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HOUSE BILL 2160

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State of Washington

63rd Legislature

2014 Regular Session

By Representative Jenkins

Prefiled 01/07/14.

1 AN ACT Relating to allowing physical therapists to perform spinal  
2 manipulation; amending RCW 18.74.010, 18.74.035, and 18.74.085; and  
3 adding a new section to chapter 18.74 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.74 RCW  
6 to read as follows:

7 (1) Subject to the limitations of this section, a physical  
8 therapist, who has at least one year of full-time orthopedic practice  
9 experience, may perform spinal manipulation and manipulative  
10 mobilization of the spine and its immediate articulations only after  
11 providing evidence in a manner acceptable to the board of any of the  
12 following:

13 (a) Certification as an orthopedic certified specialist from the  
14 American board of physical therapy specialists;

15 (b) Completion of a fellowship in orthopedic manual physical  
16 therapy, or a residency program in orthopedic physical therapy,  
17 accredited by the American board of physical therapy residency and  
18 fellowship education; or

19 (c) Completion of the following:

1 (i) One hundred fifty hours of education related to spinal  
2 manipulation and manipulative mobilization of the spine and its  
3 immediate articulations covering the following elements:

4 (A) Training in differential diagnosis;

5 (B) Didactic and practical training related to the indications,  
6 contraindications, assessment, and delivery of spinal manipulation and  
7 manipulative mobilization of the spine and its immediate articulations;  
8 and

9 (C) Imaging and laboratory training; and

10 (ii) One year of practice under the direct supervision of a  
11 physical therapist authorized to perform spinal manipulation and  
12 manipulative mobilization of the spine and its immediate articulations  
13 under this section. The one year of practice must be completed within  
14 one year of completing the educational requirements in (c)(i) of this  
15 subsection.

16 (2) A physical therapist authorized to perform spinal manipulation  
17 and manipulative mobilization of the spine and its immediate  
18 articulations under subsection (1) of this section shall develop a  
19 treatment plan for each patient for whom he or she performs spinal  
20 manipulation and manipulative mobilization of the spine and its  
21 immediate articulations. The physical therapist must discontinue  
22 treatment and refer the patient to a licensed physician, osteopathic  
23 physician, or chiropractor if the scope or duration of treatment  
24 exceeds what is articulated in the treatment plan.

25 (3) A physical therapist authorized to perform spinal manipulation  
26 and manipulative mobilization of the spine and its immediate  
27 articulations under subsection (1) of this section may not:

28 (a) Have a practice in which spinal manipulation or manipulative  
29 mobilization of the spine and its immediate articulations constitute  
30 the majority of the services provided;

31 (b) Practice or utilize chiropractic manipulative therapy; or

32 (c) Delegate spinal manipulation or manipulative mobilization of  
33 the spine and its immediate articulations.

34 (4) A physical therapist authorized to perform spinal manipulation  
35 and manipulative mobilization of the spine and its immediate  
36 articulations under this section shall complete at least ten hours of  
37 continuing education per continuing competency reporting period  
38 directly related to spinal manipulation or manipulative mobilization of

1 the spine and its immediate articulations. The training must be  
2 approved by the board. At least five hours of the training required  
3 under this subsection must be related to procedural technique and  
4 application of spinal manipulation and manipulative mobilization of the  
5 spine and its immediate articulations.

6 (5) If a physical therapist is performing spinal manipulation or  
7 manipulative mobilization of the spine and its immediate articulations  
8 on a patient who the physical therapist knows is being treated by more  
9 than one provider for the same diagnosis, the physical therapist shall  
10 make reasonable efforts to coordinate patient care with those other  
11 providers.

12 (6) By November 15, 2019, the board shall report to the legislature  
13 any disciplinary actions taken against physical therapists whose  
14 performance of spinal manipulation and manipulative mobilization of the  
15 spine and its immediate articulations resulted in physical harm to a  
16 patient. Prior to finalizing the report required under this  
17 subsection, the board shall consult with the chiropractic quality  
18 assurance commission.

19 **Sec. 2.** RCW 18.74.010 and 2007 c 98 s 1 are each amended to read  
20 as follows:

21 The definitions in this section apply throughout this chapter  
22 unless the context clearly requires otherwise.

23 (1) "Board" means the board of physical therapy created by RCW  
24 18.74.020.

25 (2) "Department" means the department of health.

26 (3) "Physical therapy" means the care and services provided by or  
27 under the direction and supervision of a physical therapist licensed by  
28 the state. Except as provided in section 1 of this act, the use of  
29 Roentgen rays and radium for diagnostic and therapeutic purposes, the  
30 use of electricity for surgical purposes, including cauterization, and  
31 the use of spinal manipulation, or manipulative mobilization of the  
32 spine and its immediate articulations, are not included under the term  
33 "physical therapy" as used in this chapter.

34 (4) "Physical therapist" means a person who meets all the  
35 requirements of this chapter and is licensed in this state to practice  
36 physical therapy.

37 (5) "Secretary" means the secretary of health.

1 (6) Words importing the masculine gender may be applied to females.

2 (7) "Authorized health care practitioner" means and includes  
3 licensed physicians, osteopathic physicians, chiropractors,  
4 naturopaths, podiatric physicians and surgeons, dentists, and advanced  
5 registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein  
6 shall be construed as altering the scope of practice of such  
7 practitioners as defined in their respective licensure laws.

8 (8) "Practice of physical therapy" is based on movement science and  
9 means:

10 (a) Examining, evaluating, and testing individuals with mechanical,  
11 physiological, and developmental impairments, functional limitations in  
12 movement, and disability or other health and movement-related  
13 conditions in order to determine a diagnosis, prognosis, plan of  
14 therapeutic intervention, and to assess and document the ongoing  
15 effects of intervention;

16 (b) Alleviating impairments and functional limitations in movement  
17 by designing, implementing, and modifying therapeutic interventions  
18 that include therapeutic exercise; functional training related to  
19 balance, posture, and movement to facilitate self-care and  
20 reintegration into home, community, or work; manual therapy including  
21 soft tissue and joint mobilization and manipulation; therapeutic  
22 massage; assistive, adaptive, protective, and devices related to  
23 postural control and mobility except as restricted by (c) of this  
24 subsection; airway clearance techniques; physical agents or modalities;  
25 mechanical and electrotherapeutic modalities; and patient-related  
26 instruction;

27 (c) Training for, and the evaluation of, the function of a patient  
28 wearing an orthosis or prosthesis as defined in RCW 18.200.010.  
29 Physical therapists may provide those direct-formed and prefabricated  
30 upper limb, knee, and ankle-foot orthoses, but not fracture orthoses  
31 except those for hand, wrist, ankle, and foot fractures, and assistive  
32 technology devices specified in RCW 18.200.010 as exemptions from the  
33 defined scope of licensed orthotic and prosthetic services. It is the  
34 intent of the legislature that the unregulated devices specified in RCW  
35 18.200.010 are in the public domain to the extent that they may be  
36 provided in common with individuals or other health providers, whether  
37 unregulated or regulated under Title 18 RCW, without regard to any  
38 scope of practice;

1 (d) Performing wound care services that are limited to sharp  
2 debridement, debridement with other agents, dry dressings, wet  
3 dressings, topical agents including enzymes, hydrotherapy, electrical  
4 stimulation, ultrasound, and other similar treatments. Physical  
5 therapists may not delegate sharp debridement. A physical therapist  
6 may perform wound care services only by referral from or after  
7 consultation with an authorized health care practitioner;

8 (e) Reducing the risk of injury, impairment, functional limitation,  
9 and disability related to movement, including the promotion and  
10 maintenance of fitness, health, and quality of life in all age  
11 populations; and

12 (f) Engaging in administration, consultation, education, and  
13 research.

14 (9)(a) "Physical therapist assistant" means a person who meets all  
15 the requirements of this chapter and is licensed as a physical  
16 therapist assistant and who performs physical therapy procedures and  
17 related tasks that have been selected and delegated only by the  
18 supervising physical therapist. However, a physical therapist may not  
19 delegate sharp debridement to a physical therapist assistant.

20 (b) "Physical therapy aide" means a person who is involved in  
21 direct physical therapy patient care who does not meet the definition  
22 of a physical therapist or physical therapist assistant and receives  
23 ongoing on-the-job training.

24 (c) "Other assistive personnel" means other trained or educated  
25 health care personnel, not defined in (a) or (b) of this subsection,  
26 who perform specific designated tasks related to physical therapy under  
27 the supervision of a physical therapist, including but not limited to  
28 licensed massage practitioners, athletic trainers, and exercise  
29 physiologists. At the direction of the supervising physical therapist,  
30 and if properly credentialed and not prohibited by any other law, other  
31 assistive personnel may be identified by the title specific to their  
32 training or education.

33 (10) "Direct supervision" means the supervising physical therapist  
34 must (a) be continuously on-site and present in the department or  
35 facility where assistive personnel or holders of interim permits are  
36 performing services; (b) be immediately available to assist the person  
37 being supervised in the services being performed; and (c) maintain

1 continued involvement in appropriate aspects of each treatment session  
2 in which a component of treatment is delegated to assistive personnel.

3 (11) "Indirect supervision" means the supervisor is not on the  
4 premises, but has given either written or oral instructions for  
5 treatment of the patient and the patient has been examined by the  
6 physical therapist at such time as acceptable health care practice  
7 requires and consistent with the particular delegated health care task.

8 (12) "Sharp debridement" means the removal of devitalized tissue  
9 from a wound with scissors, scalpel, and tweezers without anesthesia.  
10 "Sharp debridement" does not mean surgical debridement. A physical  
11 therapist may perform sharp debridement, to include the use of a  
12 scalpel, only upon showing evidence of adequate education and training  
13 as established by rule. Until the rules are established, but no later  
14 than July 1, 2006, physical therapists licensed under this chapter who  
15 perform sharp debridement as of July 24, 2005, shall submit to the  
16 secretary an affidavit that includes evidence of adequate education and  
17 training in sharp debridement, including the use of a scalpel.

18 **Sec. 3.** RCW 18.74.035 and 2007 c 98 s 4 are each amended to read  
19 as follows:

20 (1) All qualified applicants for a license as a physical therapist  
21 shall be examined by the board at such time and place as the board may  
22 determine. The board may approve an examination prepared or  
23 administered by a private testing agency or association of licensing  
24 authorities. The examination shall embrace the following subjects:  
25 The applied sciences of anatomy, neuroanatomy, kinesiology, physiology,  
26 pathology, psychology, physics; physical therapy, as defined in this  
27 chapter, applied to medicine, neurology, orthopedics, pediatrics,  
28 psychiatry, surgery; medical ethics; technical procedures in the  
29 practice of physical therapy as defined in this chapter; and such other  
30 subjects as the board may deem useful to test the applicant's fitness  
31 to practice physical therapy(~~(, but not including the adjustment or~~  
32 ~~manipulation of the spine or use of a thrusting force as~~  
33 ~~mobilization)). Examinations shall be held within the state at least~~  
34 once a year, at such time and place as the board shall determine. An  
35 applicant who fails an examination may apply for reexamination upon  
36 payment of a reexamination fee determined by the secretary.

1 (2) All qualified applicants for a license as a physical therapist  
2 assistant must be examined by the board at such a time and place as the  
3 board may determine. The board may approve an examination prepared or  
4 administered by a private testing agency or association of licensing  
5 authorities.

6 **Sec. 4.** RCW 18.74.085 and 1988 c 185 s 4 are each amended to read  
7 as follows:

8 (1) Physical therapists shall not advertise that they perform  
9 spinal manipulation ((~~or~~)), manipulative mobilization of the spine,  
10 chiropractic adjustment, spinal adjustment, maintenance or wellness  
11 manipulation, or chiropractic care of any kind.

12 (2) A violation of this section is unprofessional conduct under  
13 this chapter and chapter 18.130 RCW.

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