TITLE 172 - PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 137 - LICENSURE OF PHYSICAL THERAPY

001. SCOPE AND AUTHORITY. These regulations govern the licensure of physical therapists and physical therapist assistants under Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-2901 to 38-2929 of the Physical Therapy Practice Act and the Uniform Credentialing Act (UCA).

002. DEFINITIONS. Definitions are set out in the Physical Therapy Practice Act, the Uniform Credentialing Act, 172 Nebraska Administrative Code (NAC) 10, and this chapter.

002.01 ADEQUATE PATIENT RECORDS. Legible records that contain at a minimum:

(A) Sufficient information to identify the patient;

(B) An evaluation of objective findings;

(C) A diagnosis;

(D) A plan of care;

(E) A treatment record; and

(F) A discharge plan.

002.02 APPROVED EDUCATION PROGRAM. A program for the education and training of physical therapists or physical therapist assistants accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association or by equivalent standards established by the Board.

002.03 AUDIT. The selection of licensees or certificate holders for verification of satisfactory completion of continuing competency requirements during a specified time period.

002.04 CERTIFICATION EXAMINATION. The National Physical Therapist Assistant Examination and Jurisprudence (NE LAW) Examination approved by the Department upon the recommendation of the Board.

002.05 CONTINUING COMPETENCY ACTIVITIES. Continuing competency activities are those appropriate learning experiences physical therapists and physical therapist assistants undertake to expand their scope of knowledge beyond the initial preparation for the profession of physical therapy.

002.06 HOUR. As it relates to continuing education, an hour is at least 60 minutes of participation in an organized learning experience otherwise known as a “contact hour.”

(A) 1 academic semester hour is equal to 15 contact hours. An approved 3 credit hour course provides 45 contact hours of continuing education credit; and

(B) 1 academic quarter hour is equal to 10 contact hours. An approved 3 credit hour course provides 30 contact hours of continuing education credit.

002.07 INTERVENTION. A therapeutic procedure defined by the Current Procedural Terminology (CPT) manual of the American Medical Association.

002.08 JURISPRUDENCE (NE LAW) EXAMINATION. The Nebraska Physical Therapy Law Examination covering the laws governing the practice of physical therapy in Nebraska. This examination covers the regulations relating to the licensure of physical therapy, 172 NAC 137; the Physical Therapy Practice Act, Neb. Rev. Stat. §§ 38-2901 to 38-2929; the regulations relating to the Uniform Credentialing Act, 172 NAC 10; the Uniform Credentialing Act, Neb. Rev. Stat. §§ 38-101 to 38-1,142; and the statutes relating to medical records, Neb. Rev. Stat. §§ 71-8401 to 71-8407.

002.09 LICENSURE EXAMINATION. The National Physical Therapist Examination and Jurisprudence (NE LAW) Examination approved by the Department on the recommendation of the Board.

002.10 PLAN OF CARE. A plan of therapeutic intervention utilizing current standards of care.

002.11 PRACTICE SITE. The location where the physical therapist provides physical therapy services.

002.12 SATELLITE OFFICE. A practice site operating without the presence of a physical therapist.

002.13 SEMESTER CREDIT HOUR. A semester credit hour must include at a minimum:

(A) 15 hours of lecture;

(B) 30 hours of laboratory; or

(C) 48 hours of clinical education.

002.14 SUPERVISORY VISIT. An on-site visit by the supervising physical therapist in consultation with the physical therapist assistant. The on-site visit may occur in any clinical setting where the supervising physical therapist renders patient care.

002.15 TELECOMMUNICATIONS. Telecommunications includes a phone, pager, video teleconference or any similar teleconferencing that will allow immediate response time.

003. LICENSE REQUIREMENTS FOR A PHYSICAL THERAPIST. To obtain a license as a physical therapist, an individual must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the licensing requirements of Neb. Rev. Stat. §§ 38-2901-38-2929, 172 NAC 10, and this chapter.

003.01 DOCUMENTATION. The following documentation must be provided to the Department.

003.01(A) EDUCATION. Submit an official transcript sent directly from the issuing institution, verifying completion of an approved physical therapist educational program.

003.01(B) EXAMINATION. Submit proof of passing the licensure examination with a scaled score that is greater than or equal to 600 on the National Physical Therapist Examination and pass the Jurisprudence (NE LAW) Examination with a scaled score that is greater than or equal to 600.

003.01(C) LICENSED IN ANOTHER JURISDICTION CURRENTLY PRACTICING. Applicants must meet requirements outlined in 172 NAC 10 and in 172 NAC 137-003.01(A) and 172 NAC 137-003.01(B).

003.01(D) LICENSED IN ANOTHER JURISDICTION AND HAS NOT PRACTICED WITHIN THE 3 YEARS PRECEDING THE APPLICATION. Applicants must meet requirements outlined in 172 NAC 10 and in 172 NAC 137-003.01(A) and 172 NAC 137-003.01(B) and must provide documentation of obtaining 50 hours of acceptable continuing education for a physical therapist within the 3 years immediately preceding the date of application.

003.01(E) PASSED LICENSURE EXAMINATION BUT NOT PRACTICING. Applicants that have met the license requirements outlined in 172 NAC 10, 172 NAC 137-003.01(A) and 172 NAC 137-003.01(B), who passed the licensure examination more than 3 years prior to the time of application must provide documentation of obtaining 50 hours of acceptable continuing education for a physical therapist within the 3 years immediately preceding the date of application.

004. LICENSE REQUIREMENTS FOR A PHYSICAL THERAPIST BASED ON TRAINING IN A FOREIGN COUNTRY. To obtain a license based on training as a physical therapist in a foreign country, applicants must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the licensing requirements of Neb. Rev. Stat. §§ 38-2901 – 38-2929, 172 NAC 10, and this chapter.

004.01 DOCUMENTATION. The following documentation must be provided to the Department.

004.01(A) EDUCATION. An applicant who graduates from a physical therapy education program located outside of the United States must

show that the education program is substantially equivalent to an approved physical therapy program. The applicant must provide:

(1) An official transcript that shows graduation from a physical therapy education program that prepares the applicant to engage without restriction in the practice of physical therapy;

(2) Documentation that shows that the applicant's school of physical therapy is recognized by its own ministry of education or other appropriate recognition agency recommended by the Board and approved by the Department;

(3) Documentation that shows completion of a credential evaluation through the Foreign Credentialing Commission on Physical Therapy (FCCPT), the Commission on Graduates of Foreign Nursing Schools (CGFNS) or other similar credential review agency that uses the Federation of State Boards of Physical Therapy Coursework Tool approved by the Board that determines that the applicant has met uniform criteria for educational requirements sent directly to the Department from the evaluating agency;

(a) Applicants that do not hold a license in another jurisdiction of the United States, must have completed the most current Coursework Tool evaluation; and

(b) Applicants that hold a license in another jurisdiction of the United States and who are actively practicing, must have completed the Coursework Tool evaluation based on graduation date or more recent, and

(4) Documentation of proficiency of the English language by obtaining the following:

(a) Test of English as a Foreign Language (TOEFL) internet based test (IBT) total minimum score of 89 which includes: Reading with a minimum score of 21; Listening with a minimum score of 18; Writing with a minimum score of 24; and Speaking with a minimum score of 26; or

(b) Hold an official United States Citizenship and Immigration Services' Health Care Worker Certification issued no more than five years immediately preceding the date of the application by the Foreign Credentialing Commission of Physical Therapy (FCCPT) or Commission on Graduates of Foreign Nursing Schools (CGFNS); or

(c) Applicants of physical therapy programs from Australia, Canada, with the exception of Quebec, Ireland, New Zealand, the United Kingdom, and the United States are deemed to be proficient in the English language.

004.01(A)(i) SUBSTANTIAL EQUIVALENCY. Graduation outside the United States from an approved education program as defined in this chapter constitutes evidence of substantial equivalency.

004.01(B) EXAMINATION. Documentation of passing the licensure examination sent directly to the Department by the examining entity.

005. CERTIFICATION REQUIREMENTS FOR A PHYSICAL THERAPIST ASSISTANT. To obtain a certification, applicants must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the certification requirements of Neb. Rev. Stat. §§ 38-2901 – 39-2929, 172 NAC 10, and this chapter.

005.01 DOCUMENTATION. The following documentation must be provided to the Department:

005.01(A) EDUCATION. Submit an official transcript, sent directly from the issuing institution, verifying completion of an approved physical therapist assistant educational program.

005.01(B) EXAMINATION. Documentation of passing the certification examination with a scaled score that is greater than or equal to 600 on the National Physical Therapist Assistant Examination; and documentation of passing the Jurisprudence (NE LAW) Examination with a scaled score that is greater than or equal to 600.

005.01(C) CREDENTIALED IN ANOTHER JURISDICTION AND CURRENTLY PRACTICING. Applicants must meet requirements for a credential as outlined in 172 NAC 10, 172 NAC 137-005.01(A) and 172 NAC 137-005.01(B).

005.01(D) CREDENTIALED IN ANOTHER JURISDICTION AND HAS NOT PRACTICED WITHIN THE 3 YEARS PRECEDING THE APPLICATION. Applicants must meet requirements for a credential as outlined in 172 NAC 10, 172 NAC 137-005.01(A) and 172 NAC 137-005.01(B) and must provide documentation of obtaining 15 hours of acceptable continuing education for a physical therapist assistant within the 3 years immediately preceding the date of application.

005.01(E) PASSED THE CERTIFICATION EXAMINATION MORE THAN 3 YEARS AGO BUT NOT PRACTICING. Applicants that have met the credentialing requirements outlined in 172 NAC 10, 172 NAC 137-005.01(A) and 172 NAC 137-005.01(B), who passed the certification examination more than 3 years prior to the time of application must provide documentation of obtaining 15 hours of acceptable continuing education for a physical therapist assistant within the 3 years immediately preceding the date of application.

006. FINE-WIRE ELECTROMYOGRAPHY OR DRY NEEDLING. A physical therapist who wishes to perform tissue penetration for the purpose of fine-wire electromyography or dry needling must meet one of the following requirements:

(A) Completion of a pre-service or in-service training. The pre-service or in-service training must include:

(i) Pertinent anatomy and physiology;

(ii) Choice and operation of equipment;

(iii) Knowledge of test indications;

(iv) Proper technique of tissue penetration;

(v) Sterile methods, hazards, and complications;

(vi) Post-test care;

(vii) Knowledge in test interpretation; and

(viii) For the purposes of fine-wire electromyography, documentation of 10 kinesiology electromyography examinations in an educational environment or, for the purposes of dry-needling, tissue palpation; or

(B) Authorization from another state to perform fine-wire electromyography or dry-needling with substantially equivalent requirements; or

(C) For the purpose of fine-wire electromyography, certification from the American Board of Physical Therapy Specialties in the area of Clinical Electrophysiology.

007. REQUIREMENTS TO PERFORM PHYSICAL THERAPY SERVICES AS A CERTIFIED PHYSICAL THERAPIST ASSISTANT. A physical therapist assistant may perform physical therapy services under supervision by a licensed physical therapist under the following conditions.

007.01 GENERAL SUPERVISION. A physical therapist assistant being directed to perform physical therapy services:

(A) Must notify the supervising physical therapist of any change from routine responses that occur during or prior to treatment warranting a reevaluation of or a change in the patient treatment plan;

(B) May document physical therapy services provided by the physical therapist assistant without the signature of the supervising physical therapist;

(C) May act as a clinical instructor for physical therapist assistant students in an approved educational program; and

(D) May assign the supervision of the physical therapist assistant student to another physical therapist assistant or physical therapist during the scheduled or non-scheduled periods of absence from the clinical setting.

007.02 PHYSICAL THERAPIST ASSISTANT STUDENT. All patient care services delivered by a physical therapist assistant student, working under the clinical instruction of a physical therapist assistant must be rendered under the direct supervision of a supervising physical therapist or physical therapist assistant.

007.03 PROHIBITED SERVICES. Prohibited services can be found in Neb. Rev. Stat. § 38-2927(1).

008. REQUIREMENTS FOR SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS. A physical therapist supervising a physical therapist assistant must meet the following requirements of supervision:

(A) A physical therapist may provide general supervision for no more than 2 physical therapist assistants at any point in time during the physical therapist's work day;

(B) All physical therapy services performed by a physical therapist assistant under the general supervision of a supervising physical therapist:

(i) All telecommunications must be documented in the medical records of patients under care of the supervising physical therapist; and

(ii) When the supervising physical therapist is unavailable, they must transfer responsibility of all patient care to another qualified physical therapist who will assume responsibility for all patient care including those being rendered by the physical therapist assistant under general supervision; and

(C) The supervising physical therapist maintains primary responsibility for all patient care services including those rendered by a physical therapist assistant under general supervision;

(D) A supervising physical therapist must re-evaluate or re-examine each patient and the plan of care of the patient receiving physical therapy services from a physical therapist assistant a minimum of least 1 time every 30 calendar days under general supervision. More frequent re-evaluations or re-examinations by the supervising physical therapist may be warranted, dependent upon the following parameters:

(i) Patient complexity and acuity;

(ii) Upon request by the physical therapist assistant;

(iii) When a change in treatment plan is warranted;

(iv) Any significant change in the medical status of the patient; and

(v) Upon request by the patient; and

(E) The supervising physical therapist must provide final documentation for discharge of patient care being rendered by a physical therapist assistant under general supervision, including patient response to treatment at the time of discharge; and

(F) The physical therapist assistant may participate in the discharge process for patient care by providing subjective and objective patient information to the supervising physical therapist.

008.01 GENERAL SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT IN SATELLITE CLINICS. A physical therapist may supervise a physical therapist assistant in a satellite clinic under general supervision. Satellite clinics include but are not limited to:

(1) Rehabilitation facilities;

(2) Acute care facilities;

(3) Skilled nursing facilities;

(4) Nursing homes;

(5) Schools-based settings;

(6) Outpatient clinics;

(7) Home health; and

(8) Client preventative facilities.

008.01(A) SUPERVISION OF A PHYSICAL THERAPIST ASSISTANT IN A SATELLITE CLINIC. When a physical therapist assistant is rendering physical therapy services in a satellite clinic, the following requirements apply as well as 172 NAC 137-009, items 1-6:

(i) A supervisory visit with the physical therapist will be made every 30 days or at a higher frequency if warranted. More frequent re-evaluations or re-examinations by the supervising physical therapist may be warranted, dependent upon the following parameters:

(1) Patient complexity and acuity;

(2) Upon request by the physical therapist assistant;

(3) When a change in treatment plan is warranted;

(4) Any significant change in the medical status of the patient; and

(5) Upon request by the patient; and

(ii) A supervisory visit as defined in 172 NAC 137-002 may occur in any clinical setting where the supervising physical therapist renders patient care. The on-site visit must include:

(1) Direct patient contact for the purpose of reevaluation or re-examination of patient status;

(2) A review of the plan of care with revision and or termination of treatment as warranted; and

(3) A re-assessment for utilization of outside resources for physical therapy services; and

(iii) The supervising physical therapist must provide final documentation for discharge of patient care being rendered by a physical therapist assistant in a satellite clinic under general supervision, including patient response to treatment at the time of discharge. The physical therapist assistant may participate in the discharge process for patient care by providing subjective and objective patient information to the supervising physical therapist; and

(iv) A physical therapist is not authorized to establish a satellite clinic for the purpose of rendering physical therapy services staffed solely by a physical therapist assistant.

008.02 REQUIREMENTS FOR THE ASSIGNMENT OF SERVICES TO PHYSICAL THERAPIST ASSISTANTS. It is the responsibility of the supervising physical therapist to determine which tasks require the clinical reasoning expertise of the physical therapist and which tasks can be safely assigned to the physical therapist assistant under general supervision.

008.02(A) ASSIGNMENT OF SERVICES, PATIENT OR CLIENT MANAGEMENT. Assignment of services related to patient or client management is dependent upon the clinical practice setting in addition to patient complexity and acuity. Clinical practice settings include but are not limited to:

(i) Rehabilitation facilities;

(ii) Acute care facilities;

(iii) Skilled nursing facilities;

(iv) Nursing homes;

(v) School-based settings;

(vi) Out-patient clinics;

(vii) Home health;

(viii) Industrial rehabilitation facilities; and

(ix) Client preventative services.

008.02(B) ASSIGNMENT OF PATIENT OR CLIENT SERVICES TO A PHYSICAL THERAPIST ASSISTANT. Patient complexity and acuity must also be considered when a physical therapist assigns patient or client services to a physical therapist assistant. The supervising physical therapist must exercise professional judgment when determining what services can or cannot be assigned to the physical therapist assistant.

008.02(B)(i) FACTORS IN DIRECT PATIENT CARE. The following factors inherent in direct patient care must be considered by the supervising physical therapist when assigning services, and must be commensurate with the education, training, and experience of the physical therapist assistant under general supervision. These factors apply to all clinical settings where physical therapy services are rendered by a physical therapist assistant under general supervision:

(1) Predictability of action - How confident is the physical therapist assistant in predicting consequences of action related to patient care?

(2) Stability of the environment - How confident is the physical therapist assistant in clinical problem solving issues related to change in patient status?

(3) Observability of patient status – How easy is it to observe or perceive relevant clinical indicators of patient status?

(4) Ambiguity of patient status – How difficult is it to interpret phenomena related to change in relevant clinical indicators? and

(5) Criticality of patient treatment – What consequences exist for a poor choice in patient intervention?

008.03 RESPONSIBILITY OF THE SUPERVISING PHYSICAL THERAPIST. For each patient under their care, a physical therapist must:

(A) Be responsible for managing all aspects of physical therapy services provided to the patient and assume legal liability for physical therapy and related services provided under their supervision;

(B) Provide initial evaluation and documentation of the evaluation;

(C) Provide periodic reevaluation and documentation of the reevaluation;

(D) Provide documentation for discharge, including the patient's response to therapeutic intervention at the time of discharge;

(E) Be responsible for accurate documentation and billing for services provided; and

(F) On each date physical therapy services are provided to a patient, a physical therapist must:

(i) Provide all therapeutic interventions that require the expertise of a physical therapist for example, sharp wound debridement and high velocity low amplitude manual therapy techniques; and

(ii) Determine the appropriate use of physical therapist assistants or physical therapy aides.

009. USE OF PHYSICAL THERAPY AIDES. A physical therapy aide trained under the direction of a physical therapist may perform non-treatment and treatment related tasks under the supervision of a physical therapist or a physical therapist assistant as specified below.

009.01 NON-TREATMENT RELATED TASKS - GENERAL SUPERVISION. Under the general supervision of a physical therapist or physical therapy assistant, a physical therapy aide may perform non-treatment related tasks under general supervision including clerical, housekeeping, facility maintenance or patient transportation services related to the practice of physical therapy such as:

(A) Transporting patients;

(B) Assisting a patient in preparation for treatment;

(C) Removing and applying assistive and supportive devices; and

(D) Other non-treatment related tasks.

009.02 TREATMENT RELATED TASKS - DIRECT SUPERVISION. Under the direct supervision of a physical therapist or physical therapist assistant, a physical therapy aide may assist the physical therapist or physical therapist assistant with treatment related tasks. An aide may perform treatment related tasks when treatment is initiated by a physical therapist or physical therapist assistant and only under direct supervision. A physical therapy aide:

(A) Must not solely provide an intervention;

(B) Must receive training from a physical therapist for all treatment related tasks that the aide will perform;

(C) Must receive supervision, orders, and directions only from a physical therapist or physical therapist assistant; and

(D) Must be knowledgeable of the preparation of equipment and accessories and all other operational activities relevant to equipment and accessories necessary for treatment.

010. RENEWAL, WAIVER OF CONTINUING EDUCATION, AND INACTIVE STATUS. The applicant must meet the requirements set out in 172 NAC 10 and this chapter. All physical therapist and physical therapist assistant licenses expire on November 1st of each odd-numbered year.

011. CONTINUING EDUCATION. On or before November 1 of each odd-numbered year, individuals holding an active license in the State of Nebraska must complete at least 20 hours of acceptable continuing education for a physical therapist and 10 hours of acceptable continuing education for a physical therapist assistant during the preceding 24-month period.

011.01 ACCEPTABLE SUBJECT MATTER. The Board does not approve continuing education programs or activities. In order for a continuing education activity or program to be accepted for renewal or reinstatement of a license, the activity or program must relate to physical therapy and may focus on research, treatment, documentation, management, or education.

011.02 CONTINUING EDUCATION HOUR CALCULATIONS. 1 hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks or meals. The following provides the hour calculations for acceptable continuing education.

011.02(A) STATE AND NATIONAL MEETINGS. Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of physical therapy.

011.02(B) FORMAL EDUCATION COURSES. The courses or presentations must be formally organized and planned instructional experiences in which the instructor has specialized experience or training to meet the objectives of the course and which have:

(i) A date;

(ii) Location;

(iii) Course title;

(iv) Number of contact hours;

(v) A signed certificate of attendance; and

(vi) Are open to all licensees and certificate holders.

011.02(C) HOME STUDY. The home study program must have a testing mechanism. A licensee or certificate holder may complete a maximum of 10 hours of continuing education by home study each 24-month

renewal period.

011.02(D) MANAGEMENT COURSES. A licensee or certificate holder may complete a maximum of 4 hours of continuing education utilizing management courses each 24-month renewal period.

011.02(E) WEBINARS. A licensee or certificate holder may complete a maximum of 10 hours of continuing education utilizing webinars each 24-month renewal period. Webinars are continuing education activities that meet the following criteria:

(i) There is a sponsoring group or agency; and

(ii) Attendance is not self-monitored.

011.02(F) SCIENTIFIC REVIEW OF RESEARCH PAPERS. Completion and publication of a scientific review of a research paper for a professionally recognized database as approved by the Board. 1 contact hour will be awarded for each article published. A licensee or certificate holder will be awarded a maximum of 5 hours each 24-month period. Documentation must include a certificate of completion or a copy of the published review.

011.02(G) PUBLICATIONS. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relates to physical therapy and is intended for an audience of health care professionals. Licensees or certificate holders will be awarded a maximum of 10 hours each 24-month period. This includes:

(i) Authoring an article in a non-refereed journal. Earn 5 hours per article: Documentation required – a copy of the article;

(ii) Authoring an article in a refereed journal. Documentation required – a copy of the article; Earn 10 hours per article:

(iii) Authoring or being a contributing author of a published textbook. Earn 10 hours per book: Documentation required – A copy of the title page;

(iv) Authoring a poster presentation. 5 hours per presentation: Documentation required – Letter of acknowledgement; and

(v) Authoring a home study course. Earn 5 hours per course: Documentation - Letter of approval.

011.02(H) JURISPRUDENCE (NE LAW) EXAMINATION. 5 hours of continuing education will be awarded for passing the Jurisprudence (NE LAW) Examination with a scaled score that is greater than or equal to 600.

011.02(I) NEBRASKA LAW TUTORIAL. 1 hour of continuing education will be awarded for passing the Nebraska Law Tutorial with a score of 100%.

011.02(J) RESIDENCY OR FELLOWSHIP PROGRAM. A licensee or certificate holder will be awarded 1 hour for each month of participation for the completion of a residency or fellowship program approved by the American Board of Physical Therapy Residency and Fellowship Education. A letter verifying participation from the agency providing the program must be submitted. The dates of participation must be included in the letter.

011.02(K) SPECIALTY CERTIFICATION. Obtaining the initial Certified Strength and Conditioning Specialist (CSCS) certificate issued by the National Strength and Conditioning Association (NSCA). 4 hours of continuing education will be awarded for the Certified Strength and Conditioning Specialist (CSCS) certificate during the 24 months prior to the reinstatement application or license expiration date.

011.02(L) SUPERVISION. Direct supervision of students for clinical education:

(i) The physical therapist or physical therapist assistant who is supervising the student must be an American Physical Therapy Association Credentialed Clinical Instructor of record at the Basic Level;

(ii) The student being supervised must be from an accredited physical therapist or physical therapist assistant program and participating in a full-time clinical experience of varying length. Full-time is defined as clinical experiences with durations of approximately 40 hours per week ranging from 1-18 weeks;

(iii) 1 hour will be awarded for every 160 contact hours of supervision of full-time physical therapist student or physical therapist assistant student;

(iv) A maximum of 8 hours for physical therapist and 4 hours for physical therapist assistant per 24-month renewal period may be awarded to each individual for supervision of a physical therapist student or physical therapist assistant student; and

(v) The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student.

011.02(M) CARDIOPULMONARY RESUSCITATION CERTIFICATION. 2 hours of credit will be awarded for a current Cardiopulmonary Resuscitation for the Healthcare Provider (CPR) certificate.

011.02(N) PRESENTATION. 1 hour credit will be awarded for each hour of scientific presentation by a licensee or certificate holder acting as an essayist or lecturer to licensed physical therapists and physical therapist assistants if the program relates to the theory or clinical application of theory pertaining to physical therapy. A licensee or certificate holder may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of 4 hours of continuing education for presentations in a 24-month renewal period.

011.03 NON-ACCEPTABLE CONTINUING EDUCATION. Continuing education credit will not be awarded for programs where the subject matter does not relate to the theory or clinical application of theory pertaining to the practice of physical therapy, including but not limited to:

(A) Business communications and operations;

(B) Medical terminology;

(C) Courses which deal with personal self-improvement, financial gain, or career options;

(D) Courses designed for lay persons;

(E) Teaching unlicensed or uncertified persons;

(F) Courses less than 60 minutes in duration;

(G) Physical therapy on-the-job training;

(H) Physical therapy orientation programs or staff meetings, including:

(i) Orientation to new policies;

(ii) Procedures;

(iii) Equipment;

(iv) Forms;

(v) Responsibilities; and

(vi) Services; and

(I) Presentations made by students.

012. UNPROFESSIONAL CONDUCT. Unprofessional conduct is set out in Neb. Rev. Stat. § 38-179 and this chapter.

012.01 COMPETENCE. A physical therapist or physical therapist assistant must not provide services for which they are not trained or experienced. Unprofessional conduct in the practice of physical therapy includes but is not limited to: Performing or agreeing to perform procedures

when the procedures are known to be a departure from the standards of acceptable and prevailing practice in physical therapy. Unprofessional conduct does not include a single act of ordinary negligence.

012.02 CONFIDENTIALITY. Without the prior written consent of a patient, a physical therapist or physical therapist assistant must hold in confidence information obtained from a patient, except in those unusual circumstances in which to do so would result in clear danger to the person or to others, or where otherwise required by law.

012.03 PROFESSIONAL RELATIONSHIPS. A physical therapist or physical therapist assistant must safeguard the welfare of patients and maintain professional relationships with patients. Commission of any of the following acts or behavior will constitute unprofessional conduct:

(A) Exploiting another person for one's own advantage;

(B) Performing or agreeing to perform physical therapy services that have been requested when the services are known to be contraindicated or unjustified;

(C) Performing or agreeing to perform procedures that have been requested when the procedures are known to be outside of the physical therapist or physical therapist assistant's scope of practice;

(D) Verbally or physically abusing patients;

(E) Falsification or unauthorized destruction of patient’s records;

(F) Attempting to provide diagnostic or treatment information to a patient or patients that is beyond the physical therapist or physical therapist assistant's level of education, training and expertise;

(G) Delegating to other personnel those patient related services for which the clinical skills and expertise of a physical therapist or physical therapist assistant are required;

(H) Encouraging or promoting the practice of physical therapy by untrained or unqualified persons;

(I) Failure to safeguard the patient's dignity and right to privacy;

(J) Failure to maintain adequate patient records; and

(K) Delegating to a physical therapy assistant those patient related services for which the clinical skills and expertise of a physical therapist are required.

012.04 SEXUAL MISCONDUCT. A physical therapist or physical therapist assistant must not under any circumstances engage in sexual misconduct. Specifically with regard to patients, unprofessional conduct includes but is not limited to:

(A) Engaging in sexual relationships, whether consensual or nonconsensual, with any patient while a physical therapist or physical therapist assistant and patient relationship exists; and

(B) Engaging in sexual harassment of patients: Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature which results in:

(i) Providing or denying physical therapy to a patient;

(ii) Creating an intimidating, hostile, or offensive environment for the patient; or

(iii) Interfering with a patient's ability to recover.

012.05 OTHER. Other unprofessional conduct includes but is not limited to:

(A) The violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108 of the Uniform Credentialing Act;

(B) Failure to follow policies or procedures implemented in the practice situation to safeguard patient care;

(C) Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a physical therapist;

(D) Failure to obtain patient informed consent before treatment;

(E) Failure to take steps to transfer the continuum of care of the patient, as appropriate, to another health care provider in the event of elective termination of physical therapy services by the physical therapist;

(F) Engaging in conduct that subverts or undermines the integrity of the examination or the examination process including, but not limited to, utilizing in any manner recalled or memorized examination questions from or with a person or entity, failing to comply with all test center security procedures, communicating or attempting to communicate with other examinees during the test, or copying or sharing examination questions or portions of questions;

(G) Failure to complete continuing competency requirements as established by rules and regulations as specified in this chapter;

(H) Promoting any unnecessary device, treatment intervention or service resulting in the financial gain of the practitioner or of a third party; and

(I) Participating in underutilization or overutilization of physical therapy services for personal or institutional financial gain.

013. REINSTATEMENT. The applicant must meet the requirements set out in 172 NAC 10.

014. FEES. Fees are set out in 172 NAC 2.