ARTICLE 61.5-05
SUPERVISION OF SUPPORTIVE PERSONNEL

Chapter
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61.5-05-01-01. Delegation of responsibility.

When a physical therapist delegates patient care responsibilities to physical therapist assistants, the physical therapist holds responsibility for supervision of the physical therapy program. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the physical therapist. The primary responsibility for physical therapy care rests with the supervising physical therapist.

1. Adequate supervision requires, at a minimum, that the supervising physical therapist perform the following activities:
   a. Designate or establish channels of written and oral communication.
   b. Interpret available information concerning the individual under care.
   c. Provide initial evaluation.
   d. Develop plan of care, including short-term and long-term goals.
   e. Select and delegate appropriate tasks for plan of care.

2. When the supervising physical therapist is not available the supervising physical therapist shall transfer responsibility of all patient care to another qualified physical therapist who assumes responsibility for all patient care, including those being rendered by the physical therapist assistant under general supervision.

3. The supervising physical therapist maintains primary responsibility for all patient care services, including those rendered by a physical therapist assistant under general supervision.

4. Assess competence of supportive personnel to perform assigned tasks.

5. Direct and supervise supportive personnel in delegated tasks.

6. Identify and document precautions, goals, anticipated progress, and plans for reevaluation.

7. Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish followup plan of care.

History: Effective December 1, 1994; amended effective April 1, 2020.
General Authority: NDCC 43-26.1-03(5)
61.5-05-01-02. Physical therapist assistants.

The physical therapist assistant shall perform selected components of patient care under the supervision of a physical therapist who is properly credentialed in the jurisdiction in which the physical therapist assistant practices.

1. The physical therapist assistant may initiate or alter a treatment program only with prior evaluation by, and approval of, the supervising physical therapist.

2. The physical therapist assistant, with prior approval by the supervising physical therapist, may adjust the specific treatment procedure in accordance with changes in the patient's status.

3. The physical therapist assistant may interpret data only within the scope of the physical therapist assistant's education.

4. The physical therapist assistant may respond to inquiries regarding a patient's status to appropriate parties within the protocol established by the supervising physical therapist.

5. The physical therapist assistant shall refer inquiries regarding patient prognosis to a supervising physical therapist.

6. Documentation other than the initial note and the discharge summary can be written by a physical therapist assistant.

7. The supervising physical therapist must be accessible by communication to the physical therapist assistant at all times while the physical therapist assistant is treating the patient.

8. An initial visit must be made by the supervising physical therapist for evaluation of the patient and establishment of a plan of care.

9. A joint visit by the supervising physical therapist and physical therapist assistant or a conference between the supervising physical therapist and physical therapist assistant must be made prior to or on the first physical therapist assistant visit to the patient. This visit must include:
   a. A functional assessment;
   b. Review of activities with appropriate revisions or termination of plan of care; and
   c. Assessment of utilization of outside resources.

10. At least once after a sixth physical therapist assistant visit or at least once every thirty calendar days, whichever occurs first, a physical therapist must visit the patient. Following each visit by a supervising physical therapist, the medical/education record must reflect a documented conference with the physical therapist assistant outlining treatment goals and program modifications. The supervising physical therapist shall complete the documentation for this conference. If the physical therapist performing the sixth visit is not the patient's initial evaluator, the medical record must reflect a transfer of supervisory authority from the initial evaluator to that physical therapist.

History: Effective December 1, 1994; amended effective July 1, 2004; April 1, 2020.

General Authority: NDCC 43-26.1-03(5)


61.5-05-01-03. Athletic trainers.

Repealed effective July 1, 2004.
61.5-05-01-04. Physical therapy aides.

The physical therapy aide may assist the physical therapist in the following activities:

1. Carry out established procedures for the care of equipment and supplies.
2. Prepare, maintain, and clean up treatment areas and maintain a supportive area.
3. Transport patients, records, equipment, and supplies in accordance with established policies and procedures.
4. Assemble and disassemble equipment and accessories.
5. Under the direct supervision of a physical therapist, assist in preparation for and perform routine tasks as assigned. Routine tasks do not include components of patient care which require the unique skills, knowledge, and abilities of a physical therapist.

History: Effective December 1, 1994; amended effective July 1, 2004; April 1, 2020.
General Authority: NDCC 43-26.1-03(5)

61.5-05-01-05. Supervision ratios.

A physical therapist, at any one time, may supervise a maximum of three supportive personnel if no more than two are physical therapist assistants.

History: Effective December 1, 1994; amended effective July 1, 2004.
General Authority: NDCC 43-26.1-03(5)

61.5-05-01-06. Supportive personnel identification.

All supportive personnel shall wear an identification badge identifying them as a physical therapist assistant or physical therapy aide, or as appropriate. Supportive personnel shall not use any term that implies they are licensed physical therapists.

History: Effective December 1, 1994; amended effective July 1, 2004.
General Authority: NDCC 43-26.1-03(5)