ALABAMA BOARD OF PHYSICAL THERAPY
ADMINISTRATIVE CODE

CHAPTER 700-X-3
PROFESSIONAL CONDUCT

700-X-3-.03 Roles And Responsibilities Of Licensees.

(1) Within the provision of physical therapy service there are three recognized levels of personnel: The physical therapist who is licensed or privileged to practice physical therapy; the physical therapist assistant who is licensed or privileged to assist the physical therapist; and the physical therapist aide who is an unlicensed person. The physical therapist must assume primary responsibility for physical therapy care rendered under his/her supervision or direction. Both direction and supervision include, when appropriate, observation of the application of physical therapy procedures, conferences related to patient progress, verbal and written reports.

(2) Definitions.

(a) Direction means the action of the physical therapist in delegating duties to a physical therapist assistant, maintaining close communication with the physical therapist assistant, and overseeing the physical therapist assistant's activities on a frequent regularly scheduled basis.

(b) Supervision means the direct onsite overseeing of the performance of assigned or delegated duties or functions.

(c) Diagnosis for physical therapy means the identification of functional limitations and/or impairments and/or disabilities which are used to guide physical therapy treatments. It is not a medical diagnosis or the identification of a disease.

(3) Roles and Responsibilities, Specifically.

(a) Physical Therapist. The roles and responsibilities of a person licensed by this Board or privileged to practice physical therapy in the State of Alabama generally are:

1. To interpret a practitioner’s referral.

2. To perform and document the initial evaluation, as well as the physical therapy plan of care which may include:

(i) Diagnosis rendered by the referring or previously diagnosing health care provider

(ii) Diagnosis for physical therapy

(iii) Presenting problems

(iv) Past medical history including, but not limited to, conditions for which patient is taking medication and conditions which are currently being treated by a physician

(v) List of medications being taken by the patient

(vi) Objective findings of the physical therapy evaluation

(vii) Assessment as to what the current problem(s) is/are that require physical therapy intervention

(viii) Goals, both short-term and long-term if appropriate

(ix) Physical therapy plan of treatment including frequency and duration

3. A Physical Therapist will not be disciplined for accepting a referral from a licensed assistant to a physician acting pursuant to a valid supervisory agreement or a licensed certified registered nurse practitioner in a valid collaborative practice agreement with a licensed physician as long as the physical therapist has a reasonable good faith belief that the assistant to a physician is acting pursuant to a valid supervisory agreement or the nurse practitioner is in a valid collaborative practice agreement with a licensed physician.

4. To identify and document precautions, special problems, contraindications, anticipated progress, and plans for reevaluation.

5. To implement and supervise that program.

6. To select and delegate the appropriate portions of the treatment plan and program.

7. To delegate only those patient care duties to supportive personnel who are qualified under the provisions of these rules to perform such duties.

8. To reevaluate the patient and adjust the treatment plan, perform the final evaluation of the patient and discharge planning.

9. To designate or establish channels of written and oral communication.

10. To maintain adequate records of the case and report to appropriate sources.

11. To direct no more than four licensed physical therapist assistants at one time.

12. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

13. To provide supervision of physical therapist and/or physical therapist assistant students who are on clinical experiences approved by their school as part of their Commission on Accreditation of Physical Therapy Education (CAPTE) approved educational program.

(b) Physical Therapist Assistant. When using an abbreviated title, the physical therapist assistant should use the letters PTA. The roles and responsibilities of a person licensed by this Board to practice as a physical therapist assistant in the State of Alabama generally are:

1. To practice only under the direction of a physical therapist licensed to practice in the State of Alabama.

2. To assist with but not perform patient disability evaluations.

3. To perform treatment procedures as delegated by the physical therapist but not to initiate or alter a treatment plan.

4. To supervise other supportive personnel as charged by the physical therapist.

5. To notify the physical therapist of changes in patient's status, including all untoward patient responses.

6. To discontinue immediately any treatment procedures which in their judgment appear to be harmful to the patient.

7. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

8. To provide supervision of physical therapist assistant students who are on clinical experiences approved by their school as part of their CAPTE approved educational program.

(c) Physical Therapy Aide. The roles and responsibilities of physical therapy aides in physical therapy care are to perform patient related support duties that do not require decision making skills of a licensee.

Author: Robert L. Shoemake, Andy Gustafson, Ron Bass, Mitzi Watson, Jay Segal, John Cormier, Vince Molyneux, Eric Dekle, Matt Bledsoe, Kathy Miller
Statutory Authority: Code of Ala. 1975, §§34-24-191, 34-24-193, 34-24-220.
History: Filed September 30, 1982. **Amended:** Filed September 9, 1993; effective October 14, 1993. **Amended:** Filed December 5, 1995; effective January 9, 1996. **Amended:** Filed May 6, 1996; effective June 10, 1996. **Amended:** Filed April 19, 2010; effective May 24, 2010. **Amended:** Filed September 20, 2012; effective October 25, 2012; Operative November 2, 2012. **Amended:** Filed February 19, 2013; effective March 26, 2013. **Amended:** Filed August 26, 2014; effective September 30, 2014. **Repealed and New Rule:** Filed May 12, 2017; effective June 26, 2017. Repeal and **New Rule:** Filed June 21, 2019; effective August 5, 2019. **Amended:** Published April 30, 2024; effective June 14, 2024.