

**§ 140-50.3- 003800 Part 3800. Physical Therapist, Physical Therapy Assistant, Occupational Therapist and Occupational Therapy Assistant.**

**§ 140-50.3- 003801 Definitions**

**A. Physical Therapy Definitions.**

(1) "APTA" is the American Physical Therapy Association, which is the primary, voluntary, national professional organization of physical therapists and physical therapy assistants.

(2) "Accredited physical therapist or physical therapy assistant program," means a post-secondary physical therapist program that is accredited by the Commission on Accreditation in Physical Therapy Education, its predecessor organization, or its successor organization.

(3) "CAPTE" means the Commission on Accreditation in Physical Therapy Education, an independent accrediting body that is recognized by the U.S. Department of Education and by the Commission on Recognition of Postsecondary Accreditation or their successor organizations as the entity in the U.S. that is responsible for accrediting education programs for the preparation of physical therapists and physical therapy assistants.

(4) "CPA" is the Canadian Physiotherapy Association.

(5) "FSBPT" is the Federation of State Boards of Physical Therapy, which is the organization that develops and administers the National Physical Therapy Examination and also works towards reasonable uniformity in regulation and standards through ongoing communications between it and the state boards who are authorized by law to license and regulate physical therapists and physical therapy assistants.

(6) "PCE" is the Physiotherapy Competency Examination administered in Canada.

(7) "Physical therapy" means the examination, evaluation diagnosis, prognosis and intervention provided by physical therapists. Physical therapy includes without limitation the diagnosis and management of movement dysfunction and enhancement of physical and functional abilities; restoration, maintenance and promotion of optimal physical function, optimal fitness and wellness, and optimal quality of life as it relates to movement and health; and prevention of the onset, symptoms and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions or injuries. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to these regulations.

(8) "Physical therapist (PT)" means a person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy as defined in these regulations and whose license is in good standing. The term "physiotherapist" shall be synonymous with "physical therapist" pursuant to these regulations.

(9) "Physical therapist aide" means an unlicensed person who may be utilized by a physical therapist in his or her practice by performing

non-patient related tasks, or by performing patient related tasks under the direct personal supervision of a licensed physical therapist.

(10) "Physical therapy assistant (PTA)" means a technically educated health care provider who assists the physical therapist in the provision of selected physical therapy interventions. The physical therapist assistant is the only individual who provides selected physical therapy interventions under the direction and supervision of the physical therapist. The physical therapist assistant is a graduate of an accredited physical therapist associate degree program and is licensed pursuant to these regulations to assist in the practice of physical therapy or portions of it as initiated and supervised by a licensed physical therapist.

(11) "Practice of physical therapy" means:

(a) Examining, evaluating, testing and treatment of individuals with mechanical, physiological or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention;

(b) Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents, modalities, and medications, mechanical and electrotherapeutic modalities, and patient-related instruction;

(c) Reducing the risk of injury, impairment, functional limitation and disability, including the promotion and maintenance of fitness, health and wellness in population of all ages;

(d) Engaging in administration, consultation, education and research;

(e) Promoting health and wellness; and

(f) Such other related activities that are within the Scope of Physical Therapy Practice defined elsewhere in these regulations, or otherwise customarily practiced by physical therapists and not proscribed hereby.

(12) Supervision

(a) General Supervision: The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

(b) Direct Supervision: The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the APTA Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

(c) Direct Personal Supervision: The physical therapist is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision

## **B. Occupational Therapy Definitions**

(1) "AOTA" means the national professional association representing the interests and concerns of occupational therapy practitioners and students and improve the quality of occupational therapy services.

(2) "CAOT" means the Canadian Association of Occupational Therapists who accredits University Occupational Therapy Programs in Canada and also administers the National Occupational Therapy Certification Examination (NOTCE).

(3) "NBCOT" means the National Board for Certification in Occupational Therapy, Inc., is a not-for-profit credentialing agency that provides certification for the occupational therapy profession. NBCOT serves the public interest by developing, administering, and continually reviewing a certification process that reflects current standards of competent practice in occupational therapy.

(4) "NOTCE" means the National Occupational Therapy Certification Examination administered by the Canadian Association of Occupational Therapists.

(5) "Occupational Therapist (OT)" means a person who is licensed to practice occupational therapy as defined in these regulations and whose license is in good standing.

(6) "Occupational therapy" means, the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life".

(7) "Occupational therapy assistant (OTA)" means a person who is licensed pursuant to these regulations who assists in the practice of

occupational therapy under the supervision of a licensed occupational therapist.

(8) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.

#### **C. General Definitions**

(1) "Professional development activity" means an activity (except normal and routine employment responsibilities) engaged in subsequent to professional education, primarily concerned with maintaining and increasing the therapy practitioner's knowledge, skill and ability.

(2) "Professional development unit (PDU)" is an assigned unit of measure for each professional development activity.

#### **§ 140-50.3-003802 Exemptions from License Requirements.**

These regulations shall apply to all persons practicing physical or occupational therapy and those who assist them, in the CNMI except:

(A) Any person pursuing a course of study leading to a degree as a physical or occupational therapist or physical or occupational therapy assistant while under the direct personal supervision of a licensed physical or occupational therapist who shall be legally and professionally responsible for the person's performance;

(B) Physical and occupational therapists or physical or occupational therapy assistants practicing in the U.S. Armed Services, U.S. Department of Health and Human Services, or the U.S. Department of Veterans Affairs pursuant to federal regulations for state licensure of health care providers; and

(C) A physical therapist traveling with and providing physical therapy to persons who are affiliated with or employed by established athletic teams or athletic organizations from other jurisdictions that are temporarily practicing, competing or performing in the CNMI for not more than thirty (30) days in a calendar year. Such physical therapist(s) shall be actively licensed and in good standing with the regulatory body having jurisdiction over them in the jurisdiction in which such athletic team or organization is based.

**§ 140-50.3- 003803 Requirements for Licensure.**

An applicant to practice as a physical therapist, occupational therapist, physical therapy or occupational therapy assistant must be at least twenty-one (21) years of age, and be a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and must meet the following requirements:

(A) US or Canadian Trained Physical Therapist (PT). All US or Canadian applicants for licensure as physical therapists in the Commonwealth shall have:

(1) received an earned degree in physical therapy from a physical therapy education program that is accredited by the CAPTE of the American Physical Therapy Association, or an accredited physiotherapy college in Canada; and

(2) successfully passed the National Physical Therapy Examination administered by FSBPT in the U.S. or the Physiotherapy Competency Examination (PCE) in Canada.

(B) US or Canadian Trained Physical Therapy Assistant (PTA). All US or Canadian trained applicants for licensure as a Physical Therapy Assistant in the Commonwealth shall have:

(1) received an earned associates (or higher) degree from a physical therapy assistant education program that is accredited by the CAPTE of the American Physical Therapy Association, or an accredited physiotherapy college in Canada, or a school or program; and

(2) successfully passed the National Physical Therapy Assistant Examination administered by FSBPT for physical therapy assistants or the Physiotherapy Competency Examination (PCE) in Canada; or

(C) Non US or Canadian Trained Physical Therapists and Physical Therapy Assistants. All foreign educated physical therapists or physical therapy assistants shall conform to the following:

(1) An applicant who is a graduate of a foreign school or who completed a physical therapy or physical therapist assistant program outside of the U.S. or Canada must provide a certified credentials evaluation indicating successful completion of a program, including education and training, equivalent to accredited programs in the U.S. or Canada. The evaluation shall be prepared within one (1) year from the date of the applicant's submission and shall be certified by the Foreign Credentialing

Commission on Physical Therapy in the form of a Type 1 Verification Certificate;

(2) Applicant shall have successfully passed the National Physical Therapy Examination administered by FSBPT in the U.S., or the Physiotherapy Competency Examination (PCE) in Canada; and

(3) The applicant must be able to speak, read, write and understand the English language as a requirement for licensing. Competency in the English language shall be demonstrated by a passing TOEFL score. The minimum passing score for the TOEFL is defined as 89 for the Internet-Based Test, and 26 for the Speaking portion of the test.

(D) US or Canadian Trained Occupational Therapist or Occupational Therapy Assistant. All US or Canadian trained applicants for licensure as Occupational Therapist or Occupational Therapy Assistant in the Commonwealth shall have:

(1) received an earned degree in Occupational Therapy from a school of occupational therapy as an occupational therapist or an occupational therapy assistant, from a school accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE), or accredited or approved by the American Occupational Therapy Association's (AOTA) predecessor organization, or approved by AOTA's Career Mobility Program, or an accredited school of occupational therapy in Canada; and

(2) successfully passed the examination for occupational therapist or occupational therapy assistant administered by the National Board for Certification in Occupational Therapy, Inc., of the American Occupational Therapy Certification Board, or the National Occupational Therapy Certification Examination (NOTCE) administered by the Canadian Association of Occupational Therapists (CAOT). The certification examination for the occupational therapy assistant may be waived for any person who was certified as an occupational therapy assistant by the American Occupational Therapy Association prior to June 1977.

(E) Foreign-educated or Trained OT or OTA Applicants.

(1) An applicant who is a graduate of a foreign school or completed an occupational therapy program outside of the U.S. or Canada must provide certified credentials evaluation indicating successful completion of a program, including education and training, equivalent to accredited programs in the U.S. or Canada. The evaluation shall be prepared within one (1) year from the date of the application's submission and shall be in the form of a NBCOT's Occupational Therapist Eligibility Determination (OTED);

(2) Applicant must have successfully passed the National examination for occupational therapist or occupational therapy assistant administered by the National Board for Certification in

Occupational Therapy, Inc., of the American Occupational Therapy Certification Board, or the National Occupational Therapy Certification Examination (NOTCE) administered by the Canadian Association of Occupational Therapists (CAOT); and

3) The applicant must be able to speak, read, write and understand the English language as a requirement for licensing. Competency in the English language shall be demonstrated by a passing TOEFL score. The minimum passing score for the TOEFL is defined as 89 for the Internet-Based Test, and 26 for the Speaking portion of the test.

(F) No person who does not hold a current license shall practice or offer to practice occupational or physical therapy, or use in connection with the person's name, or otherwise assume, use, or advertise, any title, initials, or description tending to convey the impression that the person is an occupational or physical therapist or an occupational or physical therapy assistant. No partnership, association, or corporation shall advertise or otherwise offer to provide or convey the impression that it is providing occupational or physical therapy unless an individual holding a current license is or will at the appropriate time be rendering the occupational or physical therapy services to which reference is made.

**§ 140-50.3 - 003804 Licensure by Endorsement.**

(A) The Board may grant a license to a person to practice physical therapy or occupational therapy without additional examination if:

(1) The person holds a valid, active license to practice as a physical or occupational therapist or a physical or occupational therapy assistant in another jurisdiction;

(2) The person fully complies with the requirements for licensure in § 140-50.3- 003803; and

(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations.

(B) The Board may deny a license by endorsement to a person to practice physical therapy or occupational therapy, if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned or renewal denied.

**§ 140-50.3 - 003805 Applications.**

An application for a license to practice as a physical or occupational therapist or physical or occupational therapy assistant shall be made under oath on a form to be provided by the Board accompanied with the following information and documentations as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

(A) The applicant's full name and all aliases or other names ever used, current address, date and place of birth and social security number; and

(B) Applicant's 2x2 photograph taken within six (6) months; and

(C) The appropriate fees, including the application fee which shall not be refunded; and

(D) Originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:

(1) Diploma, certificate, or official transcript showing successful completion of a physical or occupational therapy educational school or program together with any required credentials evaluation;

(2) Documents showing satisfactory proof that applicant has taken and passed the required examination; and

(3) Documents showing proof that applicant is licensed to practice as a physical or occupational therapist or physical or occupational therapy assistant in another jurisdiction (if applicable); and

(E) A list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice as a physical or occupational therapist or physical or occupational therapy assistant; and

(F) A detailed educational history, including places, institutions, dates and program descriptions of all his or her education beginning with secondary schooling and including all college and/or training programs; and

(G) A list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a physical or occupational therapist or physical or occupational therapy assistant; and

(H) A list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements or against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.

**§ 140-50.3-003806 Continuing Education (CE).**

(A) All physical therapists and physical therapy assistants licensed to practice in the CNMI are required to complete at least twenty (20) hours of continuing education or ten (10) PDUs and ten (10) hours of continuing education relevant to the practice of physical therapy as a prerequisite to the biennial renewal of their license.

(B) All occupational therapists and occupational therapy assistants licensed to practice in the CNMI are required to complete at least twenty (20) hours of continuing education or ten (10) PDUs and ten (10) hours of continuing education relevant to the practice of occupational therapy as a prerequisite to the biennial renewal of their license.



(C) One CE unit or credit equals to one contact hour. One (1) hour of participation in a professional development activity qualifies for one PDU.

(D) Approved continuing education activities for physical or occupational therapy includes but is not limited to the following:

(1) Courses or workshops approved by the American Physical Therapy Association, the Canadian Physiotherapy Association, the Federation of State Boards of Physical Therapy, the American Medical Association, any other state board of professional licensing or other regulatory body having jurisdiction over the practice of physical and/or occupational therapy in that state or territory, as well as all other programs approved by the Board.

(2) Programs or activities sponsored by the American Occupational Therapy Association (AOTA) or the Occupational Therapy Association; post-professional coursework completed through any approved or accredited educational institution, or other programs approved by the Board.

(E) If a licensee fails to meet the CE or PDU requirements for renewal of license because of illness, military service, medical or religious activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written request from the applicant may grant an extension of time to complete same, on an individual basis.

(F) It shall be the responsibility of the licensee to obtain documentation, reasonably satisfactory to the Board, from the organization or institution of his or her participation in the continuing education, and the number of course/credit hours.

(G) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE or PDU requirements, or who falsely certifies attendance at and/or completion of the CE or PDU as required herein.

**§ 140-50.3-003807 Referrals.**

(A) Except as set forth in subsection (e) below, treatment of a person by a licensed physical therapist is prohibited unless the person has been referred to the therapist by a U.S. or CNMI licensed physician, nurse practitioner, dentist or physician assistant.

(B) Notwithstanding the restrictions set forth in subsection (A) above, a licensed physical therapist may perform an initial evaluation of any person without a referral. A physical therapist may then treat the patient at that initial evaluation unless the physical therapist has reasonable cause to believe that the patient has a symptom or condition that is either beyond the physical therapist's scope of practice, or for which physical therapy is contraindicated, in which case the physical therapist shall refer that patient to an appropriate healthcare provider.

(C) A licensed occupational therapist or licensed occupational therapy assistant may consult with, educate, evaluate, and monitor services for clients concerning non-medical occupational therapy needs. Implementation of direct occupational therapy to individuals for their specific health care conditions shall be based upon a referral from a U.S. or CNMI licensed physician, dentist, nurse practitioner or physician assistant who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, or a physician assistant who has been delegated authority to provide or accept referrals from licensed occupational therapists.

(D) An occupational therapist shall refer to a licensed physician, dentist, optometrist, advanced practice nurse, or physician assistant, any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the occupational therapist.

(E) Requirements for direct access certification: A physical therapist holding an active license to practice physical therapy in the Commonwealth, meeting one or more of the requirements set forth below, may apply to be certified as a "Highly Qualified Physical Therapist" and upon submission of documentary evidence thereof, shall be so certified. Upon receipt of such certification a Highly Qualified Physical Therapist shall be entitled to provide physical therapy services to patients without a referral or prescription as would otherwise be required pursuant to NMIAC § 140-50.3-003807 (A)-(B). To be certified as a Highly Qualified Physical Therapist, a licensed physical therapist shall provide documentary evidence of the following:

(1) Completion of a doctor of physical therapy or post-professional transitional doctor of physical therapy program; or

(2) Completion of a master's degree in physical therapy and at least 5 years of post-licensure active practice, with evidence of successfully achieving at least 60 contact hours of study at the graduate or post-graduate level (4 Carnegie Units) in medical screening, clinical decision making, or differential diagnosis.

**§ 140-50.3-003808 Scope of Practice - Physical Therapist.**

(A) Responsibilities of the licensed physical therapist:

(1) A physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient. A physical therapist shall provide:

(a) An interpretation of referrals when available;

(b) An initial physical therapy examination, evaluation, diagnosis and prognosis of the patient;

(c) The development or implementation of a plan or care based on the initial physical therapy examination and which includes the physical therapy goals and anticipated outcomes;

(d) A determination of the components and the intervention that shall be provided by a physical therapist and the components that may be delegated to the physical therapy assistant or aide;

(e) Direct one-on-one re-examination of the patient and revision of the plan of care when indicated;

(f) The establishment of the discharge plan and documentation of the patient's discharge status; and

(g) Oversight of all services rendered to each patient, including the applicable documentation in accordance with APTA guidelines.

(2) Regardless of the setting in which physical therapy services are provided, the following responsibilities must be performed solely by a licensed physical therapist:

(a) Only a licensed physical therapist shall interpret a patient referral from a medical provider.

(b) The physical therapist shall initiate, perform and complete the initial physical therapy examination, provide problem identification and physical therapy related diagnosis; develop treatment and discharge, planning, implementation and supervision of the therapeutic program; reevaluate and change the program based upon individual patient needs and as the needs relate to insurance, the required guidelines; and maintain adequate records of the case, including written evaluations, daily notes, progress reports, and discharge summary in accordance with generally accepted practices.

(c) When the physical therapist assesses that a patient will no longer benefit from physical therapy services, he/she shall so inform the patient and the referring medical provider. A physical therapist shall avoid over-utilization of physical therapy services.

(d) The physical therapist shall not initiate or continue services that will not result in beneficial outcomes or that are contraindicated.

(e) Regardless of practice setting, the physical therapist shall maintain the ability to make independent professional judgments.

(f) The physical therapist shall be responsible for the establishment of discharge plans and documentation of discharge summary or status.

(g) The physical therapist shall adhere to the recognized standards of ethics of the physical therapy profession.

(h) Only a licensed physical therapist may supervise a physical therapy assistant or physical therapy aide. A physical therapist shall not supervise an occupational therapy assistant; a speech therapy assistant; or any other personnel of another therapy based or allied health profession. Notwithstanding the foregoing this provision shall not preclude the general oversight over such personnel by a director of rehabilitation services or similar department or division head provided that a licensed physical therapist is directly responsible for supervision and oversight of patient related activities.

(B) Supervision of assistive personnel:

(1) The physical therapist shall assure the competence of all assistive personnel to perform assigned tasks.

(2) The physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of a physical therapist.

(3) In establishing a treatment protocol for the physical therapist assistant, the physical therapist shall identify and document precautions, special problems, contraindications, goals, anticipated progress, plans for reassessment; plans for reevaluation; and home programs including but not limited to: home exercise programs, patient education and family / caregiver education.

(4) If the treatment of a patient is delegated to a physical therapist assistant, the physical therapist shall provide direct supervision and shall reevaluate and provide treatment to the patient at least every 5th visit, or, if the treatment is performed more than once a day, reevaluation must be performed at least once per week.

(5) The physical therapist shall designate or establish channels of written and oral communication with the physical therapist assistant.

(6) The physical therapist shall determine and differentiate which tasks in the plan of care for a patient requires the expertise and decision making capacity of the physical therapist and which can be delegated to assistive personnel.

(7) The physical therapist shall be responsible for the delegation and instruction of the services to be rendered by the physical therapist assistant, including, but not limited to: specific treatment programs, precautions, special problems, and contraindicated procedures.

(8) The physical therapist is responsible for ensuring that all assistive personnel under supervision are knowledgeable of the CNMI physical therapy regulations and follow them.

(C) Requirements for Use of Aides.

(1) A physical therapy aide is an unlicensed person who may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks.

(2) Prior to the aide providing patient related care, a physical therapist shall evaluate and document, the aide's competency level for performing the patient related task that the aide will provide in that setting. The record of competencies shall be made available to the board or any physical therapist utilizing that aide upon request.

(3) As used in these regulations:

(a) A "patient related task" means a physical therapy service rendered directly to the patient by an aide, excluding non-patient related tasks as defined below.

(b) A "non-patient related task" means a task related to observation of the patient, transport of patients, physical support only during gait or transfer, housekeeping duties, clerical duties and similar functions.

(c) "Under the orders, direction and immediate supervision" means:

(i) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide.

(ii) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist, and shall determine those patient related tasks which may be assigned to an aide.

(4) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The physical therapist shall be responsible at all times for the conduct of the aide while the aide is performing "patient related tasks" and "non-patient related tasks" as defined in this section.

(5) The physical therapist shall provide direct personal supervision of the aide. The physical therapist shall be in the same facility as the aide and in immediate proximity to the location where the aide is performing patient related tasks. The physical therapist shall be readily available at all times to provide immediate advice, instruction or intervention in the care of the patient. When patient related tasks are provided to a patient by an aide the physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.

(6) The physical therapist shall perform periodic reevaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record.

**§ 140-50.3-003809 Scope of Practice - Physical Therapy Assistant.**

A physical therapy assistant shall only work under the direct supervision of a licensed physical therapist. The physical therapist shall at all times be professionally and legally responsible for patient care by the physical therapy assistant. The physical therapy assistant may provide physical therapy services pursuant to the following guidelines:

(A) The physical therapy assistant shall have in possession written treatment plans formulated by the supervising physical therapist for each patient under the care of the physical therapy assistant. Treatment plans must be revised following periodic evaluations by the supervising physical therapist.

(B) The physical therapy assistant may not initiate or alter a treatment program without prior evaluation by and approval from the supervising physical therapist.

(C) The physical therapy assistant may, with prior approval by the supervising physical therapist, adjust a specific treatment procedure in accordance with changes in patient status.

(D) The physical therapy assistant may not interpret data beyond the scope of his/her education as a physical therapy assistant.

(E) The physical therapy assistant shall refer inquiries regarding patient prognosis to a supervising physical therapist.

(F) The physical therapy assistant shall report all adverse patient responses to any part of the physical therapy program to the supervising physical therapist.

(G) The physical therapy assistant shall not hold himself or herself out as a physical therapist.

Only a physical therapist may supervise a physical therapy assistant. No physical therapist may supervise more than two (2) physical therapy assistants.

**§ 140-50.3-003810 Scope of Practice - Occupational Therapist.**

(A) The scope of practice of a licensed occupational therapist is defined to include the provision of direct, indirect or consultative services to a client, the administration of standardized and non-standardized assessments, the interpretation of such assessments to determine the need for an appropriate intervention plan for the client, the development and utilization of activities for the client, the design and fabrication of adaptive equipment, prosthetics and/or orthotic devices, consultation concerning adaptation of physical environments, as well as the utilization of physical modalities. It also includes, but is not limited to, intervention directed toward:

- (1) Assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or non-standardized tests and measurements, to identify areas for occupational therapy services;
- (2) Providing for the development of sensory integrative, neuromuscular, or motor components of performance;
- (3) Providing for the development of emotional, motivational, cognitive, or psychosocial components of performance;
- (4) Developing daily living skills;
- (5) Developing feeding and swallowing skills;
- (6) Developing play skills and leisure capacities;
- (7) Enhancing educational performance skills;
- (8) Enhancing functional performance and work readiness through exercise, range of motion and use of ergonomic principles;
- (9) Designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices;
- (10) Designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices;
- (11) Adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning;
- (12) Employing physical agent modalities, in preparation for or as an adjunct to purposeful activity, within the same treatment session or to meet established functional occupational therapy goals, consistent with the requirements; and
- (13) Promoting health and wellness.

**§ 140-50.3-003811 Scope of Practice - Occupational Therapy Assistant.**

(A) An occupational therapy assistant shall work under the supervision of a licensed occupational therapist. The occupational therapist shall at all times be professionally and legally responsible for patient care by the occupational therapy assistant and performs client related activities assigned by the supervising occupational therapist. As used in this section, client related activities shall mean:

- (1) Contributing to the evaluation of a client by gathering data, reporting observations and implementing assessments delegated by the supervising occupational therapist or licensed physician;
- (2) Consulting with the supervising occupational therapist or licensed physician in order to assist him or her in making

determinations related to the treatment plan, modification of client programs or termination of a client's treatment;

(3) The utilization of a program of purposeful activities, a treatment program, and/or consultation with the client, family, caregiver, or other health care or education providers, in keeping with the treatment plan and under the direction of the supervising occupational therapist or licensed physician;

(4) The use of treatment modalities and techniques that are based on approaches taught in an occupational therapy assistant educational program and that the occupational therapy assistant has demonstrated to the occupational therapist or licensed physician that he or she is competent to use; or

(5) The immediate suspension of any treatment intervention that appears harmful to the client and immediate notification of the supervising occupational therapist.

(B) The supervising occupational therapist shall determine the occupational therapy treatments the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following:

(1) The clinical complexity of the patient/client;

(2) The skill level of the occupational therapy assistant in the treatment technique; and

(3) Whether continual reassessment of the patient/client status is needed during treatment.

(C) The supervising occupational therapist shall assume responsibility for the following activities regardless of the setting in which the services are provided:

(1) Interpretation of referrals or prescriptions for occupational therapy services;

(2) Interpretation and analysis for evaluation purposes.

(D) The occupational therapy assistant may contribute to the evaluation process by gathering data, administering standardized tests and reporting observations. The occupational therapy assistant may not evaluate independently or initiate treatment before the supervising occupational therapist performs an assessment/evaluation.

(E) Development, interpretation, implementation, and modifications of the treatment plan and the discharge Plan:

(1) The supervising occupational therapist shall be responsible for delegating the appropriate interventions to the occupational therapy assistant;



(2) The occupational therapy assistant may contribute to the preparation, implementation and documentation of the treatment and discharge summary.

(F) The responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist that is responsible for appropriate supervision shall formulate and document in each client's record, with his or her signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapists appropriate supervision, he or she shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

(G) The supervising occupational therapist has the continuing responsibility to follow the progress of each patient, provide direct care to the patient, and to assure that the occupational therapy assistant does not function autonomously.

(H) It is the responsibility of the occupational therapy assistant to maintain on file at the job site signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, means of communication, information discussed and the outcomes of the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry.

**§ 140-50.3-003812 Delivery of Occupational Therapy Services.**

(A) The following are general statements regarding roles and responsibilities during the delivery of occupational therapy services:

(1) The occupational therapist is responsible for the overall delivery of occupational therapy services and is accountable for the safety and effectiveness of the occupational therapy service delivery process.

(2) The occupational therapy assistant delivers occupational therapy services under the supervision of the occupational therapist.

(3) It is the responsibility of the occupational therapist to be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention.

(4) Services delivered by the occupational therapy assistant are specifically selected and delegated by the occupational therapist. When delegating to the occupational therapy assistant, the occupational therapist considers the following factors:

(a) the complexity of the client's condition and needs;

(b) the knowledge, skill, and competence of the occupational therapy assistant;

(c) the nature and complexity of the intervention.

(5) Prior to delegation of any aspect of the service delivery process to the occupational therapy assistant, service competency must be demonstrated and documented between the occupational therapist and occupational therapy assistant. Service competency is demonstrated and documented for clinical reasoning and judgment required during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used. Service competency must be monitored and reassessed regularly.

(6) The role delineation and responsibilities of the occupational therapist and the occupational therapy assistant remain unchanged regardless of the setting in which occupational therapy services are delivered (i.e., traditional, non-traditional, or newly emerging practice settings).

(7) An occupational therapist shall document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record. An occupational therapy assistant shall document the services provided in the patient record. Occupational therapists and occupational therapy assistants shall document and sign the patient record legibly.

(8) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of un-emancipated minors shall be maintained at least one year after the minor has reached the age of 18 years and not in any case less than seven years.

**§ 140-50.3-003813 Use of Topical Medications.**

(A) As used in this section, "topical medications" means medications applied locally to the skin or underlying tissue where such medications require a prescription or order under federal or state law. The following medications are applicable to the practice of physical and occupational therapy and may be used by a physical therapist or occupational therapist:

- (1) Bactericidal agents;
- (2) Debriding agents
- (3) Topical anesthetic agents;
- (4) Anti-inflammatory agents;
- (5) Antispasmodic agents; and
- (6) Adrenocortico-steroids.

**§ 140-50.3-003816 Swallowing Assessment, Evaluation, or Intervention.**

(A) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(B) Swallowing assessment, evaluation or intervention may be performed only when an occupational therapist has demonstrated to the Board that

he or she has met the post professional education and training requirements established in this section as follows:

(1) Education: Completion of 45 contact hours in the following subjects:

(a) Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aero digestive tract;

(b) The effect of pathology on the structures and functions of the aero digestive tract; including medical interventions and nutritional intake methods used with patients with swallowing problems;

(c) Interventions used to improve pharyngeal swallowing function.

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist that has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

(C) An occupational therapist may provide only those swallowing assessment, evaluation or intervention services he or she is competent to perform.

**§ 140-50.3-003817 Use of Titles; Restrictions.**

(A) It shall be unlawful for any person or business entity, its employees, agents or representatives to use in connection with his/her name or business activity the words "physical therapy," "physical therapist," "physiotherapy," "physiotherapist," "physical therapy assistant," "PT," "LPT," "PTA,"; or "occupational therapy," "occupational therapist," "occupational therapy assistant," "OT," "OTA," or any other words, abbreviations, or insignia indicating or implying directly or indirectly that physical or occupational therapy is provided or supplied, including billing of services labeled as physical or occupational therapy, unless such services are provided by or under the direction of a CNMI licensed physical or occupational therapist.

(B) A physical or occupational therapy assistant may not advertise or hold him/herself out in any manner, which implies that he/she is either a licensed physical or occupational therapist or an independent practitioner.

(C) No person shall use the title "physical or occupational therapy assistant," or any combination of words to imply directly or indirectly that he/she is a physical or occupational therapy assistant unless he/she is licensed in the CNMI.

**§ 140-50.3-003818 Professional Standards.**

The Board recognizes the Code of Ethics, the Guide for Professional Conduct, and the Standards of Ethical Conduct for the Physical Therapy Assistant, as amended, by the American Physical Therapy Association, as its professional standards model, and the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards, as amended.

**§ 140-50.3-003819 Disciplinary Action.**

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; or refuse to issue, restore, or renew the license of any person who is found guilty of one or more of the violations pursuant to P.L. 15-105 § 2224 and §§ 140-50.3-3800 of the regulations, including, but not limited to the following:

- (A) Administering treatments or evaluation in a negligent manner;
- (B) Falsifying or otherwise altering patient records;
- (C) Accepting fees for services not provided;
- (D) Improper delegation or supervision of assistive personnel;
- (E) Practicing physical or occupational therapy outside the scope of practice;
- (F) Failing to immediately refer any patient to an appropriate healthcare provider if there is reasonable cause to believe that the patient's condition is beyond the physical or occupational therapists scope of practice or is a condition for which physical or occupational therapy is contraindicated.

**§ 140-50.3-003820 Renewal.**

(a) All licenses, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty (60) days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under §3806 of these regulations.

(d) A late fee of \$25.00 will be charged every 1<sup>st</sup> of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice physical or occupational therapy in the CNMI. This will not, however, prevent the Board from considering a new application.

