

**NEVADA STATE BOARD OF
PHYSICAL THERAPY EXAMINERS**

BOARD MEETING MINUTES OF JANUARY 17, 2013

Item 1- Call to order / roll call to determine the presence of a quorum. The meeting was called to order by Chairman Sidener at 9:37am. Board members in attendance: Kathleen Sidener, PT, Certified MDT, Chairman; Lisa Mukavitz, PT, MPT, MBA, Vice Chairman; Louie Puentedura, PT, DPT, PhD, FAAOMPT, Secretary/Treasurer; Tina Baum, PT, ATC, CLT; Andrea Menicucci, MS, CCC-SLP; Public Member. Non-members in attendance: Richard Dreitzer, legal counsel; Allison Tresca, executive director. For all others in attendance, please refer to the sign-in sheet.

Item 2 - Pledge of Allegiance.

Item 3 – Public comment period. No public comment.

Item 4- Applicant Christopher A. Nelson requests to take the National Physical Therapy Examination a third time in accordance with NRS 640.140.

Motion to enter closed session: Mukavitz.

Second to motion: Menicucci.

Passes unanimously.

After returning to open session, grant permission to test on April 30, 2013:
Mukavitz.

Second to motion: Menicucci.

Passes unanimously.

Item 5- Applicant Marie Eugenie M. Pabustan requests to take the National Physical Therapy Examination a fifth time in accordance with NRS 640.140.

Motion to enter closed session: Mukavitz.

Second to motion: Menicucci.

Passes unanimously.

After returning to open session, grant permission to test on April 30, 2013:
Puentedura.

Second to motion: Menicucci.

Passes unanimously.

Item 6- Applicant Jennifer Ford requests to be licensed. This appearance is necessary to review the applicant's absence from the field.

Motion to enter closed session: Puentedura.

Second to motion: Menicucci.
Passes unanimously.

After returning to open session, offer 1 year probationary term, must work 20 hours per week, with primary and secondary Board approved supervisors; must obtain 3.0 units of Board approved education in addition to the annual requirement for the renewal of the license; offer valid for 6 months from date of appearance, Must appear to request release, and can request early release: Puentedura.

Second to motion: Menicucci.
Passes unanimously.

- Item 7- Update of re-appointments of Board members Mukavitz and Puentedura, and election of Chairman, Vice Chairman, Secretary/Treasurer and liaison to the Advisory Committee on Continuing Education.

Lisa Mukavitz announced that, due to time constraints, she needs to withdraw from being Vice Chairman. Board member Puentedura stated that Chairman Sidener was doing a great job. Chairman Sidener stated she would be willing to continue as Chair for another year. Board member Baum noted that she cannot attend the Continuing Education meetings as often as she would like. It was discussed that any member can attend, and it would be best if it was consistent, however having a Board member attend is important.

Motion for Kathy Sidener as Chairman: Puentedura.
Second to motion: Baum.
Passes unanimously.

Motion for Louie Puentedura as Vice Chairman: Mukavitz.
Second to motion: Menicucci.
Passes unanimously.

Motion for Tina Baum as Secretary/Treasurer: Puentedura.
Second to motion: Menicucci.
Passes unanimously.

Motion for Louie Puentedura and Tina Baum to the Advisory Committee on Continuing Education: Sidener.
Second to motion: Menicucci.
Passes unanimously.

- Item 8- Per request of Board member Puentedura, consider increasing the number of Board members and consideration of adding a physical therapist's assistant. The director noted that this would be a statute change and therefore the details can be worked out at a later date, but the discussion is good to start now. Board member Puentedura noted that he provided the other members with a list of the other physical therapy licensing jurisdictions and how they

are comprised. He continued, noting that the Board began with 5 members, and the number of licensees has quadrupled in the past 12 years. He noted that a much bigger Board is warranted and suggested adding another PT and adding a PTA. Board member Sidener noted that she can see pros and cons to this. Board member Puentedura indicated a larger Board would allow for more representation, and noted that would also allow three members to talk outside of meetings and not violate the open meeting law. Board member Mukavitz stated that more members may allow for cases to be assigned to someone with specific knowledge of a particular practice area. Board member Sidener noted that the Board needs to be comprised of people of different ages, practice settings, gender, educational background, etc. to ensure fair representation. Merrill Landers, PT, stated that he would like to see more members on the Board as it would increase diversity, and noted the Board appears homogenous. He also noted that more members would allow for less influence of one member over another. Board member Baum asked Mr. Landers why he believes the Board appears homogenous. Mr. Landers stated all of the members look the same, approximately the same age, no diversity. He continued, stating that the face of leadership should have more diversity. Anthony Morella, PTA, stated that it was wonderful to see this on the agenda as he raised the issue 5 years ago, and believes this is a good idea. He stated that many Boards have a PTA, and it is good to have them represented as many people, including PTs, do not know the role of PTAs. Janelle Lauchman, PT, NPTA President voiced her support.

Motion to add to list of NRS changes for next session: Puentedura.

Second to motion: Mukavitz.

Passes unanimously.

- Item 9- Per request of Board member Puentedura, consideration to no longer approve cranio sacral courses.

The director noted that the Advisory Committee on Continuing Education met to discuss this and would like the opportunity to gather information to present at the next meeting. They requested the vote to be tabled until that time. Board member Puentedura referred the members to the packet of information he provided to them. He stated that this is a placebo and patients should be told about receiving treatments that lack scientific evidence. He stated that there is no evidence that this works, there is no biological plausibility and research shows it cannot work. He noted that one report cited "demonstrated feeling" of it working. Board member Mukavitz asked how one demonstrates a feeling. Merrill Landers, PT, spoke to the Board. He stated he feels he is qualified to speak on this as he has a PhD in neurology, is the UNLV program director, has been licensed for years, worked on hundreds of cadavers, rats, and teaches neurology. Mr. Landers stated this is an issue of public safety. He said it is the responsibility of therapists to provide good evidential treatment to the patient. He stated that cranio sacral is an act of omission and a waste of patient's time, and is being billed as something it is not. He stated that it is

misleading to the public, and stated that to protect the public; the Board should not grant approval. He also stated that Chiropractors are saying it is fraudulent to bill for it. He noted it was not part of contemporary practice, not part of national conferences, not part of CAPTE, not in the APTA guide for PT practice, not tested on NPTE. He stated there was no foundational science behind it, and there was no reliability or validity. He stated that studies show it is unreliable. He noted that 3 articles in APTA library and journals do not support. He noted that no one can detect this rhythm spoken of, as it does not exist. He stated that no journal or articles from well-respected sources support this. He stated there is insufficient evidence to support. He stated that it does not meet standard of evidence based practice, it is all anecdotal. He stated that it is not PT practice, and stated the Board should not move forward with approving these courses. He stated the Board approving these courses tells the licensees the Board approves the treatment. He stated that he wants to protect the public. He stated that he fields calls from other therapists asking if this is PT, and it is frustrating for him and it distorts the profession if the Board continues to approve these courses. Board member Puentedura reminded the audience that the Board would not preclude the practice by removing approval of courses, and stated that licensees can still use the treatments. Richard Dreitzer stated that if the Board denies the course, then it is not within the scope of practice. Board member Sidener stated she is not sure it is appropriate to remove this from someone's practice if they are seeing the benefit with their patients. Mr. Landers stated it was a mistake to approve these courses in the first place. Janelle Lauchman stated that the NPTA is officially in favor that this is not within the scope of practice, but does not like the limitation and asked if one treatment option is removed, what is next and where does the slope stop. Board member Mukavitz asked if there was any evidence to support this. Ms. Lauchman stated there was no clear evidence to support ultrasound but it is used every day. Mr. Landers stated that it has been proven that it heats tissue. He also stated that the evidence for cranio sacral is telling us it is not at all what it says it is. Board member Mukavitz stated that the Board has to follow standards of care and practice. Ms. Lauchman stated that she believes the white paper for reviewing courses is not being followed if these courses are approved and asked what to do. Board member Puentedura stated they change up the appointments to the committee if that is the case. Ms. Lauchman said she would partner with the Board on this and asked when appointments are done and how are they noticed. Chairman Sidener stated that all appointments are noticed on the agendas and to refer to those when she receives them. Ms. Lauchman stated she does not read the agendas and would like to be personally notified when appointments are to be discussed. Chairman Sidener stated that the agendas are the notifications and that all items the Board discusses are listed. Board member Mukavitz stated this is an overall healthcare issue, not just a Board issue. Board member Baum stated that in the few meetings she attended, it appears Committee runs through the courses, and they are not looking at the criteria closely at each meeting. The director noted that the Committee

members review each course and most have been doing this for a long time so they have the process set. Chairman Sidener tabled for Reno meeting.

Item 10- Review of Nevada Administrative Code Chapter 640 to (a) discuss recommendations for changes, (b) discuss if the Board wants to consider making those changes and (c) schedule a workshop if necessary.

- 1) Limiting NPTE attempts to set number: It was discussed that some jurisdictions do this. Board member Puentedura noted that this is an issue that needs to be addressed as it is a public safety issue.
- 2) Allow technicians to challenge the PTA examination: It was discussed that California allows technicians who have worked for 5 years under the supervision of a licensed physical therapist can challenge the NPTE. It was also noted that there is discussion from other Board's to consider allowing PTAs to challenge the PT exam after a set number of practice years. Board member Mukavitz stated that formal education cannot be discounted, and that the PTA must have that accredited education to ensure they have received the proper training. It is not wise to allow one PT to determine the capabilities of a PTA candidate.
- 3) Do not allow new graduates to supervise staff: It was discussed that several new licensees are not comfortable supervising staff but are required to by their employers. Board member Mukavitz stated that employers should be aware of the needs of their employees, especially new graduates.
- 4) Grant continuing education for teaching courses: It was discussed that this was allowed several years ago, but removed during NAC changes in 2006.
- 5) Telemedicine: It was discussed that this is a federal issue.

Motion to move forward with items 1 and 4; do not move forward with items 2, 3 and 5: Puentedura.

Second: Mukavitz.

Passes unanimously.

Item 11- Complaint Hearings or Review and Approval of Consent Decrees.

Case #2010-24 / Gary C. Amick

Mr. Gilbert appeared on behalf of Mr. Amick. He asked for the Board to dismiss this case. He stated that being humans, mistakes can occur and cited many mistakes in the case, including that the complaint was not properly served. Richard Dreitzer noted that the consent decree was signed and this was for the Board to accept or deny, not hear the case. He noted that the complaint was properly served, several times, as the matter had been continued many times and each noticed required the complaint to be served. Mr. Gilbert stated he does not want to retry to case, but wants the Board to look at the consent decree and determine if that is what they want to accomplish. Chairman Sidener advised Mr. Gilbert and Mr. Amick they can withdraw their signed consent decree and the case can move to hearing at the next meeting of the

Board. She stated that the licensee has the decision and it is his right to have the matter heard before the Board if he wants to go that route. Mr. Amick stated that the fact he is appearing is disturbing enough, and the purpose of signing the consent decree was to make this go away and move on with his life. Chairman Sidener noted that it was her understanding the licensee was present to protect his name. She noted that office records show the licensee has not been disciplined in the past. Mr. Gilbert stated that the Board sits as a regulatory board and judicial board and they should know the facts that lead to the consent decree. He stated that his client knew of the issue before the Board did and that his client did not re-bill which would have given him more money. Richard Dreitzer noted that the consent decree is clear that the error was not purposeful. Mr. Amick stated there are ramifications of this decree and it is disturbing it has to be reported to the National databank, on future applications and may hinder his ability to get licensure in another jurisdiction, and damages of this may be economic. Mr. Amick stated he signed the consent decree solely for economic reasons as it would be costly to fight it. Mr. Dreitzer stated he objected to that as it was the nature of the offense, which was proven. Mr. Amick was asked again if he wanted to withdraw his signed consent decree. Mr. Amick said he did not.

Motion to accept the signed consent decree based on the consent decree and the information heard today: Mukavitz.

Second to motion: Baum.

Passes with Board member Puentedura abstaining as the Investigating Board member.

Case #2012-41 / Bryan P. Carlon

Change of address not completed timely; Consent Decree signed.

Motion to accept the Consent Decree: Puentedura.

Second: Menicucci.

Passes with Baum recusing as Investigating Board member.

Case #2012-25 / Kathleen Rene Anderson

Change of address not completed timely; Consent Decree signed.

Motion to accept the Consent Decree: Puentedura.

Second: Baum.

Passes with Menicucci recusing as Investigating Board member.

Case #2012-20 / Scott D. Christensen

Board member Puentedura indicated he had to recuse as the licensee called him on this issue.

Change of address not completed timely; Consent Decree signed.

Motion to accept: Baum.

Second: Mukavitz.

Passes with Puentedura recusing, and Menicucci recusing as Investigating Board member.

Case #2012-31 / Richard Tolboe
Change of address not completed timely; Consent Decree signed.
Motion to accept: Puentedura.
Second: Mukavitz.
Passes with Baum recusing as Investigating Board member.

Case #2012-30 / Robert T. Sheridan
Change of address not completed timely; Consent Decree signed.
Richard Dreitzer referred the members to the letter from the licensee.
Motion to accept: Baum
Second: Mukavitz.
Passes with Menicucci recusing as Investigating Board member.

Case #2012-34 / Jason D. DeFroscia
Change of address not completed timely; Consent Decree signed.
Motion to accept: Puentedura.
Second: Menicucci.
Passes with Baum recusing as Investigation Board member.

It was noted that the breakdown of costs/fines was incorrect on some of the consent decrees. The total amount was the same.

Motion by Board member Sidener to emend the breakdown on case 19 20, 30, and 33, to reflect a \$50 fine and \$325 costs.
Second: Mukavitz.
Passes unanimously.

Case #2012-24 / Kate C. Hurst
Change of address not completed timely; Consent Decree signed.
Motion to accept: Mukavitz.
Second to motion: Menicucci.
Passes with Baum recusing as Investigating Board member.

Case #2012-33 / Maureen A. Taikowski
Change of address not completed timely; Consent Decree signed.
Motion to accept: Mukavitz.
Second to motion: Baum.
Passes with Menicucci recusing as Investigating Board member.

Case #2012-19 / Matthew Tameichi Holt
Change of address not completed timely; Consent Decree signed.
Motion to accept: Mukavitz.
Second to motion: Puentedura.
Passes with Menicucci recusing as Investigating Board member.

Case #2012-21 / Trever J. Cornia

Board member Puentedura recused himself as the licensee contacted him on this issue.

Change of address not completed timely; Consent Decree signed.

Motion to accept: Mukavitz.

Second to motion: Menicucci.

Passes with Baum recusing as Investigating Board member.

Case #2012-18 / Jennifer A. Grguich-Abdalla

Change of address not completed timely; Consent Decree signed.

Motion to accept: Mukavitz.

Second to motion: Puentedura.

Passes with Baum recusing as Investigating Board member.

Case #2012-29 / Joaquin A. Vargas

The director stated that the licensee agreed to sign the consent decree but it had not yet been received. Table to next meeting per Chairman Sidener.

- Item 12- Review and approval of minutes for Board meeting of November 29, 2012.
Motion to approve with changes: Menicucci.
Second to motion: Mukavitz.
Passes unanimously.
- Item 13- Review and approval of executive session minutes for Board meeting of November 29, 2012.
Motion to approve: Mukavitz.
Second to motion: Baum.
Passes unanimously.
- Item 14- Review and approval of Treasurer's Report for period ending November 2012.
Motion to approve: Mukavitz.
Second to motion: Sidener.
Passes unanimously.
- Item 15- Review and approval of Profit and Loss Report for period ending November 2012.
Motion to approve: Mukavitz.
Second to motion: Baum.
Richard Dreitzer noted that there is a backlog of some invoices and those are forthcoming.
Passes unanimously.
- Item 16- Review and approval of Balance Sheet as of November 2012.
Motion to approve: Mukavitz.
Second to motion: Menicucci.
Passes unanimously.

- Item 17- Review and approval of Treasurer's Report for period ending December 2012.
Motion to approve: Mukavitz.
Second to motion: Puentedura.
Passes unanimously.
- Item 18- Review and approval of Profit and Loss Report for period ending December 2012.
Motion to approve: Mukavitz.
Second to motion: Menicucci.
Passes unanimously.
- Item 19- Review and approval of Balance Sheet as of December 2012.
Motion to approve: Mukavitz.
Second to motion: Puentedura.
Passes unanimously.
- Item 20- Review and approval of current Fiscal Year Budget Report.
Motion to approve: Mukavitz.
Second to motion: Puentedura.
Passes unanimously.
- Item 21- Review of financial audit for fiscal years ending 2011 and 2012.
Lisa Jones, the Board's accountant stated the audits are performed every two years. She stated that the Board meets all qualifications and remains strong. She stated the cash flow is consistent and noted that the 2012 costs lower as no audit fees. She stated she did not encounter any issues with the audit. She stated that there are material adjustments and she is required to let the Board know they are recording and adjusting deferred revenue, etc. She stated that the adjustments are pretty standard. She stated the Board can avoid these adjustments by having someone from another company make the adjustments each month, but she doesn't care either way. She noted that the only way to avoid certain adjustments is to have someone who keeps up on GAP financial statements to do the books. She noted that her firm cannot be part of the internal control and do the audit. She noted another standard filing she made was that there is lack of segregation due to having only two employees. She stated that the Board could get a CPA involved each month. She noted that none of the issues are alarming and are standard for small boards. It was noted that having two signers on checks is nice, but not always practical. She noted a monthly review by a bookkeeper would be good, in addition to the review done by the Board's secretary/treasurer. Board member Mukavitz indicated that the Board can look into options. The director will check look into securing a bookkeeper and contact Wells Fargo about two-signer check requirements.
- Motion to accept the audit and findings: Mukavitz.
Second to motion: Puentedura.
Passes unanimously.

- Item 22- Review and approval of Executive Director's Report as of January 4, 2013.
Motion to approve: Mukavitz.
Second to motion: Menicucci.
Passes unanimously.
- Item 23- Review and approval of Board policies.
Richard Dreitzer advised the Board that the documents had been forwarded to him by the director, however the number of complaints and subsequent decrees did not allow time for him to complete the organization of the policy book. The item was tabled by Chairman Sidener.
- Item 24- Request from the Nevada Physical Therapy Association for the Board to post all policies on the Board's website.
Motion to post the policies once they have been reviewed by the Board:
Puentedura.
Second to motion: Mukavitz.
Passes unanimously.
- Item 25- Performance evaluation of the executive director.
Chairman Sidener stated this has been difficult task the last couple of months, as the form brought to the last meeting does not function as to what the purpose is, and is more of a job description. She stated that there needs to be a better process. She stated that based on everyone's input received, there are areas in which the director is performing very well and some areas working on improvement. Chairman Sidener stated she would like to see the review done on a one-on-one basis. She stated that the director's history is valuable to the Board and they look to her for information. She also noted that Muriel Morin-Mendes, the Board's Licensing Coordinator, deserves acknowledgement, too. Board member Mukavitz stated that the director does so much work and tasks that the Board does not know about as they are not in the office. She stated that the reviews have been in open session at the request of the director, but noted that the director is an employee of the Board and does not understand why it has to be open. She noted that employees in her office are not brought into the gym for their reviews. Board member Baum stated that in looking through the paperwork, the director works a lot with legal counsel. She asked if legal counsel should offer an opinion on the director's performance. Richard Dreitzer stated one way to look at this is that the proof is in the pudding. Has the Board received any information that reports are not being filed, cases are not being processed, etc. The agenda items are a good indication of the work being done. Board member Baum stated she sees no disorganization. Board member Menicucci agreed. Chairman Sidener stated that she met with the director in December and awarded a \$1,000 holiday bonus to her, as well as a \$500 holiday bonus to Muriel. Board member Puentedura noted that Governor Sandoval announced that merit pay was being reinstated in July 2014. The director noted that the Board is not part of the general fund, not subject to the furlough days, etc.

Board member Sidener stated that the current cost of living is 1.7. Janelle Lauchman asked if the public can provide input and Chairman Sidener said this is the time, when the item is on the agenda. Janelle Lauchman asked if a survey would be posted for the public to complete. Chairman Sidener stated that there were no plans to do so and reminded everyone that the public can attend the meetings and has the opportunity to submit emails directly to her, and they can be anonymous. Board member Mukavitz stated that are better ways to do these reviews. Board member Baum stated she read an article that linked increases to budgets and finances.

Board member Sidener motioned for a 2% cost of living increase.

Board member Menicucci seconded the motion.

Passes with Board member Puentedura abstaining.

Board member Menicucci reminded the Chairman to review the comments made by the members. Board members Menicucci and Baum will work on creating a better review process.

Item 26- Update on obtaining video conferencing equipment. The director advised the Board that the IT people are looking into our options to ensure the best fit, and best cost.

Item 27- Update on obtaining a wireless router. The router was installed and is available to the members.

Item 28- Review of files/ratification for licensure.

Motion to ratify: Menicucci.

Second to motion: Puentedura.

Passes unanimously.

FILES FOR REVIEW/RATIFICATION:

Physical Therapists

LAST	FIRST	CRED#
Stanley	Rhonda	2783
Romanello	Valerie Alesia	2784
Campbell	Holly	2785
Bair	Jared	2786
Madden	Lura	2787
Borja	Melchor	2788

Physical Therapist's Assistants

LAST	FIRST	CRED#
Leiterman	Jennifer	A-0651
Robinson	Christopher	A-0652

Item 29- Consideration of courses recommended by the Advisory Committee on Continuing Education at their meeting of November 27, 2012 for the units listed through July 31, 2014.

Motion to approve and deny as indicated, and change Legally Defensible Wound Care Documentation to non-clinical: Puentedura.

Second to motion: Sidener.

Passes unanimously.

Recommended for approval:

Provider	Course	Type	CE Units for renewal purposes	CE Units for all other purposes	Unit Type
Accelerated Care Plus Corp	Physical Agent Modality Basics-Electrotherapy	On-Site	0.2	0.2	Clinical
Accelerated Care Plus Corp	Physical Agent Modality Basics-Shortwave Diathermy	On-Site	0.15	0.15	Clinical
Accelerated Care Plus Corp	Physical Agent Modality Basics-Ultrasound	On-Site	0.2	0.2	Clinical
Allied Health Education	Dynamic Stretching and Other Keys to Lower Extremity Injury Prevention	Recorded Webinar	0.2	0.2	Clinical
APTA	A User-Friendly Framework for Evidence-Based Decision-Making in Electrotherapy	On-Site	1.5	1.65	Clinical
APTA	Advanced Exercise Prescription for the Complex Patient	On-Site	1.5	1.63	Clinical
APTA	Advances in PT Practice: Telehealth Essentials	Audio Conference	0.2	0.2	Clinical
APTA	Assessment and Treatment of the Obese Patient Across the Lifespan: The Role of Physical Therapy	On-Site	0.8	0.8	Clinical
APTA	Cleveland Clinic Osteoporosis and Bone Health Education Program	On-Site	0.88	0.88	Clinical
APTA	Clinical Reasoning for the Patient with Complex Cardiovascular and Pulmonary Dysfunction	On-Site	0.88	0.88	Clinical
APTA	Combined Sections Meeting 2013	On-Site	1.5	2.2	Clinical
APTA	Comprehensive Management of the Triathlete: Injury, Rehab, and Performance	On-Site	0.85	0.85	Clinical
APTA	Considering the Seated Client in Pressure Ulcer Management	On-Site	0.95	0.95	Clinical

APTA	Correlating Neuroanatomy with Patient Presentation and the Neurologic Exam	On-Site	0.9	0.9	Clinical
APTA	Deep Vein Thrombosis (DVT) and Peripheral Arterial Occlusive Disease (PAOD): Management of Patients with Lower Extremity Vessel Disorders	On-Site	1	1	Clinical
APTA	Developing an Oncology Rehabilitation Program Through the Integration of Physical Therapy Intervention	On-Site	0.9	0.9	Clinical
APTA	Differential Diagnosis and Treatment of Typical and Atypical Benign Paroxysmal Positional Vertigo	On-Site	0.93	0.93	Clinical
APTA	Do It Right From the Start: Task-Specific Training for Relearning Gait after Stroke	On-Site	0.9	0.9	Clinical
APTA	Doing it Right! How to Develop an Aquatic Physical Therapy Program	On-Site	0.9	0.9	Clinical
APTA	Exercise Training Guidelines for Cancer Survivors: Endurance and Strength	On-Site	0.9	0.9	Clinical
APTA	Fit and Active Physical Therapy for Individuals with CP: Intensity and Outcome Measures	On-Site	0.95	0.95	Clinical
APTA	Focus Geriatrics: The Aging Adult	On-Site	0.9	0.9	Clinical
APTA	Functional Biomechanics of the Lower Quarter: Implications for the Evaluation & Treatment of Musculoskeletal Disorders	On-Site	1.5	1.7	Clinical
APTA	Hospice and Palliative Care: The Collaborative Role of Physical Therapy	Audio Conference	0.2	0.2	Clinical
APTA	Introduction to AquaStretch: A New Aquatic Manual Therapy Technique	On-Site	0.88	0.88	Clinical
APTA	Linking Structure to Function: Muscle, Bone and Brain	On-Site	0.95	0.95	Clinical
APTA	Looking Forward: Functional Electrical Stimulation in Pediatrics	On-Site	0.9	0.9	Clinical
APTA	Manual Therapy Interventions for the Lower Extremity: A Laboratory Intensive Course	On-Site	1.5	1.75	Clinical
APTA	Manual Therapy Interventions for the Spine: A Laboratory Intensive Course	On-Site	1.5	1.73	Clinical
APTA	Medicare Updates for Post-Acute Care in 2013	Audio Conference	0.2	0.2	Non-Clinical

APTA	Multiple Sclerosis from Diagnosis to Intervention: Translating Science into Clinical Practice	On-Site	1.5	1.7	Clinical
APTA	Out-Think Being Out-Sized: Manual Therapy Approaches for the Not-So-Large Clinician	On-Site	0.9	0.9	Clinical
APTA	Physical Therapy and the Future of Regenerative Medicine	Audio Conference	0.2	0.2	Clinical
APTA	PQRS 2013: Successful Reporting Strategies for PT's	Audio Conference	0.2	0.2	Non-Clinical
APTA	Strategies for Successful Residency and Fellowship Mentoring	On-Site	0.8	0.85	Non-Clinical
APTA	Strengthening your Exercise Intervention: Effectively Using Thera-Band	On-Site	0.85	0.85	Clinical
APTA	Survey Courses in Hand Therapy: The Basics and Beyond	On-Site	0.95	0.95	Clinical
APTA	Tai Chi Fundamentals Professional Training Program: Level 1	On-Site	0.88	0.88	Clinical
APTA	The Burdenko Method: Therapeutic Applications	On-Site	0.83	0.83	Clinical
APTA	The Female Runner Throughout the Lifespan	On-Site	0.83	0.83	Clinical
APTA	The Practical Application of Mental Imagery in the Therapeutic Setting	On-Site	1.5	1.7	Clinical
APTA	Titleist Performance Institute: Level 1 Golf Fitness Certification	On-Site	1.5	1.7	Clinical
APTA	Titleist Performance Institute: Level 2 Medical Professional Certification	On-Site	1.5	1.7	Clinical
APTA	Treating Scoliosis of All Ages: The 3-Dimensional Schroth-Based Method to Arrest and Prevent the Progression of Scoliosis	On-Site	1.5	1.5	Clinical
APTA	Wound Debridement Skills	On-Site	0.78	0.78	Clinical
CIAO Seminars	An Introduction to Myofascial Release and Manual Therapy in Dysphagia Management	Internet	0.15	0.15	Clinical
CIAO Seminars	Laboratories in Myofascial Release and Manual Therapy in Dysphagia Management	Internet	0.1	0.1	Clinical
Core Seminars, LLC	Advances in Joint Arthroplasty - Boomers and Beyond - A Live Seminar	On-Site	0.75	0.75	Clinical
Core Seminars, LLC	Advances in Joint Arthroplasty - Boomers and Beyond-An Online Seminar	Internet	0.7	0.7	Clinical

Core Seminars, LLC	Assessment and Treatment of the Shoulder-A Live Seminar	On-Site (Live)	0.75	0.75	Clinical
Core Seminars, LLC	Assessment and Treatment of the Shoulder-An Online / Internet Seminar	Internet	0.7	0.7	Clinical
Cross Country Education	Activities of Daily (ADL s) & Instrumental Activities of Daily Living (ADL s)	On-Site	0.65	0.65	Clinical
Cross Country Education	Are You Boomer Ready? Joint Replacement Rehabilitation On-Site	On-Site	0.65	0.65	Clinical
Education Resources, Inc.	The Pediatric Brain: Function Neuroanatomy and the Sensory Systems and their Treatment Applications	On-Site	1.5	1.6	Clinical
Great Seminars and Books	Acute Care Rehabilitation	On-Site	1.5	2.05	Clinical
Great Seminars and Books	Rehabilitation for Osteoporosis	On-Site	1.5	2.1	Clinical
Health.edu	Orthopedic Special Tests for shoulder SLAP Tears (12312)	Internet/Home Study/ Video/ DVD	0.1	0.1	Clinical
Health.edu	Therapeutic/Adaptive Tricycles (17612)	Internet/Home Study/Video/DVD	0.1	0.1	Clinical
Hesch Seminars & PT, LLC	The Hesch Method: Innovative & Effective Treatment to Restore Normative Joint Function in the Sacroiliac, Pelvis, Symphysis Pubis, Hip, & Lumbar Spine	On-Site	1.5	1.6	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	A Deeper Discussion on DTI	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	After the Diabetic Foot Ulcer Heals, Are We Doing Enough for Prevention	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	Amputations: From Prevention to Getting Back Up Post Amputation	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	An Overview of Hyperbaric Oxygen Therapy: The Nuts & Bolts	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	Are You Doing Enough Nutritional Interventions to Prevent and Treat Wounds?	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	Atypical Wounds, Necrotizing Fasciitis, and Calciphylaxis	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	Biomechanics of Posture and Seating	On-Site	0.1	0.1	Clinical

Lippincott Williams & Wilkins / Wolters Kluwer Health	Chronic Venous Hypertension Ulcers - Above and Beyond Compression	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	CMS-What you MUST Know Before You Go!	On-Site	0.15	0.15	Non-Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	Physical Therapy Services for the Older Persons: Barriers to Access in Rural America	Internet	0.23	0.23	Non-Clinical
Lippincott Williams & Wilkins / Wolters Kluwer Health	Post-Polio Syndrome: Unraveling the Mystery	Internet	0.2	0.2	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Coming Soon to A Clinic Near You-New Methods to Evaluate and Monitor Clinical Outcomes in Lymphedema!	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Comprehensive Wound Care Review Course	On-Site	0.85	0.85	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Conducting a Comprehensive Risk Assessment and Incorporating Results in an Individual Plan of Care	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Devices for Early Skin Damage Detection	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Diagnosis and Treatment of Osteomyelitis for Wound Care Practitioners	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Diffuse Near Infrared Spectroscopy Prediction of Healing in Diabetic Foot Ulcers: A Human Study and Cost Analysis	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Distinguishing Inflammation From Infection: Basic Science to Bedside Implementation	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Dressings: From Alginates Negative Pressure Wound Therapy (Part 1)	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Dressings: Hydrophobic Materials and Their Role in Reducing Bacteria (Part 2)	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Effective and Efficient Management of Wound Pain	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Enhancing Organizational Change for Preventing Pressure Ulcers	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Everything Old is New Again: A Look Back into The Future: 25-Years Historical Review of Wound Care	On-Site	0.1	0.1	Clinical

Lippincott Williams & Wilkins/Wolters Kluwer Health	Fistulas and Management in Complex Care	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	High Octane Results: HBOT in the Management of the DFU	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Histology of Pressure Ulcers	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Legally Defensible Wound Care Documentation	On-Site	0.13	0.13	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Mixed Etiology Ulcers: Practice Principles	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Moisture-Associated Skin Damage: Pathogenesis, Assessment, and Management	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Oral Abstracts	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Organized Approach to Wound Care	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Pain, Psychological Stress, Inflammation, and Wound Healing	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Pressure Ulcer Staging Conundrums A-2-Z	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Skin & Wound Care at Life's End: Clinical Considerations	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Spinal Cord Injury and Pressure Ulcer Development	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Stem Cell and Cell-Based Therapy for Wound Healing: Challenges and Opportunities	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	The Complete Picture: HIPAA, Photos, and Informed Consent from the View of the Wound Care Clinician	On-Site	0.1	0.1	Non-Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	The Offloading Continuum	On-Site	0.75	0.75	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Ulcers: Arterial to Venous	On-Site	0.75	0.75	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Ultrasound: Finding the Therapeutic Frequency Sweet Spot	On-Site	0.1	0.1	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Update: Consensus for the Prediction, Prevention and Management of Skin Tears	On-Site	0.1	0.1	Clinical

Lippincott Williams & Wilkins/Wolters Kluwer Health	Virtual Preconference Course w/ 1-Hour Onsite Skills Workshop	On-Site	0.5	0.5	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Who Killed Our Wound Clinic	On-Site	0.1	0.1	Non-Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Wound Care Practice Principles	On-Site	0.4	0.4	Clinical
Lippincott Williams & Wilkins/Wolters Kluwer Health	Wound Care Skills Lab: Debridement Techniques, Bioengineered and Biologically Active Wound Care Products	On-Site	0.35	0.35	Clinical
Mobility Research	Application to Help You Objectify Your Outcomes	Online Webinar	0.15	0.15	Clinical
Orthopaedic Section, APTA, Inc.	ISC 22.2 Osteoarthritis: Linking Basic Science to Intervention	Independent Study Course	1.5	1.5	Clinical
Polestar Pilates Education	Structural Manual Intervention	On-Site	1.5	1.55	Clinical

Recommended for denial:

Provider	Course	Reason
APTA	Essentials to Stating a Private Practice	outside scope
APTA	iTeach, iLearn, iPad	not specific to PT or healthcare
APTA	Manual Therapy for Mechanical Dysfunctions of the Canine Lumbar Spine, Human and Canine Comparisons	outside scope
APTA	Medicare Enrollment & Revalidation: What PT's Should Know Before Applying	outside scope
APTA	Taking your Practice to the Next Level	outside scope
APTA	Therapy Leadership in Home Health: Building Your Executive Portfolio	outside scope
Institute for Natural Resources	Stress, Anxiety, & Depression	outside scope
Lippincott Williams & Wilkins/Wolters Kluwer Health	Social Media in Wound Center Marketing	outside scope
National Posture Institute	Certified Posture Specialist	outside scope

Item 30- Report from legal counsel regarding pending cases.

Item 31- Items for future agendas.

February telephonic meeting to address applicant's requests to sit for the NPTE; possible email blasts to remind licensee to change their addresses in a timely manner; discuss no longer mailing newsletters; Janelle Lauchman requests to be provided an address list free of charge. Chairman Sidener asked Ms. Lauchman when their meeting minutes would be posted.

Ms. Lauchman stated they did not have a secretary, but they were catching up with posting.

- Item 32- Public comment period. Chairman Sidener advised the Board that Jackie Miklas resigned. She noted that Ms. Miklas was the Board's inspector for approximately one year, and thanked her for her service.
- Item 33- Confirm schedule of future Board meetings and their locations. The next two meetings of the Board will be as follows:
March 28th in Reno, and May 9th in Las Vegas.
- Item 34- Adjournment of the Board meeting. The meeting was adjourned at 1:52pm by Chairman Sidener.