AMERICAN PHYSICAL THERAPY ASSOCIATION

70th Annual Session

HOUSE OF DELEGATES
June 9-11, 2014
Charlotte Convention Center
Charlotte, North Carolina

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Officers of the House of Delegates

Shawne E. Soper, PT, DPT, MBA
Speaker of the House (VA)
Stuart H. Platt, PT, MSPT
Vice Speaker of the House (IL)
Laurita M. Hack, PT, DPT, PhD, MBA, FAPTA
Secretary (PA)

Parliamentarian
Nancy Sylvester, MA, PRP, CPP-T, Parliamentary Services

Consultants
Katherine Harris, PT, PhD, Chair, Reference Committee (CT)
Lynn Rudman, PT, Reference Committee (MD)
Susan R. Griffin, PT, DPT, MS, GCS, Reference Committee (WI)
Lynn Rivers, PT, PhD, Reference Committee (NY)
Stephanie Yu, PT, MSPT, PCS
American Board of Physical Therapy Specialties
Barbara Sanders, PT, PhD, FAPTA, SCS
American Council of Academic Physical Therapy
Terrence Nordstrom, PT, EdD
Ethics and Justice Committee

Recorder
Cheryl Robinson, Director, National Governance and Leadership, APTA

Presiding
Shawne E. Soper, PT, DPT, MBA
Speaker of the House (VA)

Voting Delegates

Chapter delegates from 51 chapters

Non-Voting Delegates

APTA Board of Directors
Assembly Delegates from Student Assembly
Section Delegates from 18 Sections
Caucus Delegates from PTA Caucus
SUMMARY OF MEETINGS
The 70th Annual Session of the House of Delegates of the American Physical Therapy Association (APTA) was held in the Charlotte Convention Center, Charlotte, North Carolina, on Monday, June 9; Tuesday, June 10; and Wednesday, June 11, 2014.

IN MEMORIAM
The delegation stood in honor of those members who died in 2013 between January 2013 and June 2014. Following is the list of members who were recognized during the 70th Session of the House of Delegates on Monday, June 9. The In Memoriam list for those members who died in 2013 was printed on page 1 of the 2014 House of Delegates Handbook.

Manford E. Anliker, PT
Arnold T. Bell, PT, PhD, ATC, SCS
Rachel M. Bjorklund, PT, DPT
Donald A. Boughter, PT
Chantel A. Bowen, PT
Cheryl Cavallo, PT
Carol E. Clayton, PT, PhD
Eugene Connolly, PT
Mildred H. Doerr, PT
John F. Dooley III, PT, DPT, MS, ECS
Doris Dove, PT
Meredith Drench, PT, PhD
William Durnil, PT, MPT, ATC, MS
John L. Echternach Sr, PT
Barbara Fassett, PT
Elizabeth J. Fellows, PT
Paul Goebel, PT
Benjamin Gordon, PT
Marvin Allan Gross, PT, MS, GCS
Elvin J. Hiri, PT
Helen Hislop, PT
John J. Ivanoff, PT
Gloria C. Jantzen, PT
JoAnn Jordan Johnston, PT
Slosson B. Jong, PT
Margaret Ann Kholi, PT
Willem Klokman, PT
Harry Girard Knecht, PT
David E. Krebs, PT
Lenore M. Krusell, PT
Elizabeth Lambertson, PT
Betty R. Landen, PT, PhD
Jerry Lerman, PT
William E. Lloyd Jr, PT
Vera Long, PT
John A. Madden, PT
Joseph D. McCarthy, PT
Thomas Girard McClure, PT
Ruth A. McDonald, PT
Ann McElroy, PT
M. Eileen McEown, PT
Rita Meanwell, PT
Peter D. Mosher, PT
David A. Pariser, PT, PhD
Duane Pepiot, PT
Jacqueline Perry, MD
Randy J. Ponozzo, PTA
Pauline Potts, PT
William E. Rhoads, PT
Ann M. Robillard, PT
Adam Rudawsky, SPT
Gary D. Sartin, PT
John P. Scholz, PT, PhD, FAPTA
Kenneth W. Seaman, PT, DPT, CPT, MSCS
Donovan O. Sessions, PT
Michael Tempalski, PT
Valecia Marie Snyder, PTA
JoAnn Tomberlin, PT
James Walsh, PT
Roxanna L. Watts, PTA
Margaret Weiner, PT
Elizabeth B. Wheelwright, PT
Ruth G. Wright, PT
Mitzi B. Zeno, PT

INTRODUCTION OF NEWLY ELECTED CATHERINE WORTHINGHAM FELLOWS
APTA Speaker of the House Shawne E. Soper, PT, DPT, MBA, announced Dale Lynn Avers, PT, DPT, PhD, FAPTA (NY);
Lisa A. Chiarello, PT, PhD, FAPTA, PCS (PA); John David Childs, PT, PhD, MBA, FAPTA, OCS (TX);
Meryl Cohen, PT, MS, DPT, FAPTA, CCS (MA); Pamela Ann Duffy, PT, PhD, RP, FAPTA, OCS (IA);
Beth E. Fisher, PT, PhD, FAPTA (CA); Julie M. Fritz, PT, PhD, FAPTA (UT); Kathleen M Gill-Body, PT, DPT, MS, FAPTA, NCS (MA);
Nancy R. Kirsch, PT, DPT, PhD, FAPTA (NJ); Stephen Mark Levine, PT, DPT, MSHA, FAPTA (FL);
Kathleen Kline Mangione, PT, PhD, FAPTA (PA); William H. O’Grady, PT, DPT, FAAOMPT, FAPTA, OCS (WA); and
R. Scott Ward, PT, PhD, FAPTA (UT), as having been elected by the APTA Board of Directors to the Catherine Worthingham Fellow membership category.
COMMITTEES OF THE HOUSE OF DELEGATES

Committee to Approve the Minutes
Eileen Rodri Carter, PT, MBA, chief delegate, North Carolina Chapter
Lynn Czup, PT, DPT, chief delegate, Ohio Chapter
Trevor J. Mills, PT MSPT, OCS, chief delegate, Maine Chapter
Alecia Thiele PT, DPT, MEd, ATC, section delegate, Wisconsin Chapter

Nominating Committee
Benjamin S. Braxley, PT, DPT, NCS, Chair (GA)
Cecilia Louise Graham, PT, PhD (AL)
Peggy DeCelle Newman, PT, MHR (OK)
Babette S. Sanders, PT, DPT, MS, FAPTA (IL)
Jerry Arthur Smith, PT, ATC/L, MBA (IN)

Reference Committee
Katherine Harris, PT, PhD, Chair (CT)
Susan R. Griffin, PT, DPT, MS, GCS (WI)
Lynn Celeste Rivers, PT, PhD (NY)
Lynn Rudman, PT (MD)
Shawne E. Soper, PT, DPT, MBA, Ex-Officio (VA)

Elections Committee
Maureen “Reenie” Kavalar, PT, Chair (WI)
Neva F. Greenwald, PT, MSPH, CHES, Vice-Chair (MS)

STUDENT HOUSE USHERS
Laura Barber, SPT (SD)
Jillian Carney, SPTA (MN)
Jeffrey Chan, SPT (CA)
Whitney Ebke, SPT (SD)
Jarrod Evans, SPTA (KY)
Jamie Flint, SPT (ND)
Arantzazu Garate, SPT (FL)
Kayla Godwin, SPT (GA)
Megan Heiser, SPT (OH)
Casey Hodgin, SPT (FL)
Jessica Hogan, SPT (NY)
Amanda Kayser, SPT (CA)
Mackenzie Marinello, SPTA (OR)
Hang Nguyen, SPT (IL)
Sarah Nockengost, SPT (VA)
Kristi Perko, SPTA (OR)
Dhara Shah, SPT (AL)
Rebecca Stevens, SPTA (PA)
Stephanie Vaughan, SPT (FL)
Aimee Winston, SPT (MA)
Dustin Workinger, SPTA (GA)
Keline Yoshimura, SPT (WI)
REPORTS

The report of the APTA President is printed in the 2013 Annual Report. Additional comments from APTA President Paul A. Rockar Jr, PT, DPT, MS, were reported to the 2014 House of Delegates on Monday, June 9, 2014.

The report of the APTA House Officers, including the report of the APTA Secretary, is printed in the 2014 House of Delegates Handbook.

The report of the APTA Treasurer is printed in the 2014 Annual Report.

The report of the APTA Nominating Committee is printed in the 2014 House of Delegates Handbook. Ben S. Braxley, PT, DPT, NCS (GA), Chair of the APTA Nominating Committee, presented the following slate of candidates to the 2014 House of Delegates on Monday, June 9, 2014.

Board of Directors:

Treasurer: Elmer Platz, PT (NJ)

Speaker: Susan R. Griffin, PT, DPT, MS, GCS, RP (WI)
William F. McGehee, PT, MHS (FL)

Director: Jeremy S. Angaran, PT, DPT, OCS (HI)
Susan A. Appling, PT, DPT, PhD, OCS (TN)
Jennifer E. Green-Wilson, PT, MBA, EdD (NY)
Matthew R. Hyland, PT, PhD, MPA (NY)
Kathleen K. Mairella, PT, DPT, MA (NJ)
Sheila K. Nicholson, PT, DPT, JD, MBA, MA (FL)

Nominating Committee: Susan M. Chalcraft, PT, MS (WA)
Secili H. DeStefano, PT, DPT, OCS (VA)
Linda K. Eargle, PT, DPT, CEEAA, MinEd (FL)
Dode Jackson, PT (WA)

The report of the APTA Reference Committee is printed in the 2014 House of Delegates Handbook.

Other reports of the association’s activities are printed in the 2014 House of Delegates Handbook under the heading “Special Reports to the 2014 House of Delegates.”

A GUIDE TO THE MINUTES OF THE 2014 HOUSE OF DELEGATES

The minutes of the 2014 House of Delegates (House) are presented in numeric order by RC number; the vote number reflects the chronological order of business voted upon by the House. The dates and page numbers listed throughout the minutes indicate where discussion about the motion will be located within the verbatim transcript of the House.

“FINAL” indicates the final action taken by the House and is always listed first under the number and name of the RC.

“V-” followed by a number indicates the number of the vote (ie, V-1 refers to the first vote; V-2 refers to the second vote, etc).

Only final language as adopted by the House, including any adopted amendments, is listed. To see the original motion language as originally moved on the floor of the House, please see Packet I, Packet II, or Packet III. To see any primary or secondary amendments, please refer to the verbatim minutes available at APTA headquarters.

Motions that were withdrawn or not considered are not included within the minutes; however, the motion titles will be found listed within the table of contents.

Support statements are not included in these minutes. For statements in support of motions, please see Packet I, Packet II, Packet III, or the verbatim minutes available at APTA headquarters.
ADOPTION OF THE RULES OF THE HOUSE OF DELEGATES

PASSED (Proposed by Officers of the House of Delegates) June 9, Pages 8–9

V-1 That the 70th Annual Session of the APTA House of Delegates, Rules of the House of Delegates Required by APTA Bylaws - May Not be Suspended; Rules of the House of Delegates, Required by Relevant APTA Standing Rules - May be Suspended; and Rules of the House of Delegates – Adopted for this Session - May be Suspended, be adopted.

ADOPTION OF GENERAL ORDER OF BUSINESS

PASSED (Proposed by Officers of the House of Delegates) June 9, Pages 9–10

V-2 That the 70th Annual Session of the APTA House of Delegates General Order of Business be adopted as amended.

ADOPTION OF DETAILED AGENDA

PASSED (Proposed by Officers of the House of Delegates) June 10, Pages 25–30

V-3 That the 70th Annual Session of the APTA House of Delegates Detailed Agenda including the Order of New Business be adopted as amended.

BUSINESS OF THE HOUSE

RC 00-14 CONSENT CALENDAR

Required for Adoption: General Consent

FINAL – PASSED June 10, Page 39

That the following motions be adopted by general consent:

<table>
<thead>
<tr>
<th>RC#</th>
<th>Title</th>
<th>Proposed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>V-4</td>
<td>Recind: Cover the Uninsured Campaign: Awareness and Promotion (HOD P06-08-19-13)</td>
<td>Board of Directors</td>
</tr>
<tr>
<td>V-5</td>
<td>Amend: Access to, Admission to, and Patient/Client Rights Within Physical Therapy Services (HOD P06-03-16-13)</td>
<td>Pennsylvania Chapter</td>
</tr>
<tr>
<td>V-6</td>
<td>Amend: Non-discrimination (HOD Y06-98-14-06)</td>
<td>Pennsylvania Chapter</td>
</tr>
<tr>
<td>V-7</td>
<td>Adopt: Telehealth</td>
<td>Florida Chapter</td>
</tr>
<tr>
<td>V-8</td>
<td>Adopt: Definition of an Underrepresented Minority In Physical Therapy Education</td>
<td>Board of Directors</td>
</tr>
<tr>
<td>V-9</td>
<td>Adopt: Endorsement of Interprofessional Education Collaborative Core Competencies</td>
<td>Board of Directors</td>
</tr>
</tbody>
</table>
**RC 02-14** RESCIND: COVER THE UNINSURED CAMPAIGN: AWARENESS AND PROMOTION (HOD P06-08-19-13) – PACKET I

- **Required for Adoption:** Majority Vote
- **Proposed By:** Board of Directors

**FINAL – PASSED [CONSENT CALENDAR]**  
June 10, Page 39

- V-4 That Cover the Uninsured Campaign: Awareness and Promotion (HOD P06-08-19-13) be rescinded.

**RC 05-14** AMEND: ACCESS TO, ADMISSION TO, AND PATIENT/CLIENT RIGHTS WITHIN PHYSICAL THERAPY SERVICES (HOD P06-03-16-13) – PACKET I

- **Required for Adoption:** Majority Vote
- **Proposed By:** Pennsylvania Chapter

**FINAL – PASSED [CONSENT CALENDAR]**  
June 10, Page 39

- V-5 That Access to, Admission to, and Patient/Client Rights Within Physical Therapy Services (HOD P06-03-16-13), second paragraph, first sentence, be amended by striking out the word “gender” after the word “color” and inserting the words “sex, gender, gender identity, gender expression” so that it would read:

> The physical therapist shall ensure services regardless of race, creed, color, gender sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status. The physical therapist respects the rights of individuals referred or admitted to the physical therapy service. The individual referred or admitted to the physical therapy service has rights, which include but are not limited to:

**RC 06-14** AMEND: NON–DISCRIMINATION (HOD Y06-98-14-06) – PACKET I

- **Required for Adoption:** Majority Vote
- **Proposed By:** Pennsylvania Chapter

**FINAL – PASSED [CONSENT CALENDAR]**  
June 10, Page 39

- V-6 That Non-discrimination (HOD Y06-98-14-06), first paragraph, be amended by inserting the words “gender identity, gender expression” after the word “gender” so that it would read:

> The American Physical Therapy Association (APTA) prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability or health status in all areas including, but not limited to, its qualifications for membership, rights of members, policies, programs, activities, and employment practices.
RC 07-14 AMEND: ENTRY POINT INTO HEALTH CARE (HOD P06-02-23-45) – PACKET II

Required for Adoption: Majority Vote

Proposed By: New York Chapter

FINAL – PASSED June 10, Pages 134–143

V-11 That Entry Point Into Health Care (HOD P06-02-23-45) be amended by substitution:

A physical therapist is an appropriate health professional for persons seeking entry into the health care system. Physical therapists are entry point providers into the health care system.

Physical therapists are qualified to provide a broad range of evaluative services to optimize movement, including screening, examination, evaluation, diagnosis, prognosis, intervention, coordination of care, prevention, wellness and fitness, and, when indicated, referral to other providers.

RC 08-14 ADOPT: TELEHEALTH – PACKET I

Required for Adoption: Majority Vote

Proposed By: Florida Chapter

FINAL – PASSED [CONSENT CALENDAR] June 10, Page 39

V-7 That the following be adopted:

TELEHEALTH

Whereas, Telehealth is the use of secure electronic communications to provide and deliver a host of health-related information and health care services, including but not limited to physical therapy-related information and services for patients and clients;

Whereas, Telehealth is used to enhance patient and client interactions, and encompasses a variety of health care and health promotion activities, including but not limited to education, advice, reminders, consultations, screenings, assessments, interventions, and monitoring of interventions;

Whereas, When possible and appropriate, telehealth is offered in conjunction with face-to-face communication, hands-on examination, and follow-up;

Whereas, Telehealth is used to overcome barriers of access to services caused by inaccessibility of specialists and/or subspecialists, unavailable resources, or impaired patient or client mobility;

Whereas, Telehealth offers the potential to provide physical therapist services where health disparities exist; and,

Whereas, The physical therapy provider documents in the record that the services provided occurred via telehealth and how informed consent is established;

Resolved, It is the position of the American Physical Therapy Association (APTA) that telehealth is an appropriate model of service delivery for the profession of physical therapy when provided in a manner consistent with association positions, standards, guidelines, policies, procedures, Standards of Practice for Physical Therapy, Code of Ethics for the Physical Therapist, Standards of Ethical Conduct for the Physical Therapist Assistant, the Guide to Physical Therapist Practice, and APTA Telehealth Definitions and Guidelines; as well as federal, state, and local regulations.
RC 09-14 PURSUIT OF DPT AS REGULATORY DESIGNATION OF PHYSICAL THERAPISTS – PACKET I

Required for Adoption: Majority Vote

Proposed By: Arizona Chapter

FINAL – PASSED

June 10, Pages 143–173

V-12 That the American Physical Therapy Association shall begin to pursue a uniform change in the regulatory designation of physical therapists in all states to “DPT” by the year 2025.

RC 10-14 CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS – PACKET II

Required for Adoption: Majority Vote

Proposed By: Board of Directors

FINAL – PASSED

June 10, Pages 173–189; and June 11, 10–75

(Note: This is a conforming amendment with 2 parts – A and B.)

V-18 PART A

That the following be adopted:

CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

It is the position of the American Physical Therapy Association (APTA) that licensure of physical therapists and licensure or certification of physical therapist assistants is required in all United States jurisdictions to achieve public protection and consumer transparency for individuals who access physical therapist services. Physical therapy should be provided only by, or under the direction and supervision of, a licensed physical therapist. Physical therapist assistants, under the direction and supervision of the physical therapist, are the only individuals who assist in the provision of selected physical therapy interventions. Licensure should include a defined jurisdictional scope of practice for physical therapists, a protected regulatory designator, and term and title protection for physical therapists and physical therapist assistants. APTA supports open, flexible, and dynamic principles of licensure to ensure workforce mobility and timely access to care. These principles are outlined as follows:

PRINCIPLE I. MINIMUM QUALIFICATIONS AND REQUIREMENTS FOR LICENSURE OR REGULATION

A. PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT LICENSURE OR REGULATION

Physical therapists are licensed and physical therapist assistants are licensed or certified in all United States jurisdictions.

1. State regulation of physical therapists should at a minimum:
   (a) require graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or in the case of an internationally educated physical therapist from a non-CAPTE accredited program seeking licensure as a physical therapist, a substantially equivalent education;
   (b) require passing an exam of entry-level competence;
   (c) provide title and term protection;
   (d) allow for disciplinary action; and
   (e) provide for a defined scope of practice.
2. State regulation of physical therapist assistants should at a minimum:
   (a) require graduation from a physical therapist assistant or physical therapist education program accredited by CAPTE or in the case of a graduate of an international physical therapist assistant program or international physical therapist program from a non-CAPTE accredited program seeking licensure, certification, or registration as a physical therapist assistant, a substantially equivalent education;
   (b) require passing an exam of entry-level competence;
   (c) provide title and term protection;
   (d) allow for disciplinary action; and
   (e) require that all physical therapist assistants work under the direction and supervision of the physical therapist.

B. FOREIGN-EDUCATED PHYSICAL THERAPIST: SUBSTANTIAL EQUIVALENCE FOR LICENSURE ELIGIBILITY

APTA supports the concept that to be eligible for jurisdictional licensure as a physical therapist, an individual educated outside of the United States must demonstrate substantial equivalence in content of education and clinical preparation to that received in a program accredited by CAPTE.

PRINCIPLE II. STATE REGULATORY DESIGNATIONS FOR THE PHYSICAL THERAPY PROFESSION

A. DESIGNATION “PT,” “PTA,” “SPT,” AND “SPTA”

APTA supports the use of “PT” as the regulatory designation of a physical therapist. Other letter designations such as “RPT,” “LPT,” or academic and professional degrees should not be substituted for the regulatory designation of “PT.” “PTA” is the preferred regulatory designation of a physical therapist assistant.

APTA supports the recognition of the regulatory designation of a physical therapist or a physical therapist assistant as taking precedence over other credentials or letter designations. To promote consistent communication of the presentation of credentials and letter designations, the association shall recognize the following preferred order:

1. PT/PTA
2. Highest earned physical therapy-related degree
3. Other earned academic degree(s)
4. American Board of Physical Therapy Specialties certification credentials in alphabetical order
5. Other credentials external to APTA
6. Other certification or professional honors (e.g., FAPTA)

APTA supports the designations “SPT” and “SPTA” for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation. Following graduation and prior to licensure or certification, graduates should be designated in accordance with state law. If state law does not stipulate a specific designation, graduates should be designated in a way that clearly identifies that they are not licensed physical therapists or licensed or certified physical therapist assistants.

Proviso: When the intent of RC 9-14 is achieved in any state and a uniform designation of “DPT” is approved by legislative change of a practice act and/or by a licensing authority for all licensed physical therapists in that state, APTA supports the use of the regulatory designation of “DPT.” Such designation denotes the successful completion of professional education and entry-level examination, thus meeting the dual requirements for licensure that assures entry-level competence to practice physical therapy. In this instance, #1 and #2 in the preferred order of letter designations (above) are subsumed in the single designation “DPT” for physical therapists.
PRINCIPLE III. APPROPRIATE USE OF PROTECTED TERMS AND TITLES BY LICENSEES

A. PROTECTION OF TERM, TITLE, AND DESIGNATION

The terms “physical therapy” and “physiotherapy” shall be used only in reference to services that are provided by or under the direction and supervision of a licensed physical therapist/physiotherapist; when so used the terms are synonymous. Only physical therapists may use or include the initials “PT” or “DPT,” and only physical therapist assistants may use or include the initials “PTA” in their professional, technical, or regulatory designation.

APTA supports the use of the titles “Physical Therapist” and “Doctor of Physical Therapy” only for physical therapists and in accordance with jurisdictional law. To provide accurate information to consumers, use of “Dr.” or “Doctor” should always be associated with words that clearly communicate that it is identifying a licensed physical therapist.

Additionally, APTA supports the inclusion of language to protect the exclusive use of these terms, titles, and designations in statutes and regulations.

PRINCIPLE IV. TEMPORARY EXEMPTIONS TO STATE LICENSURE

A. TEMPORARY EXEMPTIONS FOR LICENSEES WITH TRAVELING TEAMS OR PERFORMANCE GROUPS

APTA supports temporary exemptions to state licensure for physical therapists who are licensed in a jurisdiction in the United States but who are temporarily in another jurisdiction providing physical therapist services to members of established athletic teams, athletic corporations, or performing arts companies that are training, competing, or performing.

B. TEMPORARY EXEMPTIONS FOR EDUCATION

APTA supports inclusion of temporary exemptions to state licensure for physical therapists who are licensed in a United States jurisdiction and are temporarily in another jurisdiction for teaching, demonstrating, or providing physical therapist services in connection with teaching or participating in an educational seminar, fellowship, or residency program.

C. TEMPORARY EXEMPTIONS FOR DECLARED DISASTER OR EMERGENCY

APTA supports temporary exemptions to state licensure for physical therapists or physical therapist assistants who are licensed or certified in a United States jurisdiction and enter another jurisdiction to provide physical therapy services during a declared local, state, or national disaster or emergency. APTA also supports temporary exemptions to state licensure for physical therapists or physical therapist assistants who are licensed or certified in a United States jurisdiction and are forced to leave their residences or places of employment due to a local, state, or national disaster or emergency, and because of such displacement they seek to provide physical therapy in another jurisdiction. APTA encourages state chapters and state regulatory boards to include such exemption language in their state practice acts and to promulgate and/or review emergency management plans to ensure continuity in the event of a local, state, or national disaster or emergency.

PRINCIPLE V. CONTINUING EDUCATION AND CONTINUING COMPETENCE REQUIREMENTS FOR LICENSURE RENEWAL

A. LICENSURE RENEWAL: CONTINUING EDUCATION AND CONTINUING COMPETENCE

APTA supports the concept of continuing education and continuing competence as an integral component of professional development and as a condition of licensure renewal.

Licensure renewal requirements to demonstrate evidence of continuing competence should be limited to meeting the current minimum standards necessary to ensure ongoing safe and effective practice for public protection.

APTA recognizes and supports the approval of continuing education related to roles in practice management, administration, research, or education in addition to or as components of continuing education in patient/client management, for meeting continuing education requirements for license renewal.
PRINCIPLE VI. OPPOSITION TO INSTITUTIONAL LICENSURE

A. INSTITUTIONAL LICENSURE
APTA is strongly opposed to the concept of institutional licensure for individuals who deliver health care services without jurisdictional licensure.

PRINCIPLE VII. LICENSURE PORTABILITY

A. INTERSTATE LICENSURE PORTABILITY
APTA supports state licensure models that allow for licensure portability, including but not limited to an Interstate Licensure Compact for Physical Therapy.

B. LICENSURE: EXPEDITED LICENSURE
APTA supports an expedited licensure process for physical therapists who have an unrestricted license in a United States jurisdiction to practice in another United States jurisdiction, in order to participate in educational opportunities such as fellowship and residency programs.

C. TEMPORARY JURISDICTIONAL LICENSURE
APTA opposes temporary unrestricted jurisdictional licensure of physical therapists or licensure or certification of physical therapist assistants for previously non-U.S.-licensed or non-U.S.-credentialed applicants in all jurisdictions.

PRINCIPLE VIII. STATE LICENSURE FOR STUDENT CLINICAL EDUCATION AND EXAM-ELIGIBLE GRADUATES

APTA supports provisional or restricted state licensure for student physical therapists enrolled in clinical internships. Clinical internships are defined as the extended full-time clinical education experience(s) that typically follow the completion of the didactic coursework for the doctor of physical therapy degree.

APTA also supports provisional or restricted licensure for graduates, or for those who have completed all of the requirements for graduation, of programs accredited by CAPTE who are eligible for the National Physical Therapy Examination.

PART B

That the following positions be rescinded:

- Physical Therapist and Physical Therapist Assistant Licensure/Regulation (HOD P05-07-09-10)
- Foreign-Educated Physical Therapist: Substantial Equivalence for Licensure Eligibility (HOD P06-03-26-24)
- Designation “PT,” “PTA,” “SPT,” and “SPTA” (HOD P06-03-17-14)
- Protection of Term, Title, and Designation (HOD P06-03-18-15)
- Use of the Title “Doctor” by Physical Therapists (HOD P06-06-21-14)
- Licensure: Expedited Licensure or Qualified Exemption (HOD P06-10-10-12)
- Temporary Exemptions in State Licensure in the Case of Declared Disaster or Emergency (HOD P06-11-21-20)
- Licensure Renewal: Continuing Education (HOD P06-09-26-09)
- Institutional Licensure (HOD P06-73-31-38)
- Temporary Jurisdictional Licensure and Credentialing (HOD P06-96-26-40)
RC 11-14 MEMBERSHIP VALUE FOR THE PHYSICAL THERAPIST ASSISTANT – PACKET I

Required for Adoption: Majority Vote

Proposed By: Arizona Chapter

FINAL – PASSED

June 10, Pages 190–225

V-13 That the American Physical Therapy Association (APTA) create a plan for increasing the value of APTA membership for the physical therapist assistant (PTA) and present the plan to the 2015 House of Delegates by December 2014.

RC 12-14 ADOPT: PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION – PACKET I

Required for Adoption: Majority Vote

Proposed By: Board of Directors

FINAL – PASSED

June 10, Pages 225–232

V-14 That the following be adopted:

PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION

To sustain present and promote future excellence in physical therapist education, APTA recommends adoption and implementation of the following practices:

1. That physical therapists with an interest in teaching in physical therapist entry-level programs seek a terminal academic degree or clinical doctorate degree and other credentials and experiences that qualify them to become faculty members.

2. That people qualified to serve as program directors do so only when the program has adequate resources and a commitment to innovation and excellence.

3. That people qualified to serve as faculty members do so only when the program has adequate resources and a commitment to innovation and excellence.

4. That clinical sites be innovative in how they provide clinical education experiences and commit to providing resources for clinical education experiences only when the academic program commits to excellence in education and ongoing improvement and when the program’s students meet the standards for clinical performance.

5. That the Commission on Accreditation in Physical Therapy Education (CAPTE) make the criteria for existing programs, expansion of existing programs, and candidate for accreditation status for new programs more stringent to reflect the needs for qualified faculty and program directors, access to sufficient clinical education sites, and adequate infrastructure (e.g., physical, fiscal, and personnel); and the current and emerging needs of society.
**RC 13-14 BEST PRACTICE FOR PHYSICAL THERAPIST CLINICAL EDUCATION – PACKET I**

**Required for Adoption:** Majority Vote

**Proposed By:** California and Oregon Chapters

**FINAL – PASSED**  
June 10, Pages 232–244

V-15 That the American Physical Therapy Association, in collaboration with relevant stakeholders, identify best practice for physical therapist clinical education, from professional level through postgraduate clinical training, and propose potential courses of action for a doctoring profession to move toward practice that best meets the evolving needs of society with a report to the 2017 House of Delegates.

This effort shall include, but not be limited to, the examination of:

- Current models of physical therapist clinical education from professional level through postgraduate clinical training
- Mandatory postgraduate clinical training
- Stages of licensure
- Findings from related studies and conferences
- Models and studies of clinical education in other health care professions

**RC 14-14 ADOPT: DEFINITION OF UNDERREPRESENTED MINORITY POPULATIONS IN PHYSICAL THERAPY EDUCATION – PACKET I**

**Required for Adoption:** Majority Vote

**Proposed By:** Board of Directors

**FINAL – PASSED [CONSENT CALENDAR]**  
June 10, Page 39

V-8 That the following be adopted:

**DEFINITION OF UNDERREPRESENTED MINORITY POPULATIONS IN PHYSICAL THERAPY EDUCATION**

The American Physical Therapy Association defines "Underrepresented" in physical therapy education as the racial and ethnic populations that are underrepresented in physical therapy education relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds.

**RC 15-14 MEMBERSHIP RETENTION OF EARLY-CAREER INDIVIDUALS – PACKET III**

**Required for Adoption:** Majority Vote

**Proposed By:** Student Assembly

**FINAL – PASSED**  
June 10, Pages 245–255

V-16 That the American Physical Therapy Association explore new and innovative ways to increase membership recruitment and retention of early-career individuals. The status shall be reported to the 2016 House of Delegates.
RC 16-14 TOOLS TO NEGOTIATE PRODUCTIVITY AND PERFORMANCE STANDARDS IN PHYSICAL THERAPIST PRACTICE – PACKET II

Required for Adoption: Majority Vote

Proposed By: Illinois Chapter

FINAL – PASSED June 10, Pages 258–271; and June 11, Pages 6–10

V-17 That the American Physical Therapy Association identify and develop resources that equip physical therapists and physical therapist assistants to negotiate successfully in establishing an agreed upon conceptual framework of productivity and performance that ensures the provision of quality physical therapy care with a report to the 2015 House of Delegates.

RC 17-14 ADOPT: PHYSICAL THERAPISTS AS QUALIFIED TO DETERMINE MOBILITY STATUS FOR PATIENTS AND CLIENTS APPLYING FOR DISABILITY PLACARDS, DISABILITY LICENSE PLATES, OR PARATRANSIT SERVICES – PACKET II

Required for Adoption: Majority Vote

Proposed By: Maryland Chapter

FINAL – PASSED UNANIMOUSLY June 11, Pages 76–80

V-19 That the following be adopted:

PHYSICAL THERAPISTS AS QUALIFIED TO DETERMINE MOBILITY STATUS FOR PATIENTS AND CLIENTS APPLYING FOR DISABILITY PLACARDS, DISABILITY LICENSE PLATES, OR PARATRANSIT SERVICES

The American Physical Therapy Association supports increased consumer access to mobility status certification. As movement experts, physical therapists should be included in state law among the health care professionals designated as able to determine the mobility status of a patient or client for the purposes of disability parking placards or license plates. In addition, transit authorities should include physical therapists among those able to determine eligibility for paratransit services.

RC 18-14 ADOPT: ENDORSEMENT OF INTERPROFESSIONAL EDUCATION COLLABORATIVE CORE COMPETENCIES – PACKET I

Required for Adoption: Majority Vote

Proposed By: Board of Directors

FINAL – PASSED [CONSENT AGENDA] June 10, Page 39

V-9 That the following be adopted:

ENDORSEMENT OF INTERPROFESSIONAL EDUCATION COLLABORATIVE CORE COMPETENCIES

(Note: The language in brackets is the only language open to amendment.)

[The American Physical Therapy Association (APTA) encourages team-based interprofessional education and collaborative practice by endorsing the 4 Interprofessional Education Collaborative (IPEC)* Core Competency1 domains]
and their respective general competency statement. APTA and its members will endeavor to integrate these IPEC core competencies into practice and education initiatives, where feasible:

- Competency 1: Values/Ethics for Interprofessional Practice: Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Competency 2: Roles/Responsibilities: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served.
- Competency 3: Interprofessional Communication: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- Competency 4: Teams and Teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

*As of the date of this position’s adoption, IPEC consists of the American Association of Colleges of Nursing (AACN), the American Association of Colleges of Osteopathic Medicine (AACOM), the American Association of Colleges of Pharmacy (AACP), the American Dental Education Association (ADEA), the Association of American Medical Colleges (AAMC), and the Association of Schools of Public Health (ASPH).


RC 19-14 ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION:
MIGUEL J. AXE, MD – PACKET I

Required for Adoption: 2/3 Vote to Adopt
Proposed By: Board of Directors

FINAL – PASSED UNANIMOUSLY
June 11, Pages 131–136

V-21 Whereas, Michael J. Axe, MD, has made significant contributions to the science and practice of physical therapy;

Whereas, Michael J. Axe, MD, participated as a pivotal member of the team of researchers that has advanced the rehabilitative care of people with ACL tears;

Whereas, Michael J. Axe, MD, has a greater than 20-year history of partnerships as an investigator for rehabilitation research, which has resulted in significant findings related to the care of a variety of patient populations, including those with knee osteoarthritis and total knee arthroplasty, and throwing injuries in baseball;

Whereas, Michael J. Axe, MD, has authored or coauthored over 60 peer-reviewed articles contributing to a better understanding of rehabilitation for musculoskeletal injuries and impairments across the lifespan, with over 80% of those papers coauthored with physical therapists; and,

Whereas, Michael J. Axe, MD, has been a friend to physical therapy and a mentor to physical therapist students, residents, clinicians, and researchers throughout his career, generously sharing his time and expertise;

Resolved, That Michael J. Axe, MD, be elected as an Honorary Member of the American Physical Therapy Association.
RC 20-14 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, ARTICLE VIII., HOUSE OF DELEGATES,
SECTION 4: NONVOTING DELEGATES – PACKET I

Required for Adoption:  Previous Notice, 2/3 Vote to Consider, 2/3 to Vote to Adopt

Proposed By:  Board of Directors

FINAL – PASSED  June 11, Pages 81–83

V-20  That Bylaws of the American Physical Therapy Association, Article VIII., House of Delegates, Section 4: Nonvoting Delegates, A. Qualifications of Nonvoting Delegates, (3), be amended by adding a paragraph, so that it would read:

ARTICLE VIII. HOUSE OF DELEGATES

Section 4: Nonvoting Delegates

The nonvoting delegates of the House of Delegates shall be the section delegates, PTA Caucus delegates, Student Assembly delegates, and the members of the Board of Directors.

A. Qualifications of Nonvoting Delegates

(3)  Student Assembly delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who have been association members in good standing for the 4 months immediately preceding the start of the House session may serve as Student Assembly delegates.

For the purposes of this subparagraph (3), members who have converted under Article XI, Section 3, from Student Physical Therapist to Physical Therapist or from Student Physical Therapist Assistant to Physical Therapist Assistant shall be deemed members of the Student Assembly until the close of the House of Delegates meeting immediately following the date of graduation and shall be eligible to serve as Student Assembly delegates during that period.

RC 21-14 EFFORTS TO CURB FRAUD, WASTE, AND ABUSE – PACKET II

Required for Adoption:  Majority Vote without Debate to Consider, Majority Vote to Adopt

Proposed By:  Massachusetts Chapter

FINAL – REFERRED TO APTA BOARD OF DIRECTORS  June 11, Pages 85–131

V-21  That RC 21-14 Efforts to Curb Fraud, Waste, and Abuse (see below), be referred to the Board of Directors for development of a position on the role and responsibility of physical therapists (PT) and physical therapist assistants (PTA) in reducing fraud, waste, and abuse in physical therapy. The position should include at least the following elements:

- Identification of the problem of fraud, waste, and abuse in the provision of physical therapy services.
- The role of the PT and PTA in becoming educated in both the intended and unintended consequences of fraud, waste, and abuse.
- The role of the PT and PTA in both reporting and reducing potential fraud, waste, and abuse in the provision of physical therapy services.

The position will be forwarded to the 2015 House of Delegates.

RC 21-14 EFFORTS TO CURB FRAUD, WASTE, AND ABUSE

That the American Physical Therapy Association (APTA) accelerate its commitment to efforts to curb the
incidence of fraud, waste, and abuse in the health care system. Actions shall include, but are not limited to, the following:

- Review APTA positions, standards, guidelines, policies, and procedures to clearly delineate the association’s positions on these issues, with a report to the 2015 House of Delegates.
- Implement the strategies in the APTA Integrity in Practice Campaign, including development of educational resources for physical therapist and physical therapist assistants, and students of physical therapy, and collaboration with the Federation of State Boards of Physical Therapy (FSBPT) and other internal and external stakeholders.
- Development of educational resources specific to fraud, waste, and abuse issues for physical therapist and physical therapist assistant academic programs and for members and non-members.*
- Evaluate the effectiveness of strategies APTA pursues to curb fraud, waste, and abuse within the profession.

*Note: the motion to delete these words was pending when the motion to refer RC 21-14 to the Board was moved and adopted.

RC 22-14 RESCIND: PHYSICAL THERAPIST RESPONSIBILITY AND ACCOUNTABILITY FOR DELIVERY OF CARE
(HOD P06-12-06-08) – PACKET II

Required for Adoption: Majority Vote without Debate to Consider, Majority Vote to Adopt

Proposed By: Board of Directors

FINAL – PASSED

June 10, Pages 126–133

V-10 That Physical Therapist Responsibility and Accountability for the Delivery of Care (HOD P06-12-06-08), be rescinded.

RC 23-14 USE OF APTA POSITIONS, STANDARDS, GUIDELINES, POLICIES, AND PROCEDURES – PACKET III

Required for Adoption: Majority Vote without Debate to Consider, Majority Vote to Adopt

Proposed By: Board of Directors

FINAL – PASSED

June 11, Pages 142–145

V-22 That the following be adopted:

USE OF APTA POSITIONS, STANDARDS, GUIDELINES, POLICIES, AND PROCEDURES

The American Physical Therapy Association (APTA) positions, standards, guidelines, policies, and procedures are intended to communicate best practice for physical therapist practice. Acknowledging that these APTA documents are and should be used to inform state practice acts, these documents are not intended to limit the development of innovative approaches to physical therapist practice in the evolving health care system.
The following election results were reported by Maureen “Reenie” Kavalar, PT, Chair, APTA Elections Committee:

**June 9, 2014**

**Board of Directors:**

**Treasurer (1 to be elected):**
Elmer Platz, PT (NJ) 392
Write-ins: 9

- Number Eligible to Vote: 404
- Number of Ballots Cast: n/a
- Number of Votes Cast: 401
- Number of Votes Necessary for Election: 202
- Number of Illegal Votes Cast: 0

**Speaker (1 to be elected):**
Susan R. Griffin, PT, DPT, MS, GCS, RP (WI) 247
William F. McGehee, PT, MHS (FL) 154
Write-ins: 0

- Number Eligible to Vote: 404
- Number of Ballots Cast: n/a
- Number of Votes Cast: 401
- Number of Votes Necessary for Election: 202
- Number of Illegal Votes Cast: 0

**Director (3 to be elected):**
Jeremy S. Angaran, PT, DPT, OCS (HI) 100
Susan A. Appling, PT, DPT, PhD, OCS (TN) 206
Jennifer E. Green-Wilson, PT, MBA, EdD (NY) 95
Matthew R. Hyland, PT, PhD, MPA (NY) 304
Kathleen K. Mairella, PT, DPT, MA (NJ) 234
Sheila K. Nicholson, PT, DPT, JD, MBA, MA (FL) 254

Write-ins: 5

- Number Eligible to Vote: 404
- Number of Ballots Cast: n/a
- Number of Votes Cast: 1,198
- Number of Illegal Votes Cast: 1

**Nominating Committee:**

**Nominating Committee (2 to be elected):**
Susan M. Chalcraft, PT, MS (WA) 196
Secili H. DeStefano, PT, DPT, OCS (VA) 334
Linda K. Eargle, PT, DPT, CEEAA, MinEd (FL) 230
Dode Jackson, PT (WA) 41
Write-in 0

- Number Eligible to Vote: 404
- Number of Ballots Cast: n/a
- Number of Votes Cast: 801
- Number of Illegal Votes Cast: 0
INSTALLATION OF NEW OFFICERS, DIRECTORS, AND NOMINATING COMMITTEE MEMBERS

The American Physical Therapy Association (APTA) Speaker of the House Shawne E. Soper, PT, DPT, MBA, installed the newly elected treasurer, speaker, and directors. The following pledge to the membership was made by Elmer Platz, PT (NJ); Susan R. Griffin, PT, DPT, MS, GCS, RP (WI); Matthew R. Hyland, PT, PhD, MPA (NY); Kathleen K. Mairella, PT, DPT, MA (NJ); and Sheila K. Nicholson, PT, DPT, JD, MBA, MA (FL):

“I, ..., having been elected to office in the American Physical Therapy Association, do agree to execute the duties of my office to the best of my abilities; to protect the rights and privileges of membership in the American Physical Therapy Association; to repay with full measure the trust and confidence placed in me; to abide by the House policy Integrity in Serving the Association; to demonstrate the Association Organizational Values of respecting differences, professionalism, integrity, honesty, excellence, innovation, collaboration, and accountability; and to assume these responsibilities at the close of the House of Delegates and to fulfill them during my entire term.”

APTA Speaker of the House Shawne E. Soper, PT, DPT, MBA, installed the newly elected members of the Nominating Committee. The following pledge to the membership was made by Secili H. DeStefano, PT, DPT, OCS (VA), and Linda K. Eargle, PT, DPT, CEEAA, MinEd (FL):

“I, ..., having been elected to the Nominating Committee of the American Physical Therapy Association do agree to execute the duties of my position to the best of my abilities; to abide by the House policy Integrity in Serving the Association; to demonstrate the Association Organizational Values of respecting differences, professionalism, integrity, honesty, excellence, innovation, collaboration, and accountability; to provide the membership with qualified candidates for office; and to assume these duties immediately and to fulfill them during my entire term of office.”

ADJOURNMENT

The 2014 House of Delegates session adjourned on Wednesday, June 11, 2014.

Laurita M. Hack, PT, DPT, PhD, MBA, FAPTA, APTA Secretary