BOARD OF PHYSICAL THERAPY EXAMINERS RULES

AS OF DECEMBER 31, 2021

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DEPARTMENT OF LABOR AND INDUSTRY

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24.177.101 ORGANIZATIONAL RULE (1) The Board of Physical Therapy Examiners adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title. (History: 37-11-201, MCA; IMP, 2-4-201, MCA; NEW, 1979 MAR p. 1243, Eff. 10/12/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2005 MAR p. 380.)
Subchapter 2

Procedural Rules

24.177.201 PROCEDURAL RULES (1) The Board of Physical Therapy Examiners adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title. (History: 37-11-201, MCA; IMP, 2-4-201, MCA; NEW, 1979 MAR p. 1243, Eff. 10/12/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2005 MAR p. 380.)

24.177.202 PUBLIC PARTICIPATION RULES (1) The Board of Physical Therapy Examiners adopts and incorporates by this reference the public participation rules of the Department of Commerce as listed in chapter 2 of Title 8. (History: 37-11-201, MCA; IMP, 2-3-103, MCA; NEW, 1979 MAR p. 1243, Eff. 10/12/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2005 MAR p. 380.)

Subchapter 3 reserved
24.177.401 FEES  (1) Applicant and license fees are as follows:
(a) The fee for NPTE or NPTAE examinations is set by the examination
administrator and is paid by the applicant directly to the Federation of State Boards
of Physical Therapy (FSBPT).
(b) Original license application fee $100
(c) Out-of-state license application fee 125
(d) Temporary license fee 100
(e) Compact privilege fee – The fee has been established
by the board for services or privileges rendered by the board. This
is part of a fee paid by the applicant directly to the PT Compact
Commission. 50
(f) Renewal fee 60
(g) Jurisprudence reexamination (each retake) 25
(2) Additional standardized fees are specified in ARM 24.101.403.
(3) All fees are nonrefundable.  (History:  37-1-134, 37-11-201, MCA; IMP,
AMD, 1980 MAR p. 1607, Eff. 6/13/80; TRANS, from Dept. of Prof. & Occup. Lic.,
Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 593, Eff. 3/26/82; AMD, 1983 MAR
168, Eff. 1/29/88; AMD, 1990 MAR p. 2107, Eff. 11/30/90; AMD, 1991 MAR p. 2450,
1/17/97; AMD, 1997 MAR p. 1359, Eff. 8/5/97; AMD, 1998 MAR p. 460, Eff. 2/13/98;
AMD, 2000 MAR p. 1038, Eff. 4/28/00; TRANS, from Commerce, 2005 MAR p. 380;
AMD, 2006 MAR p. 225, Eff. 1/27/06; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD,
2012 MAR p. 1526, Eff. 7/27/12; AMD, 2020 MAR p. 904, Eff. 5/16/20.)
24.177.405  PHYSICAL THERAPY AIDES, LICENSE EXEMPTION, AND SUPERVISION  
(1)  As used in these rules, the following definitions apply:
   (a)  "Physical therapy aide" as defined in 37-11-101, MCA, means an unlicensed individual who has received appropriate, documented, on the job orientation and training by a physical therapist or physical therapist assistant. The physical therapy aide performs designated unskilled tasks.
   (b)  "Direct supervision" means that the supervising physical therapist or physical therapist assistant is onsite (on the premises physically) and immediately available for direction and supervision of the physical therapy aide at all times.
(2)  A physical therapy aide is limited to performing the following patient-supportive tasks under the direct supervision of a physical therapist or physical therapist assistant:
   (a)  preparing a patient for treatment by a physical therapist or physical therapist assistant;
   (b)  providing unskilled aid to a patient after treatment by a physical therapist or physical therapist assistant; and
   (c)  assisting a physical therapist or physical therapist assistant when safety or patient care requires a second person's assistance.
(3)  A physical therapy aide may perform the following and similar nonpatient care routine tasks without direct or onsite supervision, by a physical therapist or physical therapist assistant:
   (a)  housekeeping activities including caring for and stocking equipment and supplies;
   (b)  transporting patients, records, equipment, and supplies in accordance with established policies and procedures;
   (c)  assembling and disassembling equipment and accessories;
   (d)  preparing, maintaining, and cleaning up treatment areas and maintaining supportive areas; and
   (e)  transcribing, recording, or copying treatment documentation generated by a physical therapist or physical therapist assistant. All documents prepared by a physical therapy aide must be signed by the treating physical therapist or physical therapist assistant.
(4)  A physical therapist or physical therapy assistant who fails to directly supervise a physical therapy aide may be subject to disciplinary action by the board.

Rules 24.177.406 through 24.177.409 reserved
24.177.410 LIST OF LICENSED PHYSICAL THERAPISTS (REPEALED)

Rules 24.177.411 and 24.177.412 reserved

24.177.413 DRY NEEDLING
(1) Dry needling is a skilled technique performed by a physical therapist using a mechanical device, filiform needles, to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.

(2) Dry needling requires a physical therapy examination and diagnosis.

(3) Licensed physical therapists who perform dry needling must be able to demonstrate they have completed training in dry needling that must meet the American Physical Therapy Association (APTA) GUIDELINES: STANDARDS OF QUALITY FOR CONTINUING EDUCATION OFFERINGS BOD G11-03-22-69 and/or the Federation of State Boards of Physical Therapists (FSBPT) STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES.

(a) Dry needling courses must include, but not be limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.

(b) Initial training in dry needling must include hands-on training, written, and practical examination as required by this rule.

(4) A licensed physical therapist must perform dry needling in a manner consistent with generally accepted standards of practice, including relevant standards of the Center for Disease Control and Prevention, and Occupational Safety and Health Administration blood borne pathogen standards as per 29 CFR 1910.1030 et.seq.

(5) Dry needling shall only be performed by a licensed physical therapist and may not be delegated.

(6) The physical therapist performing dry needling must be able to provide written documentation, upon request by the board, which substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action. (History: 37-1-131, 37-11-201, MCA; IMP, 37-1-131, 37-11-101, 37-11-104, MCA; NEW, 2016 MAR p. 1697, Eff. 9/24/16.)
24.177.501 EXAMINATIONS  (1) The examination will be the national physical therapy exam (NPTE) or another equivalent examination as the board may, in its discretion, approve and adopt for physical therapist applicants. The examination for physical therapist assistants will be the national physical therapist assistant examination (NPTAE) or another equivalent examination as the board may, in its discretion, approve and adopt.

(2) Exact examination dates will be established by the current testing service as the national uniform testing dates.

(3) Applicants for examination shall file with the board office an application which shall include the following:
   (a) application fee; and
   (b) either:
      (i) a copy of the applicant's certificate of graduation or transcripts demonstrating graduation from a board-approved physical therapy school or physical therapist assistant curriculum; or
      (ii) a letter from and bearing the signature of the program director, department chairperson, or similarly authorized official in a board-approved physical therapy school or physical therapist assistant curriculum stating that the applicant is a student at the physical therapy school or physical therapist assistant curriculum, is in good standing, and is expected to graduate at the next scheduled graduation date.

(4) The earliest date on which an applicant for examination may take the examination is the examination date nearest to and before the applicant's expected graduation date.

(5) The applicant shall score a passing grade equal to or higher than a scaled score of 600, the criterion-referenced passing point recommended nationally by the Federation of State Boards of Physical Therapy. The passing score on the jurisprudence examination shall be 90 percent.

   (a) All applicants who have previously taken the NPTE in any jurisdiction shall submit a request for test history verification and the fee to the testing service.
(6) The jurisprudence examination shall be an open book examination covering current Montana physical therapy statutes and rules, subject to Title 37, chapters 1 and 11, MCA, standards of care and definition of moral turpitude. The jurisprudence examination must be passed by all examination and out-of-state applicants before original licensure will be granted. Separate provisions will be made for taking the jurisprudence examination prior to licensure. Applicants failing the jurisprudence examination must retake said examination until passed. The fee of each retake will be assessed in accordance with the established fee schedule.


Rule 24.177.502 reserved

24.177.503 MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for licensure as a physical therapist or physical therapist assistant.

(2) Relevant military training, service, or education must be completed by an applicant while a member of either:
   (a) United States Armed Forces;
   (b) United States Reserves;
   (c) state national guard; or
   (d) military reserves.

(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements as a physical therapist or physical therapist assistant. Satisfactory evidence includes:
   (a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);
   (b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and
   (c) any other documentation as required by the board.

(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements. (History: 37-1-145, MCA; IMP, 37-1-145, MCA; NEW, 2014 MAR p. 1086, Eff. 5/23/14; AMD, 2018 MAR p. 443, Eff. 2/24/18.)
24.177.504 TEMPORARY PERMIT (1) Physical therapist or physical therapist assistant applicants for licensure by examination may be issued a temporary permit. The temporary permit shall identify the licensed physical therapist who shall be responsible for providing direct supervision. The temporary permit is valid until the applicant either fails the first national examination for which the applicant is eligible or passes the examination and is granted a license. Only one temporary permit will be issued per applicant.


Rules 24.177.505 and 24.177.506 reserved
24.177.507 LICENSURE OF OUT-OF-STATE APPLICANTS  

(1) Each applicant applying for licensure who holds a current license in another state must have taken the NPTE or NPTAE or the national registry exam in another state to be considered for licensure. All NPTE or NPTAE scores must be reported directly to the board office through the interstate reporting service.

(2) Applicants for licensure from another state shall file with the board office an application which shall include the following:
   (a) application for licensure from another state fee;
   (b) copy of their certificate of graduation or official transcripts from a board-approved physical therapy school or physical therapist assistant curriculum;
   (c) verification of all current, previous, and expired licenses in any licensed profession from other states; and
   (d) completion and passage of the jurisprudence examination.

(3) Applicants applying for licensure from another state who have not been actively engaged in the profession of physical therapy or physical therapist assistant in the four years immediately preceding application may be required to undergo remedial study in the field of physical therapy subject to the discretion of the board. Remedial study may include, but will not be limited to:
   (a) supervised internships;
   (b) independent study;
   (c) refresher courses;
   (d) pertinent graduate or undergraduate course work;
   (e) pertinent continuing education courses; and
   (f) specialized study in a specific area.  

Rules 24.177.508 and 24.177.509 reserved
FOREIGN-TRAINED PHYSICAL THERAPIST APPLICANTS

(1) Foreign-trained physical therapist applicants shall be subject to the following requirements:
   (a) compliance with educational standards equivalent to the national standards of the Commission on Accreditation of Physical Therapy Education of the American Physical Therapy Association by using an evaluation of educational background performed by the Foreign Credentialing Commission of Physical Therapy, Inc. (FCCPT), as listed on the board’s web site.
   (b) pay any fee required by the services;
   (c) be at least 18 years of age;
   (d) have graduated from a board-approved physical therapy school;
   (e) if from a non-English speaking culture, the applicant shall display competency in the English language by passing the national examination test of English as foreign language (TOEFL) with a passing score as designated by the Federation of State Boards of Physical Therapy (FSBPT). The applicant would contact TOEFL as listed on the board's web site. A fee is required by TOEFL and must be paid by the applicant.
   (f) pass to the satisfaction of the board a written examination prescribed by the board and, if considered necessary, an oral interview to determine the fitness of the applicant to practice as a physical therapist; and
   (g) all applicants who have previously taken the NPTE in any jurisdiction shall submit a request for test history verification and the fee to the testing service.


Rule 24.177.511 reserved

NONROUTINE APPLICATIONS

(1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.

(2) Nonroutine applications must be reviewed and approved by the board before a license may be issued. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

APPLICANTS WITH CRIMINAL CONVICTIONS

24.177.701  USE OF TOPICAL MEDICATIONS

(1) Topical medication prescribed on a specific or standing basis by a licensed medical practitioner may be obtained from a pharmacy certified under 37-7-321, MCA, by either:
   (a) the licensed physical therapist directly, who will administer the topical medication for use in phonophoresis, iontophoresis, or direct application, under the prescription order of the licensed medical practitioner; or
   (b) the patient directly, who will obtain the prescribed topical medication at a certified pharmacy and bring it directly to the physical therapist to be administered as part of a treatment plan.

(2) All prescribed topical medications, whether obtained by the physical therapist or patient directly, shall be stored at the physical therapist's place of business in compliance with proper storage guidelines under Title 37, chapter 7, MCA, or otherwise developed by the board of pharmacy.
   (a) Any particular requirements for storage as noted by the pharmacist must be followed.
   (b) Topical medications shall be stored below 40 degrees centigrade (104 degrees fahrenheit), preferably between 15 degrees and 30 degrees centigrade (59 degrees and 86 degrees fahrenheit), unless otherwise specified.
   (c) All topical medications obtained by the patient directly and brought to the physical therapist's place of business shall be returned to the patient's possession at the termination of treatment with the patient.
   (d) No topical medications obtained by the patient directly may be transferred to or used in treatment of any other physical therapy patient.

(3) All topical medications must be administered by the physical therapist as prescribed by the medical practitioner and in accordance with any pharmacy guidelines given to the physical therapist or patient who obtained the topical medication directly.

(4) A copy of the written prescription specifying the topical medication to be applied and the method of application (direct application, phonophoresis or iontophoresis) must be retained in the patient's physical therapy medical records.


Rules 24.177.702 and 24.177.703 reserved
24.177.704 TOPICAL MEDICATION PROTOCOLS (1) The following protocols apply to each classification and following list of topical medications for which a prescription is required under state or federal law:

(a) bactericidal agents:
   (i) action: interferes with functions of the cell wall membrane;
   (ii) indication: topical treatment for dermal infections; and
   (iii) contraindications: hypersensitivity to the specific substance, concurrent use of curariform muscle relaxants and other relaxants and other neurotoxic drugs. Consult the current Physicians Desk Reference (PDR) for further specifics.

(b) debriding agents:
   (i) action: cleanse the surface of wounds of wound exudate, bacteria, and particulate contaminants;
   (ii) indication: cleanse exudative wounds such as venous stasis ulcers, decubitus ulcers, infected traumatic and surgical wounds, and infected burns; and
   (iii) contraindications: debriding enzymes, should be used with precaution against allergic reactions, particularly in patients hypersensitive to materials of bovine origin or to mercury compounds. Consult the current PDR for specifics.

(c) anesthetic agents:
   (i) action: blocks both the initiation and conduction of nerve impulses by decreasing the neuron membranes permeability to sodium ions;
   (ii) indication: relieve pain and inflammation associated with minor skin disorders and for acute inflammatory conditions; and
   (iii) contraindications: sensitivity to the topical anesthetic, local infections at the site of application, and skin disorders, severe or extensive, especially if the skin is abraded or broken. Consult the current PDR for specifics.

(d) anti-inflammatory agents (see adrenocortico-steroids).

(e) antispasmodic agents:
   (i) action: forms strong drug-receptor complex at postganglionic parasympathetic neuroeffector sites in smooth muscle, cardiac muscle and exocrine glands, thereby blocking action of acetylcholine;
   (ii) indication: reduce the volume of perspiration by inhibiting sweat gland secretions; and
   (iii) contraindications: some commercially available formulations may contain a sulfite that can cause allergic-type reactions in certain susceptible individuals. Consult the current PDR for specifics.
(f) adrenocortico-steroids:
   (i) action: diffuses across cell membranes to complex with specific cytoplasmic receptors. The resulting complexes enter the nucleus, bind to DNA thereby irritating cytoplasmic synthesis of enzymes responsible for systemic effects of adrenocortico-steroid;
   (ii) indication: anti-inflammatory (bursitis, tendonitis, myositis, arthritis), antipruritic and vasoconstrictor actions; and
   (iii) contraindications: special care must be exercised when these agents are used in children, growing adolescents, and pregnant women. Intolerance to adrenocortico-steroids, infection present at the treatment site not controlled by antibiotics, prolonged use, large areas, and occlusive dressings. Consult the current PDR for specifics.


Rules 24.177.705 and 24.177.706 reserved

24.177.707 APPLICATION AND ADMINISTRATION OF TOPICAL MEDICATION
   (1) All topical medication shall be applied or administered by a licensed physical therapist in accordance with 37-11-106, MCA, by: direct application, iontophoresis, or phonophoresis.
   (2) All topical medication shall be applied or administered as prescribed by the licensed medical practitioner.
   (3) All topical medication shall be applied or administered in accordance with generally accepted practices in the physical therapy field and in keeping with educational techniques in use at schools properly accredited by the commission on accreditation in physical therapy education (CAPTE). (History: 37-11-201, MCA; IMP, 37-11-106, 37-11-107, MCA; NEW, 1992 MAR p. 789, Eff. 4/17/92; TRANS, from Commerce, 2005 MAR p. 380.)

Subchapters 8 through 20 reserved
Renewal and Continuing Education


Rules 24.177.2102 through 24.177.2104 reserved

24.177.2105 CONTINUING EDUCATION (1) Continuing education (CE) is required to ensure continued competence throughout a physical therapist or physical therapist assistant career. Training for entry into the physical therapy field is not considered adequate assurance of continued competence.

(2) All licensees shall obtain 30 hours/credits of CE in each 24-month period prior to the renewal date in odd-numbered years.

(3) Licensees shall affirm an understanding of their recurring duty to comply with CE requirements as a part of license renewal.

(4) Licensees renewing for the first time are exempt from CE requirements.

(5) The board may randomly audit up to 50 percent of renewed licensees in each odd-numbered year.

(6) Licensees must establish and maintain detailed records of completed CE in the form of programs and certificates of attendance and make the records available upon board request.

(7) CE programs must have significant intellectual or practical content and deal primarily with substantive physical therapy issues as physical therapy is defined in Montana.

(a) Sixty minutes of instruction equals one CE hour/credit.

(b) Coursework may be live, by correspondence, video conferencing, internet, or satellite-based.

(c) Programs promoting a company, individual, or product, or the subject of which is practicing economics are not qualifying CE, except programs specifically addressing workers' compensation, public health, Medicare, or insurance coverage.

(d) Activities excluded from CE credits include staff meetings, teaching physical therapy-related courses when teaching is the licensee's primary occupation, regularly scheduled institutional activities such as rounds or case conferences, and repeating or retaking an activity and/or coursework.
(8) The board/staff does not preapprove any activities or sponsors for CE credits. All accepted CE hours/credits in category A must meet the standards set by the American Physical Therapy Association (APTA) or the Federation of State Boards of Physical Therapy (FSBPT). It is the responsibility of the licensee to select programs that contribute to knowledge and competence in the physical therapy field, and meet the qualifications specified in this rule.

(9) Qualifying continuing education hours/credits:

(a) Category A activities: A minimum of 15 of the 30 CE hours/credits must be obtained in this category in each two-year cycle: CE courses, physical therapy clinical specialty certification coursework, physical therapy clinical residency coursework, and postgraduate physical therapy education, including, but not limited to, postdoctor of physical therapy course work. The postgraduate physical therapy course work must be passed with a grade of "C" or higher or "pass" if a "pass/fail" course. Category A activities are distinguished from category B activities in that they are approved or offered CE hours/credits by one of the following, whether classroom-based, online, or home study:

   (i) an accredited medical, physical therapy, or healthcare education program;
   (ii) a national or state medical, physical therapy, or healthcare board or association, or a component of that board or association; or
   (iii) a national, medical, physical therapy, or healthcare specialty society.

(b) Category B activities: Up to 15 of the 30 CE credits may be obtained in this category in each two-year cycle:

   (i) any course pertaining to physical therapy, but not approved or offered through an accredited medical, physical therapy, and/or healthcare education program as identified in (9)(a);
   (ii) teaching or lecturing principally for healthcare professionals, if teaching or lecturing is not the licensee's primary occupation. One CE credit may be granted per one hour of lecture or teaching. Max hour/credit five;
   (iii) current membership in the American Physical Therapy Association (APTA). Max hour/credit one;
   (iv) performing as an APTA-certified clinical instructor in each two-year cycle. Max hour/credit five;
   (v) performing clinical mentoring in a credential clinical residency or fellowship program. Max hour/credit five;
   (vi) being a recognized committee member or serving on the Montana Board of Physical Therapy Examiners, the board of the Montana Chapter of American Physical Therapy Association (MAPTA), or nationally on the board of the APTA or the FSBPT in each two-year cycle. Max hour/credit five;
   (vii) being published in an area that pertains to physical therapy, if publishing is not a requirement for a licensee's primary occupation. Max hour/credit five;
   (viii) taking and passing the jurisprudence exam in each two-year cycle. Max hour/credit one; and
   (ix) taking and satisfactorily completing the FSBPT's current competency evaluation tool(s). Max hour/credit one.

Subchapter 22 reserved
Unprofessional Conduct

24.177.2301 UNPROFESSIONAL CONDUCT  (1) For the purpose of implementing the provisions of 37-11-321, MCA, the board defines immoral or unprofessional conduct, conduct unbecoming a person licensed as a physical therapist or physical therapist assistant, and conduct detrimental to the best interests of the public as follows:

(a) Engaging in or soliciting sexual relations with a patient, sexual misconduct, sexual exploitation, sexual contact, or sexual intercourse as defined in 45-2-101, MCA, when such act or solicitation is related to the practice of physical therapy;

(b) Incompetence, negligence, or use of any modality procedure in the practice of the profession, which creates an unreasonable risk of physical or mental harm to the patient;

(c) Failing to make available, upon request of a person using the licensee’s services, or his or her designee, copies of documents in the possession and under the control of the licensee, when those documents have been prepared by the licensee relating to his or her services performed on or for the patient;

(d) Any of the following, except when reasonably undertaken in an emergency situation to protect life, health, or property:
   (i) accepting and performing physical therapy or physical therapist assistant responsibilities, which the licensee knows or has reason to know that he or she is not competent to perform; or
   (ii) failing to refer a patient to a qualified professional when such referral is called for.

(e) Violating statutory child abuse and elderly abuse reporting requirements;

(f) Promoting for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(g) Over utilizing services by continuing treatment beyond the point of possible benefit to the patient, or treating more frequently than necessary to obtain maximum therapeutic effect;

(h) Offering, undertaking, or agreeing to cure or treat disease or affliction by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the board;

(i) Failing to adequately supervise auxiliary staff to the extent that the consumer’s health or safety is at risk;

(j) Willfully or repeatedly violating rules established by any health agency or authority of the state or a political subdivision thereof;

Complaint Procedures


Rules 24.177.2402 through 24.177.2404 reserved