

IN THE MATTER OF
PAMELA WEST, P.T.

Respondent

License Number: 15422

* BEFORE THE
* MARYLAND BOARD OF
* PHYSICAL THERAPY
* EXAMINERS

* Case Number: PT-10-29

* * * * *

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

The Maryland Board of Physical Therapy Examiners (the "Board") issued a Notice of Intent to Suspend Physical Therapy License on October 28, 2010, which notified PAMELA WEST, P.T. (the "Respondent"), License Number 15422, of its intent to summarily suspend her license to practice physical therapy in the State of Maryland. The Board held a show cause hearing on November 16, 2010, during which the Respondent had an opportunity to show cause why an Order summarily suspending her license should not be issued. After hearing oral argument at the show cause hearing, the Board finds that the public health, safety and welfare imperatively requires emergency action and votes to issue this Order in accordance with Md. Code Ann., State Gov't Art. § 10-226(c)(2)(i) (2009 Repl. Vol.).

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. At all times relevant hereto, the Respondent was and is licensed to practice physical therapy in the State of Maryland. The Respondent was originally licensed to practice physical therapy on May 20, 1983.
2. On or about February 17, 2010, the Board received a complaint from several of the Respondent's friends and colleagues ("Complainants") in which they expressed concern regarding the Respondent's mental state. The Complainants attached to the complaint form copies of e-mail for the period from December 31, 2009 through February 2010 which they stated raised "red flags" regarding the Respondent's mental state.
3. In her e-mails, the Respondent stated, *inter alia*, that she had suffered a stroke after being assaulted in 1996. According to the Respondent, because the stroke had not been properly treated, she has suffered an enlarged right ventricle of the brain, which in turn led to "fluid aphasia," which the Respondent described as a "severe communication disability."
4. The Respondent stated that she had hydrocephalus and an active brain inflammation for which she needed a spinal tap and neurosurgery.
5. The Respondent described herself as having "severe physical and cognitive deficits" such that she needed assistance with various activities of daily life. In addition, she complained of having no short-term or working memory.

6. According to the Respondent's curriculum vitae, she has not practiced direct patient care since 1992. She had been most recently employed as a health insurance specialist at a federal agency. In her e-mails, the Respondent stated that as of October 2009, she was on a leave of absence from her job because her supervisors had failed to provide her with reasonable accommodations for her communication disability.¹
7. By letter dated March 26, 2010, the Board notified the Respondent of its receipt of the complaint and of the Board's concerns that she may be suffering from a mental or physical impairment that may affect her ability to safely practice physical therapy. Pursuant to its statutory authority, H.O. § 13-316.1,² the Board ordered the Respondent to undergo, at the Board's expense, a mental evaluation and a physical/neurological examination.

The Respondent's Prior Medical Treatment

8. In furtherance of its investigation, in addition to referring the Respondent for evaluation, the Board also obtained records of the Respondent's previous medical treatment. The records revealed the following:
 - a. In September 2008, the Respondent underwent a neuropsychological evaluation. The evaluator, "Dr. A," concluded

¹ At the hearing, the Respondent stated that she was engaged in direct patient care at a local hospital from 1996 – 2002. The Respondent also stated that currently, due to her condition, she only treats patients on a sporadic basis.

² H.O. § 13-316.1(a) states in pertinent part:

If in investigating an allegation brought against a licensee under this title, there is good cause to believe that the physical or mental condition of the licensee may adversely affect the ability of the licensee to practice physical therapy..., the Board may require the licensee to submit to appropriate medical or psychological examination, testing, or evaluation by a health care provider designated by the Board.

that the Respondent had a history of multiple mild traumatic brain injuries. Dr. A's diagnoses included: Cognitive Disorder, NOS [not otherwise specified],³ Generalized Anxiety Disorder⁴ and Dysthymic Disorder;⁵

b. In 2009, the Respondent sought treatment from a neuropsychologist, "Dr. B," who diagnosed her with left temporal front area dysfunction of the brain. Dr. B recommended individual neuro-feedback sessions. The Respondent underwent over 20 sessions, through July 2010, at which time she terminated treatment with Dr. B, having not experienced any improvement in her symptoms;

c. In January 2010, the Respondent was admitted to the psychiatric unit of Hospital A after she presented to Hospital A's emergency department insisting that she was there to be evaluated for immediate neurosurgery to have a brain tumor removed. The Respondent was discharged from the psychiatric unit 9 days after her admission. During her admission, her thought process was described as delusional with very poor insight and judgment. The

³ The DSM-IV-TR [Diagnostic and Statistical Manual, Fourth Edition, Text Revision] defines Cognitive Disorder, NOS as a category of "disorders that are characterized by cognitive dysfunction presumed to be due to the direct physiological effect of a general medical condition that do not meet criteria for any of the specific deliriums, dementias, or amnesic disorders..."

⁴ The DSM-IV-TR defines Generalized Anxiety Disorder in pertinent part as excessive anxiety and worry, the intensity, duration and frequency of which are far out of proportion to the actual likelihood or impact of the feared event.

⁵ The DSM-IV-TR defines Dysthymic Disorder in pertinent part as a chronically depressed mood for most of the day more days than not for at least 2 years.

Respondent's diagnosis at discharge included delusional disorder, rule out bi-polar disorder.

Board-ordered Evaluations

a. April 2010 psychological evaluation

9. On April 14, 2010, as ordered by the Board, the Respondent was evaluated by a psychologist, "Dr. C."
10. Dr. C reported that the Respondent most likely has neurological impairment of the type that is found in cases of traumatic brain injury; it was not apparent to him that the Respondent was suffering from a mood disorder. Dr. C did not directly assess the Respondent's ability to function as a P.T. and recommended that she undergo an evaluation of her neurological condition.

b. April 2010 neuropsychological Evaluation

11. On April 29, 2010, the Respondent was evaluated by a neuropsychologist, "Dr. D."
12. Dr. D reported that a comprehensive neurological examination of the Respondent was normal with the exception of an unsteady gait of unknown etiology.
13. Dr. D recommended that the Respondent undergo a psychiatric evaluation.

c. July 2010 psychiatric evaluation

14. By letter dated June 24, 2010, the Board directed the Respondent to immediately make an appointment for a psychiatric evaluation with 1 of 2 designated psychiatrists. As with the psychological and neuropsychological evaluations, the Respondent's psychiatric evaluation was at the Board's expense.
15. On July 21, 2010, "Dr. E," one of the Board-designated psychiatrists, met with the Respondent.
16. By letter dated August 21, 2010, Dr. E notified the Board of the results of the evaluation. Dr. E reported that during the Respondent's evaluation, the Respondent was hyperverbal, with a rapid rate of speech and excessive detail. The Respondent did not report, nor did Dr. E observe, any evidence of hallucinations.
17. Dr. E summarized the Respondent's professional career and noted that although the Respondent has not provided direct patient care since 1981,⁶ she alluded during the interview to returning to direct patient care because of her current financial pressure.
18. Dr. E noted that in 2008, the Respondent developed a "pathological preoccupation" with her brain function. Her preoccupation became so pervasive and excessive that she had to take an absence from work.
19. Dr. E reported that "no neurological explanation" has been found for the Respondent's complaints and that they are "not grounded in reality." Dr.

⁶ Dr. E stated that she had reviewed the Respondent's resume. The resume indicates that the Respondent last practiced direct patient care from 1990 to 1992.

E, however, noted that the Respondent's complaints are real to her and there is no evidence that she is malingering.⁷

20. Dr. E ruled out major psychiatric disorders such as schizophrenia and bipolar disorder.
21. Dr. E diagnosed the Respondent with Delusional Disorder, Somatic type, explaining:

The DSM-IV-TR defines a delusion as a false belief based on incorrect inferences about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. [The Respondent]'s are focused on somatic concerns about her brain. The delusions have so pervaded her life that she cannot work and cannot sustain her relationships. She is becoming increasingly isolated and incapacitated as a result of her delusion.

22. By letter dated September 24, 2010, the Board requested Dr. E to clarify whether the Respondent is "capable of providing safe physical therapy to the citizens of Maryland."
23. By letter dated October 1, 2010, Dr. E responded that the Respondent has a "significant mental illness, i.e. Delusional Disorder...It impairs reality testing and leads to such characteristics such as suspiciousness, hostility, self-absorption and an obsessive preoccupation with the delusional beliefs. These symptoms in [the Respondent] have resulted in a dramatic decline in her functioning at work and outside of work."

⁷ The DSM-IV-TR defines "malingering" as "the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as ...avoiding work, [or] obtaining financial compensation[.]"

24. Dr. E concluded that it was her professional opinion that the Respondent is "not competent to provide safe physical therapy to the citizens of Maryland."

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 19th day of November, 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 physical therapy be and hereby is **SUMMARILY SUSPENDED**; and it is further

ORDERED that the Respondent may petition the Board to lift the suspension upon satisfaction of the following condition:

The Respondent shall submit to a psychiatric mental evaluation by a Board-appointed evaluator, which evaluation shall determine that the Respondent is fit to safely practice physical therapy. And it is further,

ORDERED that the Respondent shall bear the expenses associated with this Order; and be it further,

ORDERED that upon presentation of this Order, the Respondent SHALL SURRENDER her original Maryland License, her wall license and wallet-size license; and it is further

ORDERED that upon the Board's receipt of a written request from the Respondent for an evidentiary hearing on this matter, a hearing shall be scheduled, at which time the Respondent will be given an opportunity to be heard on whether the summary suspension of her license should be continued; and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to State Gov't §§ 10-617(h).

November 19, 2010
Date

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

NOTICE

You have the right to request a full evidentiary hearing to be held before the Board in accordance with the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't Art. § 10-201 *et seq.* and the Board's regulations. This request will be granted if the Board receives a written request for a hearing. The request should be sent to Ann Tyminski, Executive Director, at the Board's address.