record.

³ Charges under the "Supplies" category are not at issue in this case and are not set forth herein.

– Therapeutic Exercise (97110), Joint Mobilization (97265), and Therapeutic Activity (97530) (2 units).

23. The Respondent's documentation of the April 6, 1998 visit fails to support charging for 2 units of Therapeutic Activity.

24. The Respondent treated Patient A on April 8, 1998. He noted the following charges for the visit: Procedures – Therapeutic Activity (97530) (2 units).

25. The Respondent's documentation of the April 8, 1998 visit fails to support charging for 2 units of Therapeutic Activity.

26. The Respondent failed to complete a discharge summary for Patient A.

Patient B

27. Patient B⁴, initially presented to Concentra on April 24, 1998 with complaints of neck pain following an injury during the normal course of work.

28. Patient B was evaluated on April 24, 1998. The treatment plan included progressive activity.

29. The Respondent treated Patient B on April 27, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Myofascial Release (97250), Therapeutic Activity (97530), and A[ctivities of] D[aily] L[iving] Training (97540).

30. The Respondent's documentation of the April 27, 1998 visit fails to support the use of the ADL code.

⁴ The birthdate for Patient B was not available in the patient record.

31. The Respondent treated Patient B on April 28, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110), Therapeutic Activity (97530) (2 units), and ADL Training (97540).

32. The Respondent's documentation of the April 28, 1998 visit fails to support the use of duplicate Therapeutic Activities code, nor does the documentation support the use of the ADL code.

33. The Respondent failed to complete a discharge summary for Patient B.

Patient C

34. Patient C, a male born in 1962, initially presented to Concentra on March 27, 1998 with complaints of a wrist injury and low back pain. The patient reported injuring his wrist and back during the normal course of work.

35. The Respondent evaluated Patient C on March 30, 1998. The treatment plan includes progressive activity. There are no other details provided on this treatment plan.

36. The Respondent treated Patient C on March 31, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110), Therapeutic Activity (97530), and ADL Training (97540).

37. The Respondent's documentation of the March 31, 1998 visit fails to support the use of the ADL code.

38. The Respondent failed to complete a discharge summary for Patient C.

Patient D

39. Patient D, a male born in 1969, initially presented to Concentra on March 27, 1998 with complaints of a hand injury, which occurred at work.

40. The Respondent evaluated Patient D on March 27, 1998. The treatment plan has no details. There was no follow up on this patient.

41. The Respondent failed to complete a discharge summary for Patient D.

Patient E

42. Patient E, a male born in 1957, initially presented to Concentra on January 29, 1998 with complaints of a shoulder injury. Patient E reported hearing a pop in his shoulder during the normal course of work.

43. The patient was evaluated by the Respondent on January 29, 1998. The treatment plan includes continue physical therapy with no further details provided.

44. The Respondent treated Patient E on January 30, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110), Myofascial Release (97250) and Therapeutic Activity (97530).

45. The Respondent's documentation of the January 30, 1998 visit fails to support the use of the Therapeutic Activity code.

46. The Respondent treated Patient E on February 2, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112), and Therapeutic Activity (97530) (2 units).

47. The Respondent's documentation of the February 2, 1998 visit fails to support the use of the duplicate Therapeutic Activity code.

48. The Respondent treated Patient E on February 3, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112), Therapeutic Activity (97530) (2 units); and Tests - Manual Muscle Testing (95831) and Range of Motion (95851).

49. The Respondent's documentation of the February 3, 1998 visit fails to support the use of the duplicate Therapeutic Activity code, the use of the Neuromuscular Re-education code, and the Test codes.

50. The Respondent treated Patient E on February 4, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112), and Therapeutic Activity (97530) (2 units).

51. The Respondent's documentation of the February 4, 1998 visit fails to support the use of the duplicate Therapeutic Activity code.

52. The Respondent treated Patient E on February 5, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112), and Therapeutic Activity (97530) (2 units).

53. The Respondent's documentation of the February 5, 1998 visit fails to support the use of the duplicate Therapeutic Activity code nor does it support the use of the Neuromuscular Re-education code.

54. The Respondent treated Patient E on February 6, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112) (2 units), and Therapeutic Activity (97530) (2 units).

55. The Respondent's documentation of the February 6, 1998 visit fails to support the use of the duplicate Therapeutic Activity code nor does it support the use of the single or duplicate Neuromuscular Re-education code.

56. The Discharge Summary the Respondent completed for Patient E is inadequate and fails to meet regulatory requirements.

Patient F

57. Patient F, a male born in 1944, initially presented to Concentra on March 12, 1998 with complaints of a foot injury. Patient F reported injuring his foot during the normal course of work.

58. The patient was evaluated by the Respondent on March 12, 1998. The Respondent noted on Patient F's treatment plan "continue physical therapy." The Respondent failed to document details of the treatment he planned for Patient F.

59. The Respondent treated Patient F on March 13, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110) (2 units).

60. The Respondent's documentation of the March 13, 1998 visit fails to support the duplicate Therapeutic Exercise code.

61. The Respondent treated Patient F on March 16, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110) and Therapeutic Activity (97530).

62. The Respondent's documentation of the March 16, 1998 visit minimally supports use of the Therapeutic Activity code.

63. The Respondent treated Patient F on March 17, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110) and Therapeutic Activity (97530) (2 units).

64. The Respondent's documentation of the March 17, 1998 visit fails to support the use of the duplicate Therapeutic Activity code.

65. The Respondent's discharge note of Patient F does not meet the requirements for a discharge summary.

Patient G

66. Patient G, a male born in 1950, initially presented to Concentra on March 3, 1998 with complaints of low back pain. Patient G reported hearing a pop in his back while moving computer components at work.

67. The patient was evaluated by the Respondent on March 3, 1998. The treatment plan, completed by the Respondent, included: continue physical therapy for progressive activity. There are no further details noted on the treatment plan for Patient G.

68. The Respondent treated Patient G on March 4, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures

– Therapeutic Exercise (97110), Therapeutic Activity (97530) (2 units) and Neuromuscular Re-education (97112).

69. The Respondent's documentation of the March 4, 1998 visit fails to support the use of the duplicate Therapeutic Activity code.

70. The Respondent treated Patient G on March 6, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110) (2 units), Therapeutic Activity (97530) and Neuromuscular Re-education (97112).

71. The Respondent's documentation of the March 6, 1998 visit fails to support the use of the duplicate Therapeutic Exercise code.

72. The Respondent treated Patient G on March 9, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Therapeutic Activity (97530) and Neuromuscular Re-education (97112).

73. The Respondent's documentation of the March 9, 1998 visit fails to support the use of the Neuromuscular Re-education code.

74. The Respondent's discharge note of Patient G does not meet the requirements for a discharge summary.

Patient H

75. Patient H, a male born in 1953, initially presented to Concentra on March 10, 1998 with complaints of back pain. Patient H experienced back pain during the normal course at work.

76. The patient was evaluated by the Respondent on March 10, 1998. The Respondent noted on Patient H's treatment plan, "progressive activity," but no further details were provided on the treatment plan.

77. The Respondent treated Patient H on March 11, 1998. He noted the following charges for the visit: Modalities – Hot/Cold Packs (97010); Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112) and Therapeutic Activity (97530).

78. The Respondent's documentation of the March 11, 1998 visit fails to support the use of the Neuromuscular Re-education code.

79. The Respondent treated Patient H on March 12, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110), Neuromuscular Re-education (97112) and Therapeutic Activity (97530).

80. The Respondent's documentation of the March 12, 1998 visit fails to support the use of the Neuromuscular Re-education code.

81. The Respondent treated Patient H on March 16, 1998. He noted the following charges for the visit: Procedures - Neuromuscular Re-education (97112) and Therapeutic Activity (97530) (2 units).

82. The Respondent's documentation of the March 16, 1998 visit minimally supports the use of the Therapeutic Activity.

83. The Respondent's discharge note of Patient H does not meet the requirements for a discharge summary.

Patient I

84. Patient I, a female born in 1974, initially presented to Concentra on March 18, 1998 with complaints of back pain. Patient I reported lifting a heavy object at work when the back pain started.

85. The patient was evaluated by the Respondent on March 18, 1998. The Respondent's treatment plan for Patient I states progressive activity with no further details provided.

86. The Respondent treated Patient I on March 24, 1998. He noted the following charges for the visit: Procedures: Therapeutic Exercise (97110) and Therapeutic Activity (97530).

87. The Respondent's documentation of the March 24, 1998 visit fails to support the use of the Therapeutic Activity code.

88. The Respondent's discharge note of Patient I does not meet the requirements for a discharge summary.

Patient J

89. Patient J, a female born in 1962, initially presented to Concentra on January 29, 1998 with complaints of shoulder pain. Patient J reported injuring her shoulder while lifting a box at work.

90. The patient was evaluated by the Respondent on January 29, 1998. The treatment plan for Patient J includes progressive activity with no further details provided.

91. The Respondent treated Patient J on January 30, 1998. He noted the following charges for the visit: Modalities - Hot/Cold Packs (97010),

Ultrasound (97035); Procedures – Therapeutic Exercise (97110) and Myofascial Release (97250).

92. The Respondent's documentation of the January 30, 1998 visit fails to support charging under the Therapeutic Exercise code.

93. The Respondent treated Patient J on February 2, 1998. He noted the following charges for the visit: Procedures: Therapeutic Exercise (97110) (2 units) and Therapeutic Activity (97530) (2 units).

94. The Respondent's documentation of the February 2, 1998 visit fails to support charging for the single or duplicate Therapeutic Activity code.

95. The Respondent treated Patient J on February 3, 1998. He noted the following charges for the visit: Procedures – Therapeutic Exercise (97110) and Therapeutic Activity (97530) (2 units).

96. The Respondent's documentation of the February 3, 1998 visit minimally supports the charge of the duplicate Therapeutic Activity code.

97. The Respondent failed to complete a Discharge Summary for Patient J.

98. The Respondent was interviewed by the Board during its investigation of this case. His statements with regard to codes for which he is alleged herein to have failed to have provided adequate documentation likewise fail to support the use of those codes.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board finds that the Respondent violated Md. Health Occ. Code Ann. § 13-316(15), (15), (21), and (26). The Board also finds that the Respondent violated Code Md. Regs. tit. 10, § 38.03.02.01(A).

ORDER

Based on the foregoing Findings of Fact, Conclusions of Law and agreement of the parties, it is this 20th day of MAY, 2003, by a majority of a quorum of the Board,

ORDERED that the Respondent shall be placed on probation for a period of at least one (1) year, subject to the following conditions:

1. The Respondent shall pay a fine in the amount of one thousand dollars (\$1,000.00), to be paid prior to the termination of probation;
2. The Respondent shall take the Board-approved law and ethics course and pass the associated examination administered by the Board;
3. The Respondent shall successfully complete a Board-approved documentation course. The Respondent may submit documentation course he completed in March 2001, for the Board's consideration as to whether it would satisfy this requirement;
4. The Respondent shall successfully complete a Board-approved billing course;
5. The Respondent may apply the above coursework to the Respondent's continuing education requirements for licensure renewal;

AND IT IS FURTHER ORDERED that if the Respondent fails to comply with any of the terms or conditions of probation set forth above, that failure shall be deemed a violation of this Order; and it is further

ORDERED that the Respondent shall practice in accordance with the laws and regulations governing the practice of physical therapy in Maryland; and it is further

ORDERED that should the Board receive a report that the Respondent's practice is a threat to the public health, welfare and safety, the Board may take immediate action against the Respondent, including suspension or revocation, providing notice and an opportunity to be heard are provided to the Respondent in a reasonable time thereafter. Should the Board receive in good faith information that the Respondent has substantially violated the Act or if the Respondent violates any conditions of this Order or of Probation, after providing the Respondent with notice and an opportunity of a hearing, the Board may take further disciplinary action against the Respondent., including suspension or revocation. The burden of proof for any action brought against the Respondent as a result of a breach of the conditions of the Order of Probation shall be upon the Respondent to demonstrate compliance with the Order or conditions; and it is further

ORDERED that the Respondent shall bear the expenses associated with the Consent Order; and it is further

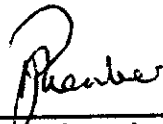
ORDERED that, at the end of the probationary period, the Respondent may petition the Board to be reinstated without any conditions or restrictions on

the Respondent's license, provided the Respondent can demonstrate compliance with the conditions of this Order. Should the Respondent fail to demonstrate compliance, the Board may impose additional terms and conditions of Probation, as it deems necessary; and it is further

ORDERED that for purposes of public disclosure, as permitted by Md. State Gov't Code Ann. § 10-617(h) (Repl. Vol. 1999), this document consists of the foregoing Findings of Fact, Conclusions of Law and Order and that the Board may also disclose same to any national reporting data bank to which it is mandated to report.

5.20.03

Date



Penelope D. Lescher, M.A., P.T., M.C.S.P., Chair
State Board of Physical Therapy Examiners

CONSENT

I, Steven Steinberg, P.T., by affixing my signature hereto, acknowledge that:

1. I am represented by an attorney and have been advised by my attorney of the legal implication of signing this Consent Order;
2. I am aware that without my consent, my license to practice physical therapy in this State cannot be limited except pursuant to the provisions of H.O. § 13-317 and the Maryland Administrative Procedure Act, codified at State Gov't §§ 10-219 *et seq.*
3. I am aware that I am entitled to a formal evidentiary hearing before the Board;
4. By this Consent Order, I hereby consent and submit to the foregoing Findings of Fact, Conclusions of Law and Order, provided the Board adopts the foregoing Consent Order in its entirety. I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal.
5. I acknowledge that failing to abide by the condition set forth in this Order, I may, after an opportunity to be heard, suffer disciplinary action, including revocation of my license to practice physical therapy in the State of Maryland.

6. I voluntarily sign this Consent Order after having an opportunity to consult with an attorney, without reservation, and I fully understand the language, meaning and terms of this Consent Order.

5/17/03
Date

Steven Steinberg, P.T.
Steven Steinberg, P.T.
Respondent

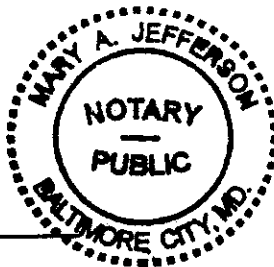
STATE OF: Maryland

CITY/COUNTY OF: Baltimore

I HEREBY CERTIFY that on this 17th day of May, 2003, before me, a Notary of the State of Maryland and the City/County of Baltimore, personally appeared Steven Steinberg, P.T., and made oath in due form of law that signing the foregoing Consent Order was his/her voluntary act and deed, and that the statements made herein are true and correct.

AS WITNESS my hand and notarial seal.

Mary A. Jefferson
Notary



My Commission expires: 7-1-2003