



Legislative History for Connecticut Act

---

HB 6854	P.A. 299	1995
Senate 5717 - 5719, 5720 - 5721		(5)
House 1409, 3256, 5134 - 5137		(6)
Ins 708 - 709, 900 - 905		8
		<hr/>
		19p.

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate  
and House of Representatives Proceedings

Connecticut State Library

Compiled 2014

S-386

CONNECTICUT  
GEN. ASSEMBLY  
SENATE

PROCEEDINGS  
1995

VOL. 38  
PART 16  
VETO SESSION  
5707-6083

pat

367

Senate

Tuesday, June 6, 1995

005717

"nay", 1.

THE CHAIR:

The bill as amended is passed.

SEN. FLEMING:

Madam President.

THE CHAIR:

Senator Fleming.

SEN. FLEMING:

Yes, thank you, Madam President. At this time I'd like to ask the Clerk to go to Calendar Page 8, Calendar 590, previously marked pass retained. I'd like to, without objection, ask the Clerk to call that item.

THE CHAIR:

Without objection, would the Clerk please call 590.

THE CLERK:

Page 8, Calendar 590, Substitute for HB6854, An Act Concerning Peer Review by Physical Therapists. Favorable Report of the Committee on Insurance, Public Health, Finance, File 255, 747.

THE CHAIR:

Senator DeLuca.

SEN. DELUCA:

Yes, Madam President, I move passage of the bill.

pat

368

Senate

Tuesday, June 6, 1995

005718

THE CHAIR:

The question is on passage of the bill. Will you remark?

SEN. DELUCA:

I believe there is an amendment, unless it's been withdrawn?

THE CLERK:

It's been withdrawn.

SEN. DELUCA:

Thank you. Since there is no amendment, I will, this bill makes peer review one of the functions of this physical therapy group and it also allows a physical therapy organization whose members comprise at least 25% of eligible licensees in an area to be considered a professional health care provider society as is now current practice in other medical provider groups.

THE CHAIR:

The question is on passage of the bill. Will you remark? Will you remark?

SEN. DELUCA:

If there is no further comment, I would move this to the Consent Calendar.

THE CHAIR:

Motion is to refer this item to the Consent

pat

369

Senate

Tuesday, June 6, 1995 005719

Calendar. Without objection, so ordered.

THE CLERK:

Page 3, Calendar 375, SB1166, An Act Concerning Expenditures for the Programs and Services of the Department of Public Health and Addiction Service. Favorable Report of the Committee on Appropriations. File 634.

SEN. FLEMING:

Madam President.

THE CHAIR:

Senator Fleming.

SEN. FLEMING:

Yes. I hate to see this, but we have been waiting all evening for an amendment on this bill. It was just received, so we're going to stand at ease until we get the copies made and then we will proceed on this. So I would just ask that the Senate stand at ease.

THE CHAIR:

Will the Senate please stand at ease. Senator Fleming.

SEN. FLEMING:

Perhaps what we might do at this point is to call the Consent Calendar.

THE CHAIR:

Would the Clerk please call the Consent Calendar.

pat

370

Senate

Tuesday, June 6, 1995 005720

THE CLERK:

The Senate is about to vote on the Consent Calendar. All Senators return to the Chamber.

The Senate is about to vote on the Consent Calendar. Will all Senators return to the Chamber.

Page 3, Calendar 304, HB5068.

Page 4, Calendar 385, HB6539.

Page 7, Calendar 565, HB6867.

Page 8, Calendar 590, HB6854.

Page 12, Calendar 399, SB1074.

Page 13, Calendar 120, SB1035.

Page 13, Calendar 162, SB42.

Page 14, Calendar 166, SB1062.

Page 14, Calendar 234, SB1113.

Page 15, Calendar 422, SB1173.

THE CHAIR:

The machine will be open.

THE CLERK:

The Senate is voting on the Consent Calendar.

Will all Senators please return to the Chamber.

The Senate is voting on the Consent Calendar.

Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? If all members have voted the machine will be locked. The Clerk please take a

pat

371

Senate

Tuesday, June 6, 1995 005721

tally.

THE CLERK:

Total number voting, 35; necessary for passage, 18. Those voting "yea", 35; those voting "nay", 0.

THE CHAIR:

The Consent Calendar is adopted.

SEN. FLEMING:

Madam President.

THE CHAIR:

Senator Fleming.

SEN. FLEMING:

Thank you, Madam President. The good news is, and the bad news is that the amendment is not ready, so I would ask the Clerk, or I would ask that items that had been passed temporarily be passed retaining their place.

THE CHAIR:

Without objection, so ordered.

SEN. FLEMING:

Madam President, I would move that all items acted favorably upon by the Senate tonight, I would ask for immediate transmittal of those items to the House.

THE CHAIR:

So ordered.

H-723

CONNECTICUT  
GEN. ASSEMBLY  
HOUSE

PROCEEDINGS  
1995

VOL. 38  
PART 4  
1123-1462

001409

rlf

3

House of Representatives

April 25, 1995

calendar and printing.

SPEAKER GIANNAROS:

The Chair recognizes Representative Eberle.

REPRESENTATIVE EBERLE: (15th)

Thank you, Mr. Speaker. Mr. Speaker, I move that we waive the reading of the House favorable reports and the bills be tabled for the calendar and printing.

SPEAKER GIANNAROS:

Hearing no objection, so ordered.

THE CLERK:

Also, Mr. Speaker, the Clerk has a list of referrals in accordance with House Rule 20 (e). A written expression of agreement between the Majority Leader and the Minority Leader is in possession of the Clerk.

SPEAKER GIANNAROS:

The Chair recognizes Representative Eberle.

REPRESENTATIVE EBERLE: (15th)

Thank you, Mr. Speaker. I have a list of bills to be referred to committee under House Rule 20 (e).

I would move the following bills under House Rule  
20 (e):

To the Committee on Judiciary, Bill No. 6852, to the Committee on Public Health, Bill No. 6854, to the Committee on Public Safety, Bill No. 6860, to the

H-728

CONNECTICUT  
GEN. ASSEMBLY  
HOUSE

PROCEEDINGS  
1995

VOL. 38  
PART 9  
3040-3417

003256

prh

149

House of Representatives

Tuesday, May 23, 1995

On Page 25, Calendar 514, Substitute for HB 6969,  
AN ACT CONCERNING THE DISPOSITION OF SURPLUS STATE REAL  
PROPERTY AND IMPROVEMENTS TO STATE REAL PROPERTY.  
Favorable report of the Committee on Finance, Revenue  
and Bonding.

DEPUTY SPEAKER HYSLOP:

Representative Godfrey.

REP. GODFREY: (110th)

Thank you, Mr. Speaker. I'd move that Substitute  
for HB 6969 be referred to the Committee on Planning  
and Development.

DEPUTY SPEAKER HYSLOP:

So ordered.

CLERK:

On Page 28, Calendar 176, Substitute for HB 6854,  
AN ACT CONCERNING PEER REVIEW BY PHYSICAL THERAPISTS.  
Favorable report of the Committee on Public Health.

DEPUTY SPEAKER HYSLOP:

Representative Godfrey.

REP. GODFREY: (110th)

Thank you, Mr. Speaker. I would move the  
Substitute for HB 6854 be referred to the Committee on  
Finance, Revenue and Bonding.

DEPUTY SPEAKER HYSLOP:

So ordered.

H-733

CONNECTICUT  
GEN. ASSEMBLY  
HOUSE

PROCEEDINGS  
1995

VOL. 38  
PART 14  
4913-5260

gmh

005134  
109

House of Representatives

Friday, June 2, 1995

open.

CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is voting by roll call. Members to the Chamber, please.

DEPUTY SPEAKER PUDLIN:

If all the members have voted and if your votes are properly recorded, the machine will be locked. The Clerk will take the tally.

Mr. Clerk, please announce that tally.

CLERK:

House Bill 5440, as amended by House "A"

Total Number Voting 147

Necessary for Passage 74

Those voting Yea 146

Those voting Nay 1

Those absent and not voting 4

DEPUTY SPEAKER PUDLIN:

The bill passes. Mr. Clerk, Calendar 176.

CLERK:

On page 26, Calendar 176, Substitute for House Bill Number 6854, AN ACT CONCERNING PEER REVIEW BY PHYSICAL THERAPISTS. Favorable Report of the Committee on Finance.

DEPUTY SPEAKER PUDLIN:

005135

110

gmh

House of Representatives

Friday, June 2, 1995

Welcome to New Britain Day in the General Assembly. Representative Geragosian.

REP. GERAGOSIAN: (25th)

Good afternoon, Mr. Speaker. Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER PUDLIN:

On acceptance and passage, remark, sir.

REP. GERAGOSIAN: (25th)

This bill has three basic components. It makes peer review one of the functions of physical therapy. It makes the Connecticut Physical Therapy Association a professional society and it requires physical therapy assistants to register with DPHAS. And I urge its adoption.

DEPUTY SPEAKER PUDLIN:

The question is on adoption. Will you remark? Representative Gyle.

REP. GYLE: (108th)

Thank you, Mr. Speaker. I would just like to say that it is a very good bill and it ought to pass.

DEPUTY SPEAKER PUDLIN:

Reverie is appreciated. Representative McGrattan.

REP. MCGRATTAN: (42nd)

Mr. Speaker, I urge passage of this bill. I think

005136  
111

gmh

House of Representatives

Friday, June 2, 1995

registering physical therapy assistance will provide some quality control. It can only improve the quality of care by maintaining certain standards in educational requirements. It passed the Insurance and Public Health Committees. I see this a consumer bill and I urge its passage.

DEPUTY SPEAKER PUDLIN:

On passage, Representative Cleary.

REP. CLEARY: (80th)

Mr. Speaker. It is a good bill. It ought to pass.

DEPUTY SPEAKER PUDLIN:

I can see this is going to be one of those long, drawn out debates. Will you remark? If not, staff and guests to the well of the House. Members, be seated. The machine will be opened.

CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is voting by roll call. Members to the Chamber, please.

DEPUTY SPEAKER PUDLIN:

If all the members have voted and if your votes are properly recorded, the machine will be locked. The Clerk will take a tally.

The Clerk will please announce the tally.

CLERK:

005137  
112

gmh

House of Representatives

Friday, June 2, 1995

House Bill 6854

Total Number Voting 143

Necessary for Passage 72

Those voting Yea 143

Those voting Nay 0

Those absent and not voting 8

DEPUTY SPEAKER PUDLIN:

The bill passes. Are there any announcements or  
Points of Personal Privilege? Representative Godfrey.

REP. GODFREY: (110th)

Thank you, Mr. Speaker. Mr. Speaker, I would like  
to move for the suspension of our rules for the  
immediate consideration for Calendar Number 573, Senate  
Bill 42, AN ACT EXPANDING INSURANCE ASSISTANCE FOR  
PERSONS WITH AIDS.

DEPUTY SPEAKER PUDLIN:

Is there any objection to suspension of the rules?  
Seeing and hearing none, will the Clerk please call  
Calendar 573?

CLERK:

On page 20, Calendar 573, Substitute for Senate  
Bill Number 42, AN ACT EXPANDING INSURANCE ASSISTANCE  
FOR PERSONS WITH AIDS. Favorable Report of the  
Committee on Appropriations.

DEPUTY SPEAKER PUDLIN:

JOINT  
STANDING  
COMMITTEE  
HEARINGS

INSURANCE  
AND REAL  
ESTATE  
PART 3  
623-916

1995

000708

77

pat . INSURANCE AND REAL ESTATE

March 9, 1995

REP. EBERLE: Thank you, Mr. Chairman. Is it your position that you're really only talking about documentable pathologies of the joint and not misalignment of the jaw, where the bite doesn't come down right or the palate is, you know, malformed, those kinds, because in the past I've seen those kinds of things treated as TMD.

DR. IAN TINGEY: I think we are asking for fair inclusion of the bones of the head and neck to be included in health care coverage. I think, I don't think it would be appropriate for a health care provider to say, I'm going to treat problems with the knee joint but not of the lower leg. I mean, that's ridiculous. If you have a discrepancy in leg length, some other tumor or some other problem with the leg bone itself, that you would need to treat that as well, and so it goes with bones of the head and neck.

We're not saying specifically the jaw joint itself, but the entire oral apparatus needs to be treated equally and in a non-discriminatory fashion.

REP. EBERLE: Well, I guess again I'll ask my question. Are you talking about just pathologies or are you talking about basic formations?

DR. IAN TINGEY: We are talking about all diseases that affect the bones and joints of the head and neck. It's not just pathology again. If you have a deformity, scoliosis, curvature of the spine, is that pathological or developmental problem? It's a congenital developmental problem that is treated by all other health care coverers. I mean, I don't understand why you can treat a deformity of the spine, but you won't treat an infirmity of the jaw bone.

REP. EBERLE: Thank you.

REP. AMANN: Any other questions. Thank you, Doctor. the next speaker is Deb Shenton followed by Dr. Paul Rigali.

DEBOR H SHENTON: Ch ir an Amann, members of the Insurance Committee. My name is Deborah Shenton.

HB6854

000709

78

pat INSURANCE AND REAL ESTATE March 9, 1995

I'm speaking on behalf of the Quality Management Committee of the Connecticut Physical Therapy Association. Quality and Management Committee is a pro-active group working toward securing appropriate, efficient and effective physical therapy in the State of Connecticut.

We encourage your support of the language in HB6854, AN ACT CONCERNING PEER REVIEW BY PHYSICAL THERAPISTS. This act will accomplish two things. It will clarify that the Physical Therapy Association is included in the immunity section when doing or training others for physical therapy chart reviews.

It will facilitate association involvement by protecting it from unfounded liability. It will also articulate peer review and physical therapy practice act which will enable physical therapists to get liability coverages for these activities.

Peer reviews are important. They're important for the professionalism of physical therapy, for consumer protection and for third party payers. This is detailed in the documents made available to you.

Peer review is a very valuable and necessary tool to encourage accountability in physical therapy services provided and to meet the needs of the consumer. The Connecticut Physical Therapy Association and physical therapists in the State of Connecticut should be actively involved in promoting consistent, appropriate reviews.

We ask you to support this bill. Thank you for the opportunity to testify today and we look forward to working with you through this session.

REP. AMANN: Thank you. Any questions? The next speaker is Dr. Paul Rigall, followed by Dr. Lawrence Lockerman. Dr. Paul Rigall? Going once, going twice. Okay. Dr. Lawrence Lockerman. I think the Doctor, oh I'm sorry.

DR. MICHAEL GOUPIL: Dr. Lockerman switched with me so I'm Doctor Goupil, and the testimony I'm covering

HB 6409



Connecticut Physical Therapy Association  
*A Component of the American Physical Therapy Association*

55 Farmington Avenue, Suite 403  
Hartford, CT 06105-3722  
(203) 246-4414 • FAX (203) 493-7476

000900

**TESTIMONY OF DEBORAH SHENTON  
CONNECTICUT PHYSICAL THERAPY ASSOCIATION  
QUALITY MANAGEMENT COMMITTEE  
ON**

**HB6854, AAC PEER REVIEW BY PHYSICAL THERAPISTS**

Chairman DeLuca, Chairman Amann, Members of the Insurance Committee;

My name is Deborah Shenton. I am speaking on behalf of the Quality Management Committee (QMC) of the Connecticut Physical Therapy Association (CPTA).

The Quality Management Committee (QMC) is a proactive group working toward securing appropriate, efficient, and effective physical therapy in the state of Connecticut. As a group, we have worked closely with Connecticut chapter members, the American Physical Therapy Association (APTA), the Reimbursement and Legislative Committees of the CPTA, and other state chapters. We have established Documentation Guidelines, drafted Supervision Guidelines, addressed internal issues on procedures and therapeutic techniques, and opened communications with third party payors to aid them in utilization issues. Through our work, it has become clear that appropriate peer reviews are key in promoting accountability for physical therapy services rendered.

Our association should lead and be actively involved in this process. **WE encourage your support of the language in HB6854, AAC Peer Review by physical therapists.** This bill will accomplish two things:

- It will clarify that the Physical Therapy Association is included in the immunity section when doing or training others for physical therapy chart reviews. This will facilitate association involvement by protecting it from unfounded liability.
- It will articulate "peer review" in the Physical Therapy Practice Act which will enable therapists to get liability coverage for these activities.

Peer reviews are important:  
For the **professionalism** of physical therapy,  
For **consumer protection** and  
For **third party payors.**

000901

#### PROFESSIONALISM:

The QMC, with state wide input and overwhelming support from its members, has established **Documentation Guidelines** (attachment 1) to enable more consistencies in documentation and to better identify the type of therapy rendered in any given session. These documentation guidelines were presented a declaratory ruling to the Physical Therapy Board of Examiners this January. The endorsement would identify them as standards for all physical therapy services rendered in the state of Connecticut. They serve as a very effective **education tool** AND provide an appropriate **framework to review charts** in a consistent manner. Reviewing charts helps us to better identify and qualify quality physical therapy.

Using the Documentation Requirements, therapists can begin to consistently and accurately review the document stating what was done during a session of therapy with more ease. For example:

- There is an itemized list of what must be included in the initial evaluation.
- It specifies when re-evaluations are necessary.
- It identifies when changes in treatment plans are appropriate.
- It requires justification of the treatment and frequent referencing of goals.

Evaluating charts to identify if this has been done is a very valuable educational component and will encourage more efficient and effective therapy.

The American Physical Therapy Association (APTA) has Standards of Practice and Code of Ethics which command professionalism in our practice as well. More specifically, the Code of Ethics (attachment 2) addresses areas which require peer reviews:

Principle #4 states that physical therapists will maintain and promote high standards for physical therapy practice, education and research. One effective manner to promote high standards for practice and education is to promote peer reviews within facilities and within the physical therapy community. To review what was written helps to identify what was done as well as promotes communication and education of what should have been done or what would have been more appropriate during a specific treatment.

Principle #6: states that physical therapists will provide accurate information to the consumer about the profession and about those services they provide. Regarding specific patient care issues, review of the documentation provided will identify what services have been provided.

Principle #7: states that physical therapists accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts. Again, review of the documentation will help to promote accountability in physical therapy.

Principle #8: states that physical therapists participate in efforts to address the health needs of the public. Peer reviews will help to identify techniques that are more effective in treating certain maladies and others that are less effective. This ultimately will help to provide a better product to consumers.

**CONSUMER PROTECTION:**

PHYSICAL THERAPY has long been a mystery to the lay person. Teaching someone to walk, giving hot packs and massages is NOT the extent of what we do. We are skilled professionals, trained to evaluate, re-evaluate and to determine the most effective plan of care that will restore a patient's highest level of function.

In general, the public does not know this. And more importantly, it does not know what to expect when referred to physical therapy. The lay person SHOULD be better informed regarding physical therapy.

Chart reviews can be used to help to inform the public. For example, a patient should know that:

- When initiating P.T. there should always be an initial evaluation which identifies the therapist's findings, plan of treatment, goals and estimated length of treatment. The patient should be informed of these findings.
- Therapy should enable the patient to progress toward these goals. This, or the reason progress is limited, should be indicated in the documentation and communicated to the patient.
- Patient participation is expected in most therapy programs.

**THIRD PARTY PAYORS:**

THIRD PARTY PAYORS often are unclear of the purpose and benefits of physical therapy. They find it difficult to determine what is appropriate, beneficial therapy and what is excessive or inappropriate. They often appear to be arbitrarily covering or denying services; and have, themselves recognized these inconsistencies. They are eagerly looking for direction.

Once again, peer reviews using the Documentation Requirements and Standards of Practice are a CONCISE, EDUCATIONAL tool that can help them. It can help their Utilization Review Boards to begin to establish some consistent reimbursement patterns: If the review indicates that documentation follows the Documentation Requirements and supports the charges, then it should be covered. Granted, proper documentation does not assure that quality treatment has been done, however, short of being there, it is our best reference.

As well, Third party payors are beginning to do OUTCOME studies, attempting to determine facilities and techniques that get patients better, faster. These studies will be much more realistic if more reviews are done and documentation is consistent and interpreted uniformly. Peer reviews using the Documentation Guidelines will promote higher level of accuracy in these outcome studies.

000903

**Summary:**

It becomes self evident that peer review is an important role of the physical therapist and should be so stated:

- In the CT State Statute Immunity section to facilitate association involvement; and
- In the Physical Therapy Practice Act to facilitate participation in the review process.

Peer review is a very valuable and necessary tool to encourage accountability in physical therapy services provided and to meet the needs of the consumer. The Connecticut Physical Therapy Association and physical therapists in the state of Connecticut should be actively involved in promoting consistent, appropriate reviews.

**We ask you to support this bill.**

Thank you for the opportunity to testify today. We look forward to working with you through this session.

**Connecticut Physical Therapy Association**  
**Physical Therapy Documentation Requirements**

- A. **General Guidelines**
1. All documentation requirements must be addressed.
  2. All entries are to be made ink and are to be legible. Mistakes are corrected by drawing a single line through the error and initialing the correction.
  3. Patient's name should appear on each side of every page.
- B. **Source of Referral**  
The physical therapy record cites the source of the referral.
- C. **Initial Evaluation**
1. There will be an initial evaluation which states the purpose of initiating P.T. care. It is performed, recorded, and signed by a physical therapist, and includes the following:
    - A. patient name
    - B. date of evaluation
    - C. history of present illness
    - D. all pertinent diagnoses
    - E. pertinent medical and social history (including prior level of function)
    - F. pertinent medications
    - G. objective, measurable findings of physical and functional status to substantiate treatment offered, and progress achieved
    - H. physical therapist's diagnosis or assessment of the probable nature and classification of the dysfunction for which physical therapy services provided
  2. There will be a plan of care which includes:
    - A. frequency and duration
    - B. treatment
    - C. goals
- D. **Treatment/Progress Notes should clearly show:**
1. date of entry
  2. description of treatment received for each scheduled visit
  3. that it was signed or initialed by a PT or PTA with professional designation; if there was a change in plan of care, the note must be signed/cosigned by a P.T.
  4. at least every 5 visits\*\*
    - A. objective, measurable findings (referenced back to the initial eval) and progress toward goals
    - B. an assessment with revision and/or restatement of goals and treatment plan
- E. **Re-evaluations should clearly show:**
1. that they have been dated and signed by a licensed physical therapist every 30 - 90 days dependent on frequency of treatment and acuity of symptoms
  2. evidence of progress toward goals based on objective, functional, measurable changes
  3. revised/restated goals
  4. treatment plan to attain goals with justification for continuing, including frequency and duration
- F. **Discharge report should clearly show:**
1. that it was dated and signed by a physical therapist
  2. patient's present physical functional status as compared to initial evaluation
  3. applicable recommendations
  4. a description of the degree to which all goals were met
- G. **The following documentation must be cosigned by a physical therapist with professional designation:**
1. any documentation by a physical therapy student in a supervised learning experience
  2. any documentation by a physical therapist practicing under a temporary license.
- \*\* Exception: notes for pediatric records may be written less frequently but at intervals of no longer than 3 months.

## American Physical Therapy Association

**Guide for Professional Conduct****Purpose**

This *Guide For Professional Conduct* (Guide) is intended to serve physical therapists who are members of the American Physical Therapy Association (Association) in interpreting the *Code of Ethics* (Code) and matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. The Code and the Guide apply to all physical therapists who are Association members. These guidelines are subject to changes as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This

Guide is subject to monitoring and timely revision by the Judicial Committee of the Association.

**Interpreting Ethical Principles**

The interpretations expressed in this Guide are not to be considered all inclusive of situations that could evolve under a specific principle of the Code but reflect the opinions, decisions, and advice of the Judicial Committee. While the statements of ethical principles apply universally, specific circumstances determine their appropriate application. Input related to current interpretations, or situations requiring interpretation, is encouraged from Association members.

**Principle 1**

*Physical therapists respect the rights and dignity of all individuals.*

**1.1 Attitudes of Physical Therapists**

A. Physical therapists shall recognize that each individual is different from all other individuals and shall respect and be responsive to those differences.

B. Physical therapists are to be guided at all times by concern for the physical, psychological, and socioeconomic welfare of those individuals entrusted to their care.

C. Physical therapists shall be responsive to and mutually supportive of colleagues and associates.

**1.2 Confidential Information**

A. Information relating to the physical therapist-patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior written consent of the patient, subject to applicable law.

B. Information derived from a component-sponsored peer review shall be held confidential by the reviewer unless written permission to release the information is obtained from the physical therapist who was reviewed.

C. Information derived from the working relationships of physical therapists shall be held confidential by all parties.

D. Information may be disclosed to appropriate authorities when it is necessary to protect the welfare of an individual or the community. Such disclosure shall be in accordance with applicable law.

**Principle 2**

*Physical therapists comply with the laws and regulations governing the practice of physical therapy.*

**2.1 Professional Practice**

Physical therapists shall provide consultation, evaluation, treatment, and preventive care, in accordance with the laws and regulations of the jurisdiction(s) in which they practice.

**Principle 3**

*Physical therapists accept responsibility for the exercise of sound judgment.*

**3.1 Acceptance of Responsibility**

A. Upon accepting an individual for provision of physical therapy services, physical therapists shall assume the responsibility for evaluating that individual; planning,

**Code of Ethics****Preamble**

This Code of Ethics sets forth ethical principles for the physical therapy profession. Members of this profession are responsible for maintaining and promoting ethical practice. This Code of Ethics, adopted by the American Physical Therapy Association, shall be binding on physical therapists who are members of the Association.

**Principle 1**

Physical therapists respect the rights and dignity of all individuals.

**Principle 2**

Physical therapists comply with the laws and regulations governing the practice of physical therapy.

**Principle 3**

Physical therapists accept responsibility for the exercise of sound judgment.

**Principle 4**

Physical therapists maintain and promote high standards in the provision of physical therapy services.

**Principle 5**

Physical therapists seek remuneration for their services that is deserved and reasonable.

**Principle 6**

Physical therapists provide accurate information to the consumer about the profession and about those services they provide.

**Principle 7**

Physical therapists accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts.

**Principle 8**

Physical therapists participate in efforts to address the health needs of the public.

Adopted by the House of Delegates  
June 1981  
Amended June 1987

American Physical Therapy Association