

## SUBCHAPTER 48C - SCOPE OF PHYSICAL THERAPY PRACTICE

### SECTION .0100 - PHYSICAL THERAPISTS

#### 21 NCAC 48C .0101 PERMITTED PRACTICE

(a) Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or interventions that are routinely taught in educational programs or in continuing education programs for physical therapists and are routinely performed in practice settings.

(b) A physical therapist who employs acts, tests, procedures, modalities, treatments, or interventions in which professional training has been received through education or experience is considered to be engaged in the practice of physical therapy.

(c) A physical therapist must supervise physical therapist assistants, physical therapy aides, PT students and PTA students to the extent required under the Physical Therapy Practice Act and the rules in this Chapter. Physical therapy aides include all non-licensed individuals aiding in the provision of physical therapy services.

(d) The practice of physical therapy includes tests of joint motion, muscle length and strength, posture and gait, limb length and circumference, activities of daily living, pulmonary function, cardio-vascular function, nerve and muscle electrical properties, orthotic and prosthetic fit and function, sensation and sensory perception, reflexes and muscle tone, and sensorimotor and other skilled performances; treatment procedures such as hydrotherapy, shortwave or microwave diathermy, ultrasound, infra-red and ultraviolet radiation, cryotherapy, electrical stimulation including transcutaneous electrical neuromuscular stimulation, massage, debridement, intermittent vascular compression, iontophoresis, machine and manual traction of the cervical and lumbar spine, joint mobilization, machine and manual therapeutic exercise including isokinetics and biofeedback; and training in the use of orthotic, prosthetic and other assistive devices including crutches, canes and wheelchairs. Physical therapy further includes:

- (1) examining (history, system review and tests and measures) individuals in order to determine a diagnosis, prognosis, and intervention within the physical therapist's scope of practice. Tests and measures include the following:
  - (A) aerobic capacity and endurance;
  - (B) anthropometric characteristics;
  - (C) arousal, attention, and cognition;
  - (D) assistive and adaptive devices;
  - (E) community and work (job/school/play) integration or reintegration;
  - (F) cranial nerve integrity;
  - (G) environmental, home, and work (job/school/play) barriers;
  - (H) ergonomics and body mechanics;
  - (I) gait, locomotion, and balance;
  - (J) integumentary integrity;
  - (K) joint integrity and mobility;
  - (L) motor function;
  - (M) muscle performance;
  - (N) neuromotor development and sensory integration;
  - (O) orthotic, protective and supportive devices;
  - (P) pain;
  - (Q) posture;
  - (R) prosthetic requirements;
  - (S) range of motion;
  - (T) reflex integrity;
  - (U) self-care and home management;
  - (V) sensory integrity; and
  - (W) ventilation, respiration, and circulation.
- (2) alleviating impairment and functional limitation by designing, implementing, and modifying therapeutic interventions that include the following:
  - (A) coordination, communication and documentation;
  - (B) patient/client-related instruction;
  - (C) therapeutic exercise (including aerobic conditioning);

- (D) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living);
  - (E) functional training in community and work (jobs/school/play) integration or reintegration activities (including instrumental activities of daily living, work hardening, and work conditioning);
  - (F) manual therapy techniques (including mobilization and manipulation);
  - (G) prescription, application, and fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment that is within the scope of practice of physical therapy;
  - (H) airway clearance techniques;
  - (I) wound management;
  - (J) electrotherapeutic modalities; and
  - (K) physical agents and mechanical modalities.
- (3) preventing injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and quality of life in all age populations.

*History Note: Authority G.S. 90-270.90; 90-270.92;  
 Eff. December 30, 1985;  
 Amended Eff. December 1, 2006; April 1, 2003; August 1, 2002; August 1, 1998; December 1, 1990; October 1, 1989; April 1, 1989;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.*

## **21 NCAC 48C .0102 RESPONSIBILITIES**

- (a) A physical therapist shall determine the patient care plan and the elements of that plan appropriate for delegation.
- (b) A physical therapist shall determine that those persons acting under his or her supervision possess the competence to perform the delegated activities.
- (c) A physical therapist may delegate responsibilities to physical therapist assistants, including supervising physical therapist or physical therapist assistant students.
- (d) A physical therapist shall enter and review chart documentation, reexamine and reassess the patient, and revise the patient care plan if necessary, based on the needs of the patient.
- (e) A physical therapist shall establish a discharge plan that includes a discharge summary or episode of care for each patient.
- (f) The physical therapist shall provide all therapeutic interventions that require the physical therapist's expertise, and may delegate to a physical therapist assistant or physical therapy aide the delivery of service to the patient when it is safe and effective for the patient.
- (g) A physical therapist's responsibility for patient care management includes first-hand knowledge of the health status of each patient and oversight of all documentation for services rendered to each patient, including awareness of fees and reimbursement structures.
- (h) A physical therapist shall be immediately available in person or by telecommunication to a physical therapist assistant supervising a physical therapy aide or student engaging in patient care.
- (i) A physical therapist who is supervising a physical therapy aide or student shall be present in the same facility when patient care is provided.
- (j) A physical therapist shall clinically supervise only that number of assistive personnel, including physical therapist assistants, physical therapy aides, and students completing clinical requirements, as the physical therapist determines is appropriate for providing safe and effective patient interventions at all times.
- (k) If a physical therapist assistant or physical therapy aide is involved in the patient care plan, a physical therapist shall reassess a patient every 60 days or 13 visits, whichever occurs first.
- (l) A physical therapist shall document every evaluation and intervention or treatment including the following elements:
  - (1) authentication (signature and designation) by the physical therapist who performed the service;
  - (2) date of the evaluation or treatment;
  - (3) length of time of total treatment session or evaluation;
  - (4) patient status report;
  - (5) changes in clinical status;

- (6) identification of specific elements of each intervention or modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
  - (7) equipment provided to the patient; and
  - (8) interpretation and analysis of clinical signs, symptoms, and response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.
- (m) At the time of reassessment the physical therapist shall document:
- (1) the patient's response to therapy intervention;
  - (2) the patient's progress toward achieving goals; and
  - (3) justifications for continued treatment.
- (n) A physical therapist shall, upon request by the patient of record, provide the original or copies of the patient's treatment record to the patient, or to the patient's designee. As permitted by G.S. 90-411, a fee may be charged for the cost of reproducing copies. The documents requested shall be provided within 30 days of the request and shall not be contingent upon current, past, or future physical therapy treatment or payment of services.

*History Note: Authority G.S. 90-270.90; 90-270.92; 90-270.98; 90-270.101; 90-411; Eff. December 30, 1985; Amended Eff. February 1, 2015; July 1, 2013; December 1, 2006; August 1, 2002; August 1, 1998; January 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.*

#### **21 NCAC 48C .0103 PROHIBITED PRACTICE**

- (a) A physical therapist must not employ acts, tests, procedures, modalities, treatments, or interventions in the treatment of patients that are beyond the scope of the practice of physical therapy. Any patient whose condition requires medical diagnosis of disease or treatment beyond the scope of physical therapy must be referred as specified in G.S. 90-270.102.
- (b) A physical therapist must not permit any person working under his or her supervision to engage in acts or practices beyond the scope allowed by the Physical Therapy Practice Act or the rules in this Chapter.
- (c) Physical therapy does not include the application of roentgen rays or radioactive materials, but consistent with the requirements of G.S. 90-270.102(4) a physical therapist may review x-rays and may also request radiologic consultations; however, a physical therapist shall not order radiological examinations.

*History Note: Authority G.S. 90-270.90; 90-270.92; 90-270.102; Eff. December 30, 1985; Amended Eff. December 1, 2006; August 1, 1998; April 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018; Amended Eff. March 1, 2020; September 1, 2019.*

### **SECTION .0200 – PHYSICAL THERAPIST ASSISTANTS**

#### **21 NCAC 48C .0201 SUPERVISION BY PHYSICAL THERAPIST**

- (a) A physical therapist assistant may assist in the practice of physical therapy only to the extent allowed by the supervising physical therapist.
- (b) A physical therapist assistant may make modifications of treatment programs that are consistent with the established patient care plan.
- (c) A physical therapist assistant may engage in off-site patient related activities that are appropriate for the physical therapist assistant's qualifications and the status of the patient.
- (d) A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist.
- (e) A physical therapist assistant who is supervising a physical therapy aide or student must be present in the same facility when patient care is provided.
- (f) The physical therapist assistant must document every intervention/treatment, which must include the following elements:

- (1) Authentication (signature and designation) by the physical therapist assistant who performed the service;
- (2) Date of the intervention/treatment;
- (3) Length of time of total treatment session;
- (4) Patient status report;
- (5) Changes in clinical status;
- (6) Identification of specific elements of each intervention/modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
- (7) Equipment provided to the patient or client; and
- (8) Response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

*History Note:* Authority G.S. 90-270.90; 90-270.92; 90-270.102;  
 Eff. December 30, 1985;  
 Amended Eff. December 1, 2006; August 1, 2002;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.

**21 NCAC 48C .0202 PROHIBITED PRACTICE**

- (a) A physical therapist assistant shall not engage in practices requiring the knowledge and skill of a physical therapist.
- (b) A physical therapist assistant shall not engage in acts beyond the scope of practice delegated by the supervising physical therapist.

*History Note:* Authority G.S. 90-270.90; 90-270.92; 90-270.102;  
 Eff. December 30, 1985;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.

**SECTION .0300 - RECENT GRADUATES**

**21 NCAC 48C .0301 PERMITTED ACTIVITIES**  
**21 NCAC 48C .0302 AUTHORIZATION**

*History Note:* Authority G.S. 90-270.24; 90-270.26; 90-270.31;  
 Eff. December 30, 1985;  
 Amended Eff. April 1, 1989; May 1, 1988;  
 Repealed Eff. August 1, 1998.

**SECTION .0400 - PHYSICAL THERAPY AIDES**

**21 NCAC 48C .0401 DEFINITION**

Whenever any person not licensed in accordance with the provisions of the physical therapy practice act aids in the provision of physical therapy services under the supervision of a licensed physical therapist or physical therapist assistant, that person meets the definition of a physical therapy aide found in G.S. 90-270.90(5).

*History Note:* Authority G.S. 90-270.90; 90-270.92;  
 Eff. August 1, 1998;

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018;*  
*Amended Eff. September 1, 2019.*

#### **21 NCAC 48C .0402      FUNCTION**

- (a) A physical therapy aide may perform only those acts delegated by a licensed physical therapist or physical therapist assistant.
- (b) A physical therapy aide must not engage in the performance of physical therapy activities without supervision by a licensee in accordance with this Subchapter.
- (c) A physical therapy aide must work under the supervision of a licensee who is present in the facility. This may extend to an off-site setting only when the physical therapy aide is accompanying and working directly with a licensee with a specific patient.
- (d) A physical therapy aide must not be independently responsible for a patient caseload.

*History Note:      Authority G.S. 90-270.90; 90-270.92;*  
*Eff. December 30, 1985;*  
*Amended Eff. December 1, 2006; August 1, 2002; August 1, 1998;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.*

### **SECTION .0500 - PHYSICAL THERAPY STUDENTS**

#### **21 NCAC 48C .0501      EXEMPTION FOR STUDENTS**

- (a) Students enrolled in educational programs that are either accredited or are candidates in good standing for accreditation by an agency recognized by either the U.S. Office of Education or the Council on Postsecondary Accreditation, are included in the exemption from licensure contained in G.S. 90-270.101(a)(1) while completing a clinical requirement for graduation.
- (b) A licensee must be present in the facility when patient care activities are undertaken by a PT or PTA student while completing the clinical requirement.

*History Note:      Authority G.S. 90-270.92(1); 90-270.95; 90-270.101(a)(1);*  
*Recodified From 48E .0101(c) Effective January 25, 1989;*  
*Amended Eff. January 1, 1991;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018;*  
*Amended Eff. March 1, 2020.*

### **SECTION .0600 – OTHER ASSISTIVE PERSONNEL**

#### **21 NCAC 48C .0601      RESPONSIBILITIES**

Health care personnel who do not function as physical therapy aides may receive direction from physical therapists with regard to patient related activities, but they must not either refer to or represent their services as physical therapy.

*History Note:      Authority G.S. 90-270.101(b)(2); 90-270.90(4);*  
*Eff. August 1, 2002;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.*