

**NEVADA STATE BOARD OF
PHYSICAL THERAPY EXAMINERS**

BOARD MEETING MINUTES OF MAY 21, 2015

- Item 1- Call to order / roll call to determine the presence of a quorum. The meeting was called to order at 9:30am by Chairman Puentedura, who welcomed all in attendance. Board members present: Louie Puentedura, PT, DPT, PhD, FAAOMPT, Chairman; Tina Baum, PT, ATC, CLT, Vice Chairman; Jim McKivigan, DC, PT, MPA, MA, Secretary-Treasurer; Sherise R. Smith, PT, MSPT, CBIS. Andrea Menicucci, MS, CCC-SLP, Public Member, appeared telephonically. Non-members present: Richard Dreitzer, legal counsel; Allison Tresca, executive director; Melissa Nichols, PT, board inspector and Richard Ruoti, PT, board inspector. For all others in attendance, please refer to the sign-in sheet.
- Item 2- Pledge of Allegiance.
- Item 3- Public comment period. There was no public comment.
- Item 4- Applicant Marise Dudley requests to be licensed. This appearance is necessary to address the applicant's arrests record and disciplinary action taken by the Texas Board of Physical Therapy Examiners. This item was tabled as the applicant advised Board staff she would not be able to attend as she is out of state.
- Item 5- Applicant Victoreliz Q. Cusi requests to take the National Physical Therapy Examination for Physical Therapists a sixth time in accordance with NRS 640.100(4).
- Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.
- After returning to open session:
- Motion to grant request to take the NPTE in July or October: Baum.
Second: McKivigan.
Passes unanimously.
- Item 6- Applicant Scott Kemper requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a third time in accordance with NRS 640.100(4).
- Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Baum.
Second: McKivigan.
Passes unanimously.

- Item 7- Applicant Guadalupe A. Mendez requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a third time in accordance with NRS 640.100(4).

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Baum.
Second: Smith.
Passes unanimously.

- Item 8- Applicant Gary L. Smith requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a third time in accordance with NRS 640.100(4).

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Baum.
Second: McKivigan.
Passes unanimously.

- Item 9- Applicant Aneacia Cummings requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a third time in accordance with NRS 640.100(4).

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Baum.
Second: McKivigan.
Passes unanimously.

Item 10- Applicant Carmen Alicia Fiero requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a third time in accordance with NRS 640.100(4).

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Baum.
Second: McKivigan.
Passes unanimously.

Item 11- Applicant Emily Luke requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a third time in accordance with NRS 640.100(4).

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Puentedura.
Second: McKivigan.
Passes unanimously.

Item 12- Applicant Andrew Achonda requests to be licensed. This appearance is necessary to address the results of the applicant's fingerprinting.

Motion to enter closed session: McKivigan.
Second: Baum.
Passes unanimously.

After returning to open session:

Motion to grant licensure: Puentedura.
Second: Smith.
Passes unanimously.

Item 13- Applicant Gerardo Celis requests to take the National Physical Therapy Examination for Physical Therapist's Assistants a sixth time in accordance with NRS 640.100(4).

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant request to take the NPTE in July or October: Baum.
Second: McKivigan.
Passes unanimously.

Item 14- Applicant Jaime Price Bringhurst requests to be licensed. This appearance is necessary to address the applicant's absence from the field.

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to offer 3 year probation with primary and secondary Board-approved supervisors; 1.5 additional units of Board approved on-site continuing education per year of probation; offer valid for six months from date of appearance; must appear to request release: Puentedura.
Second: McKivigan.
Passes unanimously.

Item 15- Applicant Dominic Harris requests to be licensed. This appearance is necessary to address the results of the applicant's fingerprinting.

Motion to enter closed session: Puentedura.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant licensure, with the requirement to be re-fingerprinted after 9 months of being licensed and the reports must not reflect any new activity:
Puentedura.
Second: McKivigan.
Passes unanimously.

Item 16- Inactive licensee Amani Nashed Fahim Youssef requests an extension of time to meet the terms of the probation offered at the Board meeting of November 20, 2014.

Motion to enter closed session: Baum.
Second: McKivigan.
Passes unanimously.

After returning to open session:

Motion to grant a 90 day extension to the probationary offer; applicant has until August 21, 2015 to secure employment or her file will be closed; applicant will need to reapply as a new applicant, with original documents, should she wish to pursue licensure after August 21, 2015: Puentedura.

Second: Smith.

Passes unanimously.

Item 17- Licensee Junwyn Thomas V. Agustin requests to be released from probation.

Motion to enter closed session: Baum.

Second: McKivigan.

Passes unanimously.

After returning to open session:

Motion to release the licensee from probation, having successfully met the imposed terms: Puentedura.

Second: McKivigan.

Passes unanimously.

Item 18- Licensee Fritzie Griego requests an early release from probation.

Motion to enter closed session: Puentedura.

Second: McKivigan.

Passes unanimously.

After returning to open session:

Motion to deny the request as the licensee has not completed the probationary term: Baum.

Second: Puentedura.

It was noted the applicant has completed the continuing education imposed under the probationary license.

Passes unanimously.

Item 19- Jon Gottlieb, owner of My Left Foot Children's Therapy, requests clarification on the rules and regulations pertaining to the practice of physical therapy and the requirement for licensed physical therapists to bill per Nevada Administrative Code 640.620.

Mr. Gottlieb appeared with legal counsel and stated his company has made sure their policies are in-line with what the Board's rules are. He stated he remained on the agenda as there were others who wanted to appear on this topic and he wanted to answer any questions.

Chairman Puentedura stated a question came to the Board as to whether it was appropriate and/or legal to bill only one code for all physical therapy treatments, on all patients, for all services. The Board's letter on this matter was read into the record and is attached.

Chairman Puentedura reminded those in attendance that the Board does not have power over employers unless they are found to be practicing physical therapy without a license, and advised the applicants that if they are working in a place that may cause them to violate the law, it is probably in their best interest to not work there.

Richard Dreitzer, Board's legal counsel, stated that the Board is not passing judgment on any company or individual, that this is a statement about the judgment and requirements that the licensees have based on the practice act.

Licensee Kim Beeman, PT, stated she works for My Left Foot as a therapist. She asked the Board that when she treats to help a patient walk better, does she bill for the specific services or just the one code the employer wants (97530) because she is improving functional performance. Chairman Puentedura stated that licensees are required to bill for what they have done with their patients. He noted that it would be a problem to review a chart that documented a host of things, yet only one code was billed. He noted that a licensee cannot cherry-pick a code just because it reimburses at a higher rate, and it was the licensee's legal responsibility to bill appropriately. It was noted that not all patients are treated to improve functional performance and therefore that code would not be appropriate for all patients.

Mr. Gottlieb stated he respects where the Board is, but wants to explain. He stated that they treat one-on-one in private treatment rooms, and the goal is to improve function. He stated that he understand the laws, and noted that he didn't get into the business to make money but to help kids. He stated that insurance companies continue to change gears and that it will snowball as time goes on. He stated that in the pediatric arena, the insurance will only approve codes that allow for functional improvement. He also noted that certain insurance companies don't reimburse for many codes. He stated he never involves himself in what the therapists do and noted he does have the control over what the insurance reimburses. He stated they do not employ less than the best and have no assistants and no technicians. He stated the care is comprehensive, full one-on-one for each patient. He stated the code is "what we are doing and what the insurance company reimburses".

Chairman Puentedura asked Mr. Gottlieb what his background was to run the therapy clinic. Mr. Gottlieb stated he has a computer science degree, but his wife is an OT.

Matthew Berhold, PT, from Dignity Health, stated that Medicare and CMS provide a lot of guidelines to practice in breaking down doing certain tasks and for the selection of charge codes. He noted that documentation provided must be in lock-

step with what was done and must match the billing codes. He noted that what is done is what guides the charge codes, period, and noted that a gap in documentation and charge codes will create potential problems with Board and Medicare if they don't match.

Luke Morehouse, PT, who is an employee at My Left Foot, said he wanted to clarify the Board's letter and said it sounds as though the licensee is responsible for what gets coded and billed, but we can give to administration to process. He also noted that he believed the ultimate responsibility rests with him as to billing as it is his license. Chairman Puentedura said the regulation is very clear; licensees, and only licensees, determine the plan of care and the billing. He reiterated that the documentation and billing must reflect what was done with the patient. A licensee bills for what they do, not for what the insurance company will pay the most for. Chairman Puentedura noted that if a Board inspector reviewed numerous charts and saw only one code for all patients, irrespective of diagnosis and treatments, that would be suspicious. Mr. Morehouse asked if was appropriate for a billing person to bill for one code and not read his daily notes and billing based off of that. Chairman Puentedura noted again that the licensee has the full authority on billing and a clerk is to bill what the therapist dictates. Board member Smith stated it is ultimately what the licensee is comfortable with as to what is billed. If the one code for the treatment is appropriate, that is what is billed.

Mr. Gottlieb's counsel, Jeffrey Ian Shaner, stated he is seeking some clarification and noted the problem seems to be certain services defined as functional improvement are rolled into one billing category, but there are services performed individually. He noted that based on what Ms. Smith said, functional procedures are all inclusive and can be billed under one code. He noted that the insurance company wants it billed under one code.

Vice Chairman Baum asked Mr. Gottlieb if the insurance companies were telling him the therapists can only bill under 97530, or are they giving him a list of codes to bill under? Mr. Shaner stated that the insurance company wants the one code, not a breakdown of activity under more than one code.

Richard Dreitzer noted that this item was to clarify the statute and regulation regarding billing one code, and this is an exploration of this business and it is not agendaized. Mr. Gottlieb stated that some insurance companies tell you what you can bill, and some allow for a broad range of CPT codes. He noted that some only authorize payment under a few codes, irrespective of diagnosis and that creates a mess. He also noted that code 97530 doesn't pay highest for all insurance companies. He said the practice was to simply things and not for monetary gain.

Matthew Berhold, PT, asked the Board if the practice act provides that the ultimate right and responsibility to bill rests with the licensee. Chairman Puentedura noted again that the law requires the licensee to treat and bill, there is nothing that allows a non-licensee to take that right and responsibility away

from the licensee. He noted that reimbursement is not the issue; the best needs of the patient are the primary and only concern.

Mr. Shaner asked if it was appropriate for a therapist to use only one code if he decided that was appropriate for his patients. Chairman Puentedura noted that the licensee can certainly use the one code for treatments, however if there is a complaint it can be a problem if evaluation and re-evaluation codes are not in the record, and if the treatments are not reflected in the billing.

Chairman Puentedura noted that if a patient's notes reflect range of motion with hip specific therapeutic exercise, the billing for that would be specific to what was done.

Andrea Menicucci, Public Member, noted that the Board cannot get in the middle of what insurance contracts terms are negotiated. She noted the licensee must bill for the services he provided, and the billing must reflect the notes.

Mr. Gottlieb noted that he was not restricting what the therapist's bill. He stated they have decided that to have better services and to allow them to bill within the services the company provides, they may need to downsize. He stated he respects the Board's opinion. Chairman Puentedura noted that the Board's practice act language is clear, it is not an opinion. He also noted that Mr. Gottlieb's communications to his staff stated the therapists had to agree, in writing, to billing only one code. Mr. Gottlieb said that was prior to the Board's letter on the matter. He reiterated that his company may need to limit the services they offer.

Chairman Puentedura noted, that in response to the request, the licensees must document and bill their treatments and the documentation and billing records must match.

Item 20- The State of Nevada Occupational Therapy Board requests the Board's interest in having a discussion on the issues faced by OT, PT and Speech in regards to productivity measures faced by practitioners, in response to the Consensus Statement on Clinical Judgment in Health Care Settings issued by The American Occupational Therapy Association, The American Physical Therapy Association and the American Speech-Language-Hearing Association.

It was discussed that this matter is relevant to what the Board has discussed today on other items. The Board members believe their participation is important.

Motion to appoint Board member Smith and McKivigan to act as liaisons for this matter and to report to the Board as warranted: Puentedura.

Second: Baum.

Passes unanimously.

Item 21- Dr. Michael J. Lewandowski, with Behavioral Medicine Consultants, Inc., requests the Board to consider if physical therapists administering a psychosocial screening questionnaire is within the scope of practice; and if so, would they be

permitted to bill for such a service and what would be the appropriate code in which to bill? It was noted that Dr. Lewandowski did not appear and the matter was not addressed.

- Item 22- Review and discussion of The State of Nevada Oriental Medicine Board's letter to this Board stating their position that dry needling is not within the scope of practice for physical therapists. The director noted that an invitation was sent to their Board with the date and time of the meeting. There was no representative of their Board in attendance.

Public Member Menicucci noted the policy was written a couple of years ago. Richard Dreitzer asked the Board if they feel the need to revisit the policy. Richard Dreitzer stated Oriental Medicine Board was meeting soon and had this topic on their agenda and he would like to appear. The Board members stated it was a good idea for Mr. Dreitzer to appear as he may be able to answer any questions their Board many have. Vice Chairman Baum stated she would appear as well. Susan Priestman, PT, asked what the appropriate billing would be for this. It was noted that was not on the agenda and could not be addressed. The Board members stated the policy stands as written and agree this is still within scope.

- Item 23- Joann Gutschick, PT, College of Southern Nevada PTA Program Director, requests the Board to consider changes to the professional reference requirements for applicants as their program has changed from three clinical affiliations to two.

Appearing Lisa Finnegan, PTA, on behalf of the CSN PTA program.

The director noted that current policy requires three professional references that attest to the clinical skills of the applicant, and the references must be PTs.

Ms. Finnegan noted that they will not longer have three affiliations and therefore getting three PT references may not be possible. It was discussed that the policy can be changed, but should also be changed for the PT applicants as well. The Board will have to decide who can write the letters for the PTAs and the PTs. The director suggested Ms. Finnegan submit suggestions as to who else would be appropriate for applicants, PTs and PTAs, to get their references from.

Motion to direct Richard Dreitzer to draft the policy with the input from CSN: Puentedura.

Second: McKivigan.

Passes unanimously.

The draft policy will be placed on the next agenda for consideration.

- Item 24- Review and approval of minutes for Board meeting of March 26, 2015.

Motion to approve with minor edits: Puentedura.

Second: McKivigan.

Passes unanimously.

Item 25- Review and approval of executive session minutes for Board meeting of March 26, 2015.

Motion to approve with minor edits: Puentedura.

Second: McKivigan.

Passes unanimously.

Item 26- Review and approval of Treasurer's Report for period ending March 2015.

Motion to approve: Baum.

Second: McKivigan.

Passes unanimously.

Item 27- Review and approval of Profit and Loss Report for period ending March 2015.

Motion to approve: Baum.

Second: McKivigan.

Passes unanimously.

Item 28- Review and approval of Balance Sheet as of March 2015.

Motion to approve: Baum.

Second: McKivigan.

Passes unanimously.

Item 29- Review and approval of Treasurer's Report for period ending March 2015.

Motion to approve: Baum.

Second: McKivigan.

Passes unanimously.

Item 30- Review and approval of Profit and Loss Report for period ending March 2015.

Motion to approve: Baum.

Second: McKivigan.

Passes unanimously.

Item 31- Review and approval of Balance Sheet as of March 2015.

Motion to approve: Baum.

Second: McKivigan.

Passes unanimously.

Item 32- Review and approval of Executive Director's Report as of May 10, 2015.

Motion to approve: McKivigan.

Second: Baum.
 Passes unanimously.

Item 33- Update of activities of Board office. (Discussion only).

a) Review of the Federation of State Boards of Physical Therapy satisfaction survey showing the Nevada Board to have a 93% satisfaction rate for examination applicants. Chairman Puentedura noted this was a good indicator of Board staff activity with the applicants.

Susan Priestman, PT, asked if the inspection sheets were public information. The director noted the blank form was, but completed forms are the property of the Board. It was noted an inspector did not allow the form to be reviewed by a licensee. Staff noted it is proper to show a blank form, and she will add the form to the policy manual, place it in the next Newsletter and instruct the inspectors to provide a copy of the blank form when asked.

Item 34- Review of files/ratification for licensure.

Letter from the Chiropractic Physicians' Board entered on this item per their request, however it does not pertain to this item, but to item 35.

FILES FOR REVIEW/RATIFICATION:

Motion to ratify the licenses: Puentedura.
 Second: McKivigan.
 Passes unanimously.

Physical Therapists

LAST	FIRST	LICENSE #	ISSUED	APPLIED
Levinson	Samantha	3109	3 /18/2015	2 /23/2015
Tumbleson	Cynthia	3110	3 /18/2015	3 /11/2015
Romkey	Duke	3111	3 /18/2015	2 /23/2015
Slater	Lisa	3112	3 /18/2015	3 /11/2015
Whipple	Kevan	3113	3 /18/2015	1 /5 /2015
Parisi	Christopher	3114	3 /18/2015	3 /4 /2015
Dickson	Julie	3115	3 /18/2015	12/29/2014
Keller	Anne	3116	3 /18/2015	12/29/2014
Carrillo	Adam	3117	3 /31/2015	3 /19/2015
Kim	Hooney Taehoon	3118	4 /13/2015	2 /19/2015
Ahrendt	Lauren	3119	4 /21/2015	3 /19/2015
Le	Quang	3120	4 /28/2015	3 /9 /2015
Gentile	Carmella	3121	5 /9 /2015	3 /16/2015
Raagas	Phyllis	3122	5 /9 /2015	3 /12/2015

Physical Therapist's Assistants

LAST	FIRST	LICENSE #	ISSUED	APPLIED
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Krebs	Lynsie Olivia	A-0804	2 /26/2015	12/5 /2014
West	Jennifer	A-0805	3 /31/2015	2 /23/2015
Ballesteros	Christopher	A-0806	3 /31/2015	2 /23/2015
Williams	Tiffany	A-0807	3 /31/2015	2 /19/2015
Murnane	Danielle	A-0808	4 /21/2015	1 /26/2015
Manalo	April Rae Sunddie	A-0809	4 /28/2015	3 /10/2015
Washburn	Walker	A-0810	4 /28/2015	3 /9 /2015
Albano	Moises Julius	A-0811	5 /9 /2015	4 /30/2015

Item 35- Consideration of courses recommended by the Advisory Committee on Continuing Education at their meeting of April 20, 2015.

Chairman Puentedura recognized receipt of letter from Chiropractic Physicians Board. The letter was distributed to the Board members, legal counsel and members of the public who so requested. Chairman Puentedura asked the Board members and members of the public to read the letter. Chairman Puentedura then asked for any feedback or questions. There were none.

Motion to approve the courses as recommended by the Advisory Committee on Continuing Education: Puentedura.

Second: McKivigan.

Passes unanimously.

Provider	Course	Type	CE Units for renewal purposes	CE Units for all other purposes	Unit Type
American Dry Needling Institute & Systemic Dry Needling	Dr. Ma's Systemic Dry Needling for Sports Performance	On-Site	1.5	2.5	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Thursday, June 4, 2015	On-Site	0.5	0.5	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Thursday, June 4-5, 2015	On-Site	1.1	1.1	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Thursday, June 4-6, 2015	On-Site	1.5	1.7	Clinical

APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Thursday, June 5, 2015	On-Site	0.7	0.7	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Thursday, June 5-6, 2015	On-Site	1.2	1.2	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Thursday, June 6, 2015	On-Site	0.6	0.6	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Wednesday - Friday, June 3 - 5, 2015	On-Site	1.4	1.4	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Wednesday - Saturday, June 3 - 6, 2015	On-Site	1.5	2	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Wednesday - Thursday, June 3 - 4, 2015	On-Site	0.8	0.8	Clinical
APTA	2015 NEXT Conference & Exposition of the American Physical Therapy Association, Wednesday, June 3, 2015	On-Site	0.3	0.3	Clinical
APTA	Immediate Effects of Real-Time Feedback on Jump-Landing Kinematics	Home-Study	2	2	Clinical
APTA	Keep Runners Running	Internet	0.2	0.2	Clinical
APTA	Musculoskeletal Imaging Made Easy: Simplifying the Complex Field of Imaging to Enhance Professional Collaboration	On-Site	0.9	0.9	Clinical

APTA	Optimization of the Anterior Cruciate Ligament Injury Prevention Paradigm: Novel Feedback Techniques to Enhance Motor Learning and Reduce Injury Risk	Home-Study	0.2	0.2	Clinical
APTA	Preventing Fraud, Abuse and Waste: A Primer for Physical Therapists	Internet	0.1	0.1	Non-Clinical
APTA	Psychological Informed Physical Therapy Practice: Pragmatic Application	On-Site	0.8	0.8	Clinical
APTA	Residency / Fellowship 102: Develop, Design and Accredit It	On-Site	0.6	0.6	Non-Clinical
APTA	Vestibular Rehabilitation: An Advanced Course and Update	On-Site	1.5	2	Clinical
Cincinnati Sports Medicine Research and Education Foundation	30th Annual Advances on the Knee, Shoulder and Sports Medicine Conference	On-Site	1.5	3.1	Clinical
Concentra	ADAPT Training Course	On-Site 18hrs, Home Study 2.5hrs	1.5	3.1	Clinical
ContinuingEducation.com	Lymphedema Assessment, Differential Diagnosis and Treatment	Internet	0.1	0.1	Clinical
Cross Country Education	Incorporating Mindfulness Into the Treatment of Chronic Pain-Webinar	Webinar	0.1	0.1	Clinical
Cross Country Education	Outpatient Therapy Billing & Coding Made Easy	On-Site	0.65	0.65	Non-Clinical
Cross Country Education	Therapeutic Approaches to Dementia	On-Site	0.65	0.65	Clinical
Cross Country Education	Therapeutic Pilates for Rehabilitation Professionals	On-Site	1.3	1.3	Clinical
Dry Needling Institute of AAMT	DN-1: Dry Needling for Craniofacial, Cervicothoracic and Upper Extremity Conditions: An Evidence -Based Approach	On-Site	1.5	2.85	Clinical

Dry Needling Institute of AAMT	DN-2: Dry Needling for Lumbopelvic and Lower Extremity Conditions: An Evidence -Based Approach	On-Site	1.5	2.85	Clinical
Dynavision International, LLC	Advances in Visual-Motor & Neuro-Cognitive Rehabilitation	On-Site	1.13	1.13	Clinical
Educata	Peripheral Edema Management: Physical Agents	Internet/Home Study	0.3	0.3	Clinical
Educata	The Shoulder in Sports: Baseball Pitchers	Internet/Home Study	0.15	0.15	Clinical
Educata	The Shoulder in Sports: Swimmers, Golfers and Tennis Players	Internet/Home Study	0.135	0.135	Clinical
Folsom Physical Therapy	Manual Therapy for Upper Quadrant Pathology	On-Site	1.5	2.2	Clinical
Great Seminars and Books, Inc.	Mastering Functional Reporting	On-Site	0.1	0.1	Clinical
Great Seminars Online	Hip Fracture: What Do We Do Well and What Can We Do Better	Online	0.5	0.5	Clinical
Great Seminars Online	Putting the "Fun" in Functional: Demonstrations of Evidence-Based Therapy	Online	0.59	0.59	Clinical
Great Seminars Online	REG Talk - Rehabilitation Excellence in Geriatrics	Online	0.5	0.5	Clinical
Great Seminars Online	Total Hip Arthroplasty	Online	0.5	0.5	Clinical
Gregory Doerr	Functional Taping for Musculoskeletal Injuries	On-Site	1.18	1.18	Clinical
Health.edu	Clinical Accuracy of Special Testing	Internet/Home Study/Video/DVD	0.1	0.1	Clinical
Institute for Natural Resources	PTSD, Trauma & Anxiety Disorder - On-Site	On-Site	0.62	0.62	Clinical
Institute for Natural Resources	PTSD, Trauma & Anxiety Disorders	Home-Study	0.62	0.62	Clinical
International Academy of Orthopedic Medicine	Systematic Approach to Exam, Diagnosis and Manual Therapy of the Wrist-Level 1	On-Site	1.5	1.6	Clinical
Medbridge Inc.	Achilles Tendinosis and Graston Technique: Evidence-Based Treatment	Internet, Home Study	0.15	0.15	Clinical
Medbridge Inc.	Concussion Basics: Assessment, Screening and Risk Factors	Internet, Home Study	0.3	0.3	Clinical

Medbridge Inc.	Concussion: Common Findings in Physical Therapy Specific Evaluation	Internet, Home Study	0.33	0.33	Clinical
Medbridge Inc.	Concussion: Physical Therapy and Medical Management	Internet, Home Study	0.3	0.3	Clinical
Medbridge Inc.	Concussion: Vestibular Abnormalities and Ocular Motor Examination	Internet, Home Study	0.18	0.18	Clinical
Medbridge Inc.	Patellar Tendinosis and Graston Technique: Evidence-Based Treatment	Internet, Home Study	0.13	0.13	Clinical
Medical Minds in Motion	Shoulder Rehab Techniques	On-Site	0.75	0.75	Clinical
Mobility Research	Treadmill Training for Students with Autism and Apraxia Protocol Part 1	Internet	0.15	0.15	Clinical
Mobility Research	Treadmill Training for Students with Autism and Apraxia Protocol Part II	Internet	0.14	0.14	Clinical
National Association of Neonatal Therapists	5th Annual NANT Conference	On-Site	1.5	1.7	Clinical
Nevada Physical Therapy Association	ACL: New and Controversial	On-Site	0.1	0.1	Clinical
Nevada Physical Therapy Association	DBS (deep brain stimulation) Therapy for Parkinson's Disease	On-Site	0.1	0.1	Clinical
Nevada Physical Therapy Association	Introduction to Knee and Hip Revisions	On-Site	0.1	0.1	Clinical
Nevada Physical Therapy Association	PT Interventions Utilizing Radiographic Imaging	On-Site	0.1	0.1	Clinical
Nevada Physical Therapy Association	Spinal Manipulation 1: A Physical Therapy Approach	On-Site	1.5	1.6	Clinical
PESI, Inc.	Advances in Orthopaedic Care: It's Not Just Broken Bones (36375)	On-Site	0.68	0.68	Clinical
PhysicalTherapy.com	Examination and Contemporary Management of "Pusher Syndrome"	Internet	0.2	0.2	Clinical
PhysicalTherapy.com	Female Athlete Knee Injuries: Risk Factors, Screening Tools, and Prevention	Internet	0.2	0.2	Clinical
PhysicalTherapy.com	Indoor Rainy Day, Snowy Day Fun	Internet	0.2	0.2	Clinical

PhysicalTherapy.com	Introduction to Cascade Dafo and Fast Fit Orthoses	Internet	0.2	0.2	Clinical
PhysicalTherapy.com	Motor Learning Principles: Practical Application for the Neuro Physical Therapist	Internet	0.2	0.2	Clinical
PhysicalTherapy.com	Post-Operative Management of Selected Shoulder Conditions	Internet	0.2	0.2	Clinical
PhysicalTherapy.com	Standard Setting: Expectations for and of the Home Health Therapist Assistant	Internet	0.3	0.3	Non-Clinical
PhysicalTherapy.com	The Importance of Early Mobility	Internet	0.1	0.1	Clinical
Progressive Therapy Education Inc.	Exercise Programs for Frail Elderly	On-Site, Home Study	1.25	1.25	Clinical
Progressive Therapy Education Inc.	Functional Testing and Skilled Documentation in Geriatric Therapy	On-Site, Home Study	1.25	1.25	Clinical
Ptwebucation.com	Cervical Spine: It's a Pain in the Neck	Online	0.3	0.3	Clinical
PTWebucation.com	Strength Training Principles for Geriatrics	Online	0.2	0.2	Clinical
PTWebucation.Com	Wound Care Essentials for Physical Therapist	Online	0.4	0.4	Clinical
Select Medical	Instrument Assisted Soft Tissue Mobilization	On-Site	1.25	1.25	Clinical
Selective Functional Movement Assessment, LLC	SFMA Level 2	On-Site	1.5	1.6	Clinical
Spinal Manipulation Institute	SMT-1: High-Velocity Low-Amplitude Thrust Manipulation of Cervical, Thoracic, Lumber & SI Joint	On-Site	1.5	1.6	Clinical
Summit Professional Education	Geriatric Rehab	On-Site	0.65	0.65	Clinical
Sunrise Hospital & Medical Center	Stroke Care Day 2014	On-Site	0.4	0.4	Clinical
Uniform Data System for Medical Rehabilitation	Perfecting Your FIM Accuracy	Internet	0.6	0.6	Clinical
Wolters Kluwer Health	An Overview of Risk Management in Long-Term Care: Direct Care Providers	Online Home Study	0.15	0.15	Non-Clinical
Wolters Kluwer Health	An Overview of Risk Management in Long-Term Care: Middle Management	Online Home Study	0.15	0.15	Non-Clinical

Wolters Kluwer Health	An Overview of Risk Management in Long-Term Care: Senior Management	Online Home Study	0.15	0.15	Non-Clinical
Wolters Kluwer Health	Food and Fluid Guidelines Before, During, and After Exercise	Online Home Study	0.24	0.24	Clinical
Wolters Kluwer Health	Hoarding in the Home: A Toolkit for the Home Healthcare Provider	Online Home Study	0.2	0.2	Clinical
Wolters Kluwer Health	Preventing High Risk Occurrences in Long-Term Care- Middle Management	Online Home Study	0.15	0.15	Clinical
Wolters Kluwer Health	Preventing High Risk Occurrences in Long-Term Care- Senior Management	Home Study	0.15	0.15	Clinical
Wolters Kluwer Health	Preventing High Risk Occurrences in Long-Term Care-Direct Care Providers	Online Home Study	0.15	0.15	Clinical
Wolters Kluwer Health	Restoring Function for Children with Brachial Plexus Birth Palsy	Online Home Study Course	0.2	0.2	Clinical

Recommended for denial for the reason listed:
Motion to deny for the reason listed: Puentedura.
Second: McKivigan.
Passes unanimously.

Provider	Course	Reason for Denial
APTA	Eliminate Uncertainty: Integrating Cash-Based Services into Your Practice	revenue generating

Item 36 - Licensee Matthew Berhold, PT, requests the Board's opinion "regarding the appropriateness, authorization and even legality of a licensee's ability to recommend the next level of care or type of facility a patient under their care would go to, when that patient is being discharged or transferred to that next level of care or facility".

The regulation is as follows:

NAC 640.600 Termination, withdrawal or interruption of treatment. (NRS 640.050) A licensee:
1. Shall terminate his or her treatment of a patient and his or her professional relationship with a patient when the treatment and relationship are no longer required or no longer serve the needs of the patient.

2. Shall not withdraw his or her treatment of a patient precipitously and shall minimize any adverse effects of such withdrawal on the patient.
3. Who anticipates the termination or interruption of treatment of a patient shall:
 - (a) Notify the patient promptly of the termination or interruption of the treatment;
 - (b) Seek the transfer or referral of the patient to another physical therapist for treatment; or
 - (c) Seek the continuation of treatment in relation to the needs of the patient.

Matthew Berhold, PT, appeared. He stated that his interpretation is that it is expected of the licensees to provide a recommendation to the physician when a discharge is pending. He noted that physicians expect that input from the therapists, as they have seen the patient over a period of time. He noted that it is just a recommendation, and can be taken seriously or ignored.

He noted that most physicians like the recommendation. It is the insurance companies who try to direct the pathway of the patient. He stated that in reading the NAC, it seems to make sense that therapists are expected to make those recommendations, Public Member Menicucci noted that each level of care has a specific set of criteria before transfer, and the physician is taking information from the other members of the team as to the level of the patient. Chairman Puentedura noted that in terms of the licensee seeking clarification, the regulation states it is the responsibility of the licensees to do as stated. Mr. Berhold noted that sometimes a consulting person from the insurance company comes in to help with discharge and transfer to next level of care and noted there is criteria to be met and a lot of information needed to make a determination. Mr. Berhold noted that some colleagues have stated it is not legal for the PT to offer a recommendation. Chairman Puentedura noted that the Board's regulation is clear, and physical therapists are within scope to recommend the next level of care for their patients.

Item 37- Report from legal counsel regarding pending cases and other matters.

Item 38- Update of legislative session.

The director noted that there were a lot of bills monitored, but nothing was of concern at this point. She noted that a lot of the bills had to do with administrative matters of the Board.

Jenelle Lauchman, PT, President of the Nevada Physical Therapy Association, stated the therapists want to be involved in the Telehealth legislation. She noted that a license in Nevada should be required for anyone wanting to offer services to a Nevada resident. The director noted that there were several telehealth bills and she believes it will take more than one legislative session to get a solid bill passed.

Item 39- Items for future agendas.

Jenelle Lauchman, PT, President of the Nevada Physical Therapy Association, noted that Board had talked about expanding the number of Board members at a previous meeting and asked what become of that. The director noted that Board

discussed expansion in 2008 and decided at that time to not incur the costs of adding two members would be approximately \$25,000 and \$10,000 annually as a law change would be required. To remove a PT and add a PTA would be approximately \$25,000 for the law change, but no additional cost annually. The Board did not feel opening the law for this was a good idea. Chairman Puentedura noted that this would be a legislative change, and the Board would need support and this opens the Board's law. The Board will discuss possible NRS changes at the September meeting.

Item 40- Public comment period.

Lisa Finnegan, PTA, representative from CSN appeared and stated that the form for graduate status requires the degree to be posted. She noted that CSN will not expedite the transcripts for the students. She asked the Board if the degree must be posted or can the transcript show completion. The director noted that the law requires a completed application for graduate status to be considered, and one of the requirements is the transcript with the degree posted. The Board stated they cannot consider graduate status unless the legal requirements are met by the applicant.

Rebecca Cheema, PTA, PTA Program Director for PIMA Medical Institute stated that five of her students appeared before the Board at this meeting. She noted that four of the students knew they were not prepared to test, and had signed waivers to not test. She noted that two of the students failed to show for the required meetings at the college. She also noted that two showed for only a few of the required meetings. She noted the program has a plan in place to help the students study and prepare for the exam. Ms. Cheema asked the Board if the students who fail twice can be required to go back to the program and meet criteria before being able to test. She also asked if she could present information to the Board on the applicants when they appear to request to take the exam. The director noted that Ms. Cheema could send in a letter on any agenda item, so she could provide information to the Board on her students at that time. The director also noted the practice act requires the applicant to meet the criteria set by the Board in order to test again. It was noted that the Board's letter of appearance to the applicants can include a requirement for the applicant to provide a written statement as to what they have done to prepare for the examination, and to provide scores on any pre-tests taken, detail of hours studied, whether privately, in groups, via a school coordinated session, what study guides they have used, courses attended, etc. This would allow the Board to have this information before the applicant appears, and is within the law to ask of the applicants. It was noted this information would be helpful for the Board to have prior to the meeting, and part of the official record of the applicant's file, and will allow the Board to better determine granting permission to take the exam.

Board member Smith asked Ms. Cheema why the students are graduating if they are not ready. Ms. Cheema stated they are working on holding them if they do not meet a certain threshold.

Item 41- Confirm schedule of future Board meetings and their locations.

The next meetings will be held as follows:

July 16th in Las Vegas

September 10th in Reno

Item 42- Adjournment of the Board meeting. The meeting was adjourned by Chairman Puentedura.