



**MARYLAND**  
**Department of Health**  
*Board Of Physical Therapy Examiners*

**BOARD OPEN MEETING MINUTES**

**November 19, 2019**

The meeting was called to order at 10:26 am by Board Chair, Dr. Thomas.

Call to Order

**Board Members Present:**

Michelle Finnegan, DPT  
Karen Gordes, PT, DScPT, PhD  
Rebecca Holsinger, DPT  
Meredith Levert, Consumer Member  
Donna Richmond, Consumer Member, RN, MPH  
Sumesh Thomas, DPT  
Eleanor Wang, DPT  
Enjeen Woolford, PTA

**Also Present:**

Ogu Isaac Okehie, Acting Executive Director  
Brett Felter, Assistant Attorney General, Board Counsel  
John Bull, Chief of Compliance and Data Analysis  
Andrew Rosenfeld, Investigator  
Deborah Jackson, Licensing Coordinator  
Michelle Cutkelvin, Project Manager  
Patricia Miller, Administrative Assistant  
Jacqueline Moore, Data Entry Clerk

**Guests:** Kimberly Lang, Director of Boards and Commissions

Lillian Reese, Legislative and Regulations Coordinator

**Minute Taker:** Michelle Cutkelvin, Project Manager

**Absent:** Eric Hebron, Administrative Specialist

The minutes of the October 15, 2019 meeting were presented for approval. The Board voted to approve the minutes.	Minutes
Isaac Okehie, Acting Executive Director, reported that there were no updates from the Office of the Secretary, Maryland Department of Health, regarding the Physical Therapy Compact fee schedule, Continuing Competency or Dry Needing Military approved courses.	Legislative Update
Mr. Okehie reported on the revenue and expense reports for October 2019.	Revenue & Expense
Deborah Jackson, Licensing Coordinator, gave the licensure report for October 2019. Michelle Cutkelvin, Project Manager reported on the NPTE satisfaction survey.	Licensure Update
John Bull reported on the board attendance policy. Brett Felter, Board Counsel noted that the attendance policy has been in place. Kimberly Lang also noted the Board attendance policy is just a codification of the original policy.	MDH Board Attendance Policy
The Board received an inquiry from a licensee who works in a hospital-based outpatient practice. The licensee states their questions specifically relates to the appropriate use of rehab aides and exercise instruction.	Scope of Practice Rehab Aides & Exercise Instruction
1. Are we able to provide the aide, with a flow sheet right after an evaluation, and ask them to bring the patient through the program?	
The Board's response is an aid can guide a patient through an exercise as long as the patient has been instructed by the physical therapist and the aid is under direct supervision by the physical therapist while assisting the patient with the performance of their exercises.	
2. Can this be done without the therapist having demonstrated the actual exercise, or must there always be instruction from the physical therapist?	
The Board's response is no. An aide cannot guide a patient without instruction from the physical therapist.	
3. Is this always the case, even for "basic exercises", riding an exercise bike, performing over door pulley stretches, etc.?	
The Board's response is yes, even for those types of exercises the physical therapist must be the one who has already instructed the patient prior to the patient initiating that intervention and the aide must be under direct supervision while assisting the patient with the performance of their exercises.	
The Board received the following question: In the state of Maryland is it within the scope of practice for a physical therapist assistant to remove staples if deemed competent?	Scope of Practice Staple Removal
The Board's response is yes, the removal of staples is within the scope of practice for a physical therapist assistant as long as the PTA follows the plan of care, is qualified, works	



within their competency level in the treatment and works within their scope of the limited practice of physical therapy. The Board cited COMAR 10.38.03.02.B(1)

The Board received an inquiry from a licensee requesting any additional information on fine wired EMG performed by a physical therapist in Maryland.

Scope of  
Practice  
EMG

The Board's response is that it needs more specifics and clarification of the question. The Board notes that EMG is within the scope of practice physical therapy.

Do we need a signed consent form from the patient before we do Dry Needling?  
Yes, the Dry Needling regulations require separate informed consent.

Scope of  
Practice  
Consent  
Forms

As far as treating minors do we need parental consent for treatments and parental attendance with all the treatment sessions?

The Board's response is that the law requires physical therapists to obtain and document consent to treat a minor. Refer to the guidelines of the facility or contact legal counsel.

Can a physical therapy aide remove equipment and electrodes when treatment is complete?

Yes, under direct supervision. The aid may remove electrodes from the patient after the patient has completed treatment without direct supervision. The Board cited COMAR10.38.04.02.A.2b.

Scope of  
Practice  
Removing  
Electrodes

The Board received an inquiry from a microblader and certified laser technician, who would like to open a business in Maryland performing microlending procedures. The inquiry states: It seems there are individuals performing micro-needling cosmetically in Maryland without any special licenses/restrictions with you or other medical-type board, but I just want to make sure before I invest in the business.

Scope of  
Practice  
Micro-  
needling

The Board cites COMAR 10.38.12.02. Cosmetology related services are not under the Board's purview. Please consult with the Maryland Board of Cosmetologists.

A licensee asks are physical therapist assistants allowed to perform screens and take objective measurements such as a Tinetti or TUG assessment for interpretation by a physical therapist to see if the patient is appropriate for a physical therapy evaluation?

Scope of  
Practice  
TUG/Tinetti

Yes, a PTA can take and document objective measures for all screens such as Tinetti and TUG, however, a PTA cannot interpret them.

A licensee asks the following: The company that I am employed with for Home Health would like to change our visit protocols so that therapists and therapist assistants are assessing lung sounds, bowel sounds, wounds, and performing medication management. I'm concerned that as a PTA, these assessments are outside of my scope of practice. Would the Board be able to comment on whether or not Physical Therapists/PTAs are licensed to perform these services?

Scope of  
Practice  
PTA  
Screenings

PTA may identify and document specific sounds in the lung and bowels but may not assess or interpret those sounds.

In regards, to wound care a PTA may assist in the wound care management of a wound under the supervision of a physical therapist if the PTA is competent to do so however the PTA may not assess the wound.

Medication management specific to PTA the Board asks for clarification on what specific questions they have related to medication management.

The Board had a robust discussion on the next strategic planning meeting. The Board discussed proposed dates, reviewing the 2019 strategic plan, agenda topics, executive director hiring time frame, and training. The Board decided to postpone the strategic planning meeting until an executive director is hired.

Strategic  
Planning

Dr. Thomas and Mr. Bull attended the 2019 FSBPT Annual Meeting. Dr. Thomas thanked the Board for allowing him the opportunity to attend. Dr. Thomas apprised the Board about a particular presentation regarding the Louisiana Board which garnered media attention. Dr. Thomas proposed that the Board provide regulatory training to ensure that Board members are competent regulators, continue with orientation and begin succession planning. Dr. Thomas requested approval from the Board to allow Dr. Thomas, Mr. Okehie, or another representative to attend the FARB Conference in January 2020.

Professional  
Development

The Board voted to **deny** the following CEU course applications because it is not specific to the clinical practice of Physical Therapy:

Continuing  
Education

*“Play with Your Food: An Integrative Approach to the Most Difficult Feeding Challenges”, “Direct Access (Jeffs)”, “Zones of Regulation”, and “Leadership Practices in Health Professions”.*

The Board voted to **deny** the following CEU course applications because there was insufficient time for the material covered:

*“Assessment and Treatment of the Patient with Cancer”, “Optimizing Clinical Efficacy and Treatment Efficiency: A Guide to Group and Concurrent Delivery Modes- Online”, “Medicare Documentation: Describing Skill Related to Discharge Planning and Maintenance Programing”, and “Getting Ready for PDPM: Group and Concurrent Therapy”.*

The Board voted to **approve** the following courses:

*“Therapy Delivery Models: Individual, Group, Concurrent and Co-Treatment”.*

The Board voted to table the following course:

*“Functional Nutrition for Chronic Pain”.*


There was a motion to close the open session at 12:45 p.m. to engage in medical review committee deliberations regarding confidential information in applications for licensure, in accordance with General Provisions Article, Section 3-305 (b)(7) and (13). Unless recused, all Board members and staff who were present for the open session were also in attendance for both the closed and administrative sessions.

The board meeting was adjourned at 2:30 pm.

Respectfully submitted,

12/17/19

Date Approved



Ogu Isaac Okechie, Acting Executive Director



Sumesh Thomas, DPT, Board Chair



**PRESIDING OFFICER'S WRITTEN STATEMENT FOR CLOSING A MEETING ("CLOSING STATEMENT")  
UNDER THE OPEN MEETINGS ACT (General Provisions Article § 3-305)**

**This form has two sides. Complete items 1 – 4 before closing the meeting.**

- 1. Recorded vote to close the meeting:** Date: 11/19/2019; Time: 12:45 pm; Location: 4201 Patterson Avenue ;  
Motion to close meeting made by: Rebecca Holsinger Seconded by Donna Richmond ;  
Members in favor: ALL ; Opposed: NA ;  
Abstaining: NA ; Absent: NA .

- 2. Statutory authority to close session (check all provisions that apply).**  
**This meeting will be closed under General Provisions Art. § 3-305(b) only:**

(1) ☐ "To discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; any other personnel matter that affects one or more specific individuals"; (2) ☐ "To protect the privacy or reputation of individuals concerning a matter not related to public business"; (3) ☐ "To consider the acquisition of real property for a public purpose and matters directly related thereto"; (4) ☐ "To consider a matter that concerns the proposal for a business or industrial organization to locate, expand, or remain in the State"; (5) ☐ "To consider the investment of public funds"; (6) ☐ "To consider the marketing of public securities"; (7) ☐ "To consult with counsel to obtain legal advice"; (8) ☐ "To consult with staff, consultants, or other individuals about pending or potential litigation"; (9) ☐ "To conduct collective bargaining negotiations or consider matters that relate to the negotiations"; (10) ☐ "To discuss public security, if the public body determines that public discussion would constitute a risk to the public or to public security, including: (i) the deployment of fire and police services and staff; and (ii) the development and implementation of emergency plans"; (11) ☐ "To prepare, administer, or grade a scholastic, licensing, or qualifying examination"; (12) ☐ "To conduct or discuss an investigative proceeding on actual or possible criminal conduct"; (13) ☒ "To comply with a specific constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular proceeding or matter"; (14) ☐ "Before a contract is awarded or bids are opened, to discuss a matter directly related to a negotiating strategy or the contents of a bid or proposal, if public discussion or disclosure would adversely impact the ability of the public body to participate in the competitive bidding or proposal process." (15) ☐ "To discuss cybersecurity, if the public body determines that public discussion would constitute a risk to: (i) security assessments or deployments relating to information resources technology; (ii) network security information . . . or (iii) deployments or implementation of security personnel, critical infrastructure, or security devices."

**Continued →**

3. For each provision checked above, disclosure of the topic to be discussed and the public body's reason for discussing that topic in closed session.

Citation (insert # from above)	Topic	Reason for closed-session discussion of topic
§3-305(b) <input checked="" type="checkbox"/> 13	Licensing Applications	To Discuss Privileged application and review medical information.
§3-305(b) <input type="checkbox"/>		
§3-305(b) <input type="checkbox"/>		
§3-305(b) <input type="checkbox"/>		
§3-305(b) <input type="checkbox"/>		

4. This statement is made by Dr. Sumesh Thomas, Presiding Officer.

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**WORKSHEET FOR OPTIONAL USE IN CLOSED SESSION: INFORMATION FOR SUMMARY TO BE DISCLOSED IN THE MINUTES OF THE NEXT OPEN MEETING. (See also template for summary.)**

➤ **For a meeting closed under the statutory authority cited above:**

Time of closed session: 12:45 pm  
 Place: 4201 Patterson Avenue Baltimore MD 21215  
 Purpose(s): Review confidential applications for licensure.  
 Members who voted to meet in closed session: All present  
 Persons attending closed session: All Board Members and Staff present at Open Session unless recused.  
 Authority under § 3-305 for the closed session: 3-305(b)(13)  
 Topics actually discussed: Discuss ADA application for licensure.  
 Actions taken: Approve Application.  
 Each recorded vote: All in Favor

➤ **For a meeting recessed to perform an administrative function (§ 3-104):** Time: 12:47pm

Place: 4201 Patterson Avenue Baltimore MD 21215  
 Persons present: All Board Members and staff present at open unless recused  
 Subjects discussed: Board Investigations and other disciplinary matters