

**IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES
PHYSICAL THERAPY LICENSURE BOARD**

24.13.01 – Rules Governing the Physical Therapy Licensure Board

Who does this rule apply to?

This rule applies to applicants, and license holders for:

- Physical Therapists
- Physical Therapist Assistants

What is the purpose of this rule?

This rule governs the practice of physical therapists in Idaho to protect the public health, safety, and welfare. This rule establishes:

- Minimum standards of competency and qualifications for applicants;
- Fees related to licensure;
- Continuing education for licensure;
- Supervision requirements;
- Requirements to practice dry needling; and
- Code of ethics and standards of practice

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

Professions, Vocations, and Businesses -

- [54-2201 through 54-2225, Idaho Code](#) – Practice of Physical Therapy

Who do I contact for more information on this rule?

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24.13.01 – RULES GOVERNING THE PHYSICAL THERAPY LICENSURE BOARD

000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-2206, Idaho Code. (3-28-23)

001. SCOPE.

These rules govern the practice of physical therapy in Idaho. (3-28-23)

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. Supportive Personnel. An individual, or individuals, who are neither a physical therapist or a physical therapist assistant, but who are employed by and/or trained under the direction of a licensed physical therapist to perform designated non-treatment patient related tasks and routine physical therapy tasks. (3-28-23)

02. Non-Treatment Patient Related Tasks. Actions and procedures related to patient care that do not involve direct patient treatment or direct personal supervision, but do require a level of supervision not less than general supervision, including, but not limited to: treatment area preparation and clean-up, equipment set-up, heat and cold pack preparation, preparation of a patient for treatment by a physical therapist or physical therapist assistant, transportation of patients to and from treatment, and assistance to a physical therapist or physical therapist assistant when such assistance is requested by a physical therapist or physical therapist assistant when safety and effective treatment would so require. (3-28-23)

03. Routine Physical Therapy Tasks. Actions and procedures within the scope of practice of physical therapy, which do not require the special skills or training of a physical therapist or physical therapist assistant, rendered directly to a patient by supportive personnel at the request of and under the direct personal supervision of a physical therapist or physical therapist assistant. (3-28-23)

04. Testing. (3-28-23)

a. Standard methods and techniques used in the practice of physical therapy to gather data about individuals including: (3-28-23)

i. Electrodiagnostic and electrophysiological measurements; (3-28-23)

ii. Assessment or evaluation of muscle strength, force, endurance and tone; (3-28-23)

iii. Reflexes; (3-28-23)

iv. Automatic reactions; (3-28-23)

v. Posture and body mechanics; (3-28-23)

vi. Movement skill and accuracy; (3-28-23)

vii. Joint range of motion and stability; (3-28-23)

viii. Sensation; (3-28-23)

ix. Perception; (3-28-23)

x. Peripheral nerve function integrity; (3-28-23)

xi. Locomotor skills; (3-28-23)

xii. Fit, function and comfort of prosthetic, orthotic, and other assistive devices; (3-28-23)

xiii. Limb volume, symmetry, length and circumference; (3-28-23)

xiv. Clinical evaluation of cardiac and respiratory status to include adequacy of pulses, noninvasive assessment of peripheral circulation, thoracic excursion, vital capacity, and breathing patterns; (3-28-23)

- xv. Vital signs such as pulse, respiratory rate, and blood pressure; (3-28-23)
- xvi. Activities of daily living; and the physical environment of the home and work place; and (3-28-23)
- xvii. Pain patterns, localization and modifying factors; and (3-28-23)
- xviii. Photosensitivity. (3-28-23)
- b.** Specifically excluded are the ordering of electromyographic study, electrocardiography, thermography, invasive vascular study, selective injection tests, or complex cardiac or respiratory function studies without consultation and direction of a physician. (3-28-23)
- 05. Functional Mobility Training.** Includes gait training, locomotion training, and posture training. (3-28-23)
- 06. Manual Therapy.** Skilled hand movements to mobilize or manipulate soft tissues and joints for the purpose of: (3-28-23)
- a.** Modulating pain, increasing range of motion, reducing or eliminating soft tissue swelling, inflammation or restriction; (3-28-23)
- b.** Inducing relaxation; (3-28-23)
- c.** Improving contractile and non-contractile tissue extensibility; and (3-28-23)
- d.** Improving pulmonary function. (3-28-23)
- 07. Physical Agents or Modalities.** Thermal, acoustic, radiant, mechanical, or electrical energy used to produce physiologic changes in tissues. (3-28-23)
- 08. General Supervision.** A physical therapist's availability at least by means of telecommunications, which does not require a physical therapist to be on the premises where physical therapy is being provided, for the direction of a physical therapist assistant. (3-28-23)
- 09. Direct Supervision.** A physical therapist's or physical therapist assistant's physical presence and availability to render direction in person and on the premises where physical therapy is being provided. (3-28-23)
- 10. Direct Personal Supervision.** A physical therapist's or physical therapist assistant's direct and continuous physical presence and availability to render direction, in person and on the premises where physical therapy is being provided. The physical therapist or physical therapist assistant must have direct contact with the patient during each session and assess patient response to delegated treatment. (3-28-23)
- 11. Supervising Physical Therapist.** A licensed physical therapist who developed and recorded the initial plan of care and/or who has maintained regular treatment sessions with a patient. Such physical therapist's designation of another licensed physical therapist if the physical therapist who developed and recorded the initial plan of care or maintained regular treatment sessions is not available to provide direction at least by means of telecommunications. (3-28-23)
- 12. Nationally Accredited School.** A school or course of physical therapy or physical therapist assistant with a curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) or an accrediting agency recognized by the U.S. Department of Education, the Council on Postsecondary Accreditation, or a successor entity, or both. (3-28-23)
- 13. Examination.** The examination is the National Physical Therapy Examination (NPTE) administered by Federation of State Boards of Physical Therapy. The examination may also include a jurisprudence examination adopted by the Board. (3-28-23)

011. -- 015. (RESERVED)

016. SUPERVISION.

A physical therapist shall supervise and be responsible for patient care given by physical therapist assistants, supportive personnel, physical therapy students, and physical therapist assistant students. (3-28-23)

01. Procedures and Interventions Performed Exclusively by Physical Therapist. The following procedures and interventions shall be performed exclusively by a physical therapist: (3-28-23)

- a.** Interpretation of a referral for physical therapy if a referral has been received. (3-28-23)
- b.** Performance of the initial patient evaluation and problem identification including a diagnosis for physical therapy and a prognosis for physical therapy. (3-28-23)
- c.** Development or modification of a treatment plan of care which is based on the initial evaluation and which includes long-term and short-term physical therapy treatment goals. (3-28-23)
- d.** Assessment of the competence of physical therapist assistants, physical therapy students, physical therapist assistant students, and supportive personnel to perform assigned procedures, interventions and routine tasks. (3-28-23)
- e.** Selection and delegation of appropriate portions of treatment procedures, interventions and routine physical therapy tasks to the physical therapist assistants, physical therapy students, physical therapist assistant students, and supportive personnel. (3-28-23)
- f.** Performance of a re-evaluation when any change in a patient's condition occurs that is not consistent with the physical therapy treatment plan of care, patient's anticipated progress, and physical therapy treatment goals. (3-28-23)
- g.** Performance and documentation of a discharge evaluation and summary of the physical therapy treatment plan. (3-28-23)
- h.** Performance of dry needling. (3-28-23)

02. Supervision of Physical Therapist Assistants. A physical therapist assistant must be supervised by a physical therapist by no less standard than general supervision. (3-28-23)

- a.** A physical therapist assistant must not change a procedure or intervention unless such change of procedure or intervention has been included within the treatment plan of care as set forth by a physical therapist. (3-28-23)
- b.** A physical therapist assistant may not continue to provide treatment as specified under a treatment plan of care if a patient's condition changes such that further treatment necessitates a change in the established treatment plan of care unless the physical therapist assistant has consulted with the supervising physical therapist prior to the patient's next appointment for physical therapy, and a re-evaluation is completed by the supervising physical therapist. (3-28-23)
- c.** The supervising physical therapist must provide direct personal contact with the patient and assess the plan of care on or before every ten (10) visits or once a week if treatment is performed more than once per day but no less often than once every sixty (60) days. The supervising therapist's assessment must be documented in the patient record. (3-28-23)
- d.** A physical therapist assistant may refuse to perform any procedure, intervention, or task delegated by a physical therapist when such procedure, intervention, or task is beyond the physical therapist assistant's skill level or scope of practice standards. (3-28-23)
- e.** A physical therapist is not required to co-sign any treatment related documents prepared by a

physical therapist assistant, unless required to do so in accordance with law, or by a third-party. (3-28-23)

03. Supervision of Supportive Personnel. Any routine physical therapy tasks performed by supportive personnel requires direct personal supervision. (3-28-23)

04. Supervision of Physical Therapy and Physical Therapist Assistant Students. Supervision of physical therapy students and physical therapist assistant students requires direct supervision. (3-28-23)

a. A physical therapy student is only supervised by the direct supervision of a physical therapist. (3-28-23)

b. A physical therapy student is required to sign all treatment notes with the designation “SPT” after their name, and all such signatures require the co-signature of the supervising physical therapist. (3-28-23)

c. A physical therapist assistant student is required to sign all treatment notes with the designation “SPTA” after their name, and all such signatures require the co-signature of the supervising physical therapist or supervising physical therapist assistant. (3-28-23)

05. Supervision Ratios. (3-28-23)

a. At any one time, the physical therapist may supervise up to a total of three supervised personnel, who are physical therapist assistants or supportive personnel. If the physical therapist is supervising the maximum of three supervised personnel at any one time, no more than two of the supervised personnel may be supportive personnel or physical therapist assistants. (3-28-23)

b. In addition to the supervised personnel authorized in a. of this subsection, the physical therapist may supervise two persons engaging in direct patient care who are pursuing a course of study leading to a degree as a physical therapist or a physical therapist assistant. (3-28-23)

017. -- 174. (RESERVED)

175. REQUIREMENTS FOR LICENSURE.

An individual shall be entitled to a license upon the submission of proof and approval that the individual has successfully passed the NPTE with a scaled score of at least six hundred (600) and the jurisprudence examination with a score of at least seventy-five percent (75%). Foreign educated individuals whose native language is not English must submit proof of successfully passing one (1) of the following English proficiency exams: (3-28-23)

01. Test of English as a Foreign Language (TOEFL). Minimum passing scores of two hundred twenty (220) for computer test and five hundred sixty (560) for paper test; (3-28-23)

02. Test of English as a Foreign Language – Internet-Based Test (TOEFL IBT). Minimum passing scores of twenty-four (24) in writing; twenty-six (26) in speaking, twenty-one (21) in reading, and eighteen (18) in listening; or (3-28-23)

03. Alternative Exams. as otherwise approved by the Board. (3-28-23)

176. INACTIVE STATUS.

01. Request for Inactive Status. Licensees requesting an inactive status during the renewal of their active license must submit a written request and pay the established fee. (3-28-23)

02. Continuing Education. All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing in Idaho. (3-28-23)

03. Reinstatement to Full Licensure from Inactive Status.

a. Return to Active Status of License - Inactive for Five (5) or Fewer Years. An inactive license holder

whose license has been inactive for five (5) or fewer years may convert from inactive to active license status by: (3-28-23)

i. Providing documentation to the Board showing successful completion within the previous twelve (12) months of the following continuing education requirements: (3-28-23)

(1). Licenses inactive for three (3) years or less, one (1) year of continuing education; or (3-28-23)

(2). Licenses inactive for more than three (3) years, two (2) years of continuing education; and (3-28-23)

ii. Paying the appropriate fee. (3-28-23)

b. Return to Active Status of License - Inactive for Greater than Five (5) Years. An inactive license holder whose license has been inactive for greater than five (5) years may convert from inactive to active license status by: (3-28-23)

i. Providing documentation to the Board showing successful completion within the previous twelve (12) months of two (2) years of continuing education requirements; and (3-28-23)

ii. Providing proof that the licensee has actively engaged in the practice of physical therapy in another state or territory of the United States for at least three (3) of the immediately preceding five (5) years, or provide proof that the licensee is competent to practice in Idaho. (3-28-23)

iii. The Board may consider the following factors when determining proof of competency: (3-28-23)

(1). Number of years of practice prior to transfer from active status; (3-28-23)

(2). Employment in a field similar to physical therapy; and (3-28-23)

(3). Any other factors the Board deems appropriate. (3-28-23)

177. -- 179. (RESERVED)

180. DRY NEEDLING CERTIFICATION.

The Board may grant certification for dry needling to a physical therapist who completes an application, pays the applicable fees, and meets the following requirements: (3-28-23)

01. Training and Education. At least one (1) year of practice as a licensed physical therapist and successful completion of a Board approved course that is a minimum of twenty-seven (27) hours of in-person instruction of which no less than sixteen (16) hours must be hands-on application of dry needling techniques by the physical therapist. (3-28-23)

02. Course Approval. The Board will review course curriculum, including a course syllabus, prior to approval. The course must: (3-28-23)

a. Be taught by a qualified instructor as shown by education and experience; (3-28-23)

b. Include instruction and training on indications/contraindications for dry needling, safe needling technique, and blood borne pathogens; (3-28-23)

c. Require successful completion of an assessment of proficiency in dry needling, which includes a practical demonstration of the physical therapist's dry needling skills. (3-28-23)

03. Course Completion. Completion of this education and training may have occurred prior to the effective date of these rules. (3-28-23)

181. DRY NEEDLING RECERTIFICATION.

01. Issuance. Dry needling certification shall be issued every three (3) years by timely submission of a physical therapy license renewal application, payment of the physical therapy license renewal fee, the dry needling certification fee, and payment of fines, costs, fees or other amounts that are due and owing to the Board or in compliance with a payment arrangement with the Board, and verifying to the Board that the licensee is in compliance with the requirements for dry needling certification as provided in the Board’s laws and rules. (3-28-23)

02. Expiration Date. Physical Therapists dry needling certification expires on the expiration date of their physical therapy license and must be issued every three (3) years. Proof of completion of a minimum of twenty-seven (27) hours of in-person instruction of which no less than sixteen (16) hours must be hands-on application of dry needling techniques by the physical therapist, must be provided for renewal of their license. The Board must waive the dry needling certification fee in conjunction with the first timely renewal of the physical therapy license after initial dry needling certification. (3-28-23)

03. Failure to Comply with Issuance Requirements.

a. If a licensee with dry needling certification fails to verify meeting dry needling issuance requirements when renewing their physical therapy license, the dry needling certification is canceled and the physical therapy license will be renewed without dry needling certification. (3-28-23)

b. If a licensee with dry needling certification fails to timely renew their physical therapy license, their dry needling certification is canceled. (3-28-23)

182. -- 199. (RESERVED)

200. FEES.

All fees are non-refundable.

FEE TYPE	AMOUNT (Not to Exceed)	RENEWAL (Not to Exceed)
Physical Therapist License	\$25	\$25
Physical Therapist Assistant License	\$20	\$20
Examination	Established by examination entity plus an administrative fee not to exceed \$20	
Reinstatement	As provided in Section 67-2614, Idaho Code	
Application	\$25	
Dry Needling Certification	\$25	\$25
Physical Therapist Inactive	\$15	\$15
Physical Therapist Assistant Inactive	\$10	\$10
Inactive to Active License	The difference between the inactive fee and active license renewal fee	

(3-28-23)

201. -- 249. (RESERVED)

250. CONTINUING EDUCATION REQUIREMENT.

01. Renewal of License. Every person holding a license issued by the Board must annually complete

sixteen (16) contact hours of continuing education prior to license renewal. (3-28-23)

02. Reinstatement of License. Any license canceled for failure to renew may be reinstated in accordance with Section 67-2614, Idaho Code, with the exception that the applicant must submit proof of having met the following continuing education requirements: (3-28-23)

a. For licenses expired for three (3) years or less, one (1) year of continuing education; or (3-28-23)

b. For licenses expired for more than three (3) years, two (2) years of continuing education; (3-28-23)

03. Contact Hours. The contact hours of continuing education must be obtained in areas of study germane to the practice for which the license is issued as approved by the board. (3-28-23)

04. Documentation of Attendance. The applicant must provide documentation verifying attendance by securing authorized signatures or other documentation from the course instructors, providers, or sponsoring institution substantiating any hours attended by the licensee. This documentation must be maintained by the licensee and provided to the board upon request by the board or its agent. (3-28-23)

05. Excess Hours. Continuing education hours accumulated during the twelve (12) months immediately preceding the license expiration date may be applied toward meeting the continuing education requirement for the next license renewal. Hours in excess of the required hours may be carried forward. Excess hours may be used only during the next renewal period and may not be carried forward more than one (1) time. (3-28-23)

06. Compliance Audit. The board may conduct random continuing education audits of those persons required to obtain continuing education in order to renew a license and require that proof acceptable to the board of meeting the continuing education requirement be submitted to the Division. Failure to provide proof of meeting the continuing education upon request of the board are grounds for disciplinary action. (3-28-23)

07. Special Exemption. The board has authority to make exceptions for reasons of individual hardship, including health or other good cause. The licensee must provide any information requested by the board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the board. (3-28-23)

08. Continuing Education Credit Hours. Hours of continuing education credit may be obtained by attending and participating in a continuing education activity approved by the Board. (3-28-23)

a. General Criteria. A continuing education activity which meets all of the following criteria is appropriate for continuing education credit: (3-28-23)

i. Constitutes an organized program of learning which contributes directly to the professional competency of the licensee; (3-28-23)

ii. Pertains to subject matters integrally related and germane to the practice of the profession; (3-28-23)

iii. Conducted by individuals who have specialized education, training and experience to be considered qualified to present the subject matter of the program. The Board may request documentation of the qualifications of presenters; (3-28-23)

iv. Application for Board approval is accompanied by a paper, manual or outline which describes the specific offering and includes the program schedule, goals and objectives; and (3-28-23)

v. Provides proof of attendance to licensees in attendance including: Date, location, course title, presenter(s); Number of program contact hours (One (1) contact hour equals one (1) hour of continuing education credit.); and the official signature or verification of the program sponsor. (3-28-23)

b. Specific Criteria. Continuing education hours of credit may be obtained by: (3-28-23)

- i. Presenting professional programs which meet the criteria listed in these rules. Two (2) hours of credit will be awarded for each hour of presentation by the licensee. A course schedule or brochure must be maintained for audit; (3-28-23)
- ii. Providing official transcripts indicating successful completion of academic courses which apply to the field of physical therapy in order to receive the following continuing education credits: (3-28-23)
 - (1) One (1) academic semester hour = fifteen (15) continuing education hours of credit; (3-28-23)
 - (2) One (1) academic trimester hour = twelve (12) continuing education hours of credit; (3-28-23)
 - (3) One (1) academic quarter hour = ten (10) continuing education hours of credit. (3-28-23)
- iii. Attending workshops, conferences, symposiums or electronically transmitted, live interactive conferences which relate directly to the professional competency of the licensee; (3-28-23)
- iv. Authoring research or other activities that are published in a recognized professional publication. The licensee will receive five (5) hours of credit per page; (3-28-23)
- v. Viewing videotaped presentations if the following criteria are met: (3-28-23)
 - (1) There is a sponsoring group or agency; (3-28-23)
 - (2) There is a facilitator or program official present; (3-28-23)
 - (3) The program official may not be the only attendee; and (3-28-23)
 - (4) The program meets all the criteria specified in these rules; (3-28-23)
- vi. Participating in home study courses that have a certificate of completion; (3-28-23)
- vii. Participating in courses that have business-related topics: marketing, time management, government regulations, and other like topics; (3-28-23)
- viii. Participating in courses that have personal skills topics: career burnout, communication skills, human relations, and other like topics; (3-28-23)
- ix. Participating in courses that have general health topics: clinical research, CPR, child abuse reporting, and other like topics; (3-28-23)
- x. Supervision of a physical therapist student or physical therapist assistant student in an accredited college program. The licensee will receive four (4) hours of credit per year; and (3-28-23)
- xi. Completion and awarding of Board Certification or recertification by American Board of Physical Therapy Specialists (ABPTS). The licensee will receive sixteen (16) hours for the year the certification or recertification was received. (3-28-23)

09. Course Approval. Courses of study relevant to physical therapy and sponsored or provided by the American Physical Therapy Association (APTA) or any of its sections or local chapters; CAPTE; the National Athletic Trainers Association; an accredited, or candidate for accreditation, college or university; or otherwise approved by the Board. (3-28-23)

10. Submitting False Reports or Failure to Comply. The Board may condition, limit, suspend, or refuse to renew the license of any individual whom the Board determines submitted a false report of continuing education or failed to comply with the continuing education requirements. (3-28-23)

251. -- 274. (RESERVED)

275. DISCIPLINARY PENALTY.

01. Disciplinary Procedures. The disciplinary procedures of the Division are the disciplinary procedures of the Board. (3-28-23)

02. Civil Fine. The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) for each violation upon anyone licensed under Title 54, Chapter 22, Idaho Code who is found by the Board to be in violation of Section 54-2219, Idaho Code. (3-28-23)

276. -- 299. (RESERVED)

300. CODE OF ETHICS.

Physical therapists and physical therapist assistants are responsible for maintaining and promoting ethical practice in accordance with the ethical principles set forth in Appendix A and Appendix B to these rules. (3-28-23)

301. -- 999. (RESERVED)

Appendix A - Physical Therapist Code Of Ethics

Preamble

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

Principle 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

Principle 2

A physical therapist shall act in a trustworthy manner toward patients/clients and in all other aspects of physical therapy practice.

Principle 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

Principle 4

A physical therapist shall exercise sound professional judgment.

Principle 5

A physical therapist shall achieve and maintain professional competence.

Principle 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

Principle 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

Principle 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

Principle 9

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

Principle 10

A physical therapist shall endeavor to address the health needs of society.

Principle 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

APPENDIX B - PHYSICAL THERAPIST ASSISTANT CODE OF ETHICS

Preamble

This document of the American Physical Therapy Association sets forth standards for the ethical conduct of the physical therapist assistant. All physical therapist assistants are responsible for maintaining high standards of conduct while assisting physical therapists. The physical therapist assistant shall act in the best interest of the patient/client. These standards of conduct shall be binding on all physical therapist assistants.

Standard 1

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

Standard 2

A physical therapist assistant shall act in a trustworthy manner toward patients/clients.

Standard 3

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

Standard 4

A physical therapy assistant shall comply with laws and regulations governing physical therapy.

Standard 5

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

Standard 6

A physical therapist assistant shall make judgments that are commensurate with his or her educational and legal qualifications as a physical therapist assistant.

Standard 7

A physical therapist assistant shall protect the public and the profession from unethical, incompetent, and illegal acts.