



SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Board of Physical Therapy

Mailing Address:
810 North Main Street, Suite 298
Spearfish, SD 57783

Phone: (605) 642-1600
E-Mail: office@sdlicensing.com

Draft-Video Conference BOARD MEETING AGENDA

TO: All Board Members
FROM: Brooke Tellinghuisen Geddes
DATE: August 5, 2024
MEETING DATE: August 20, 2024
LOCATION: Video Conference

The public is invited to attend the meeting via Microsoft Teams at the following link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDNkZGEzYWUtY2Q1YS00MGI5LWI5ZTUtODY3MjViMGE5YzQ4%40thread.v2/0?context=%7b%22Tid%22%3a%22e69efb98-56ef-4797-a76b-e1ec658a639c%22%2c%22Oid%22%3a%22ee0a24e7-6d2c-4495-ade5-4377098865d2%22%7d

If members of the public would like to be sent the Microsoft Teams invitation to the meeting instead of using the above link, please contact the board office prior to the meeting at office@sdlicensing.com. If you are having issues accessing the link, please contact the board office at 605-642-1600.

MEETING TIME: 11:00AM MDT / 12:00PM CDT

Agenda Item Number

1. Call to Order/Welcome
2. Roll Call
3. Public Hearing to Adopt Proposed Rules-Vote

4. Approval of the Agenda
5. Public Comment
6. Approval of the Minutes from May 14, 2024
7. Financial Update
8. CEU Workgroup Update
9. API Grant- Vote
10. Updated Reinstatement/Re-Entry Application Process-Vote
11. Workforce Data Collection on Renewal Application-Vote
12. Leadership Issues Forum, July 13-14, Arlington, VA- Thuringer
13. FSBPT Annual Education Meeting- October 31-November 2- Cedar Rapids, IA- Vote to send Delegate/Alternate Delegate
14. Schedule Next Meeting(s)
15. Executive Session pursuant to SDCL 1-25-2
 - a. Complaints/Investigations
 - b. Application 2024-1
16. Application 2024-1- Vote
17. Any other Business
18. Adjourn

20:66:03:02. Activities for continuing education requirements. To meet the continuing education hours required in § 20:66:03:01, an activity must be:

~~(1) Sponsored or~~ Directly relate to the practice of physical therapy;

~~(2) Be planned, organized, and designed to maintain, improve, or expand a physical therapist's or physical therapist assistant's practice knowledge and skills to protect the health, safety, and welfare of the public; and~~

~~(3) Be approved by the;~~

~~(a) The American Physical Therapy Association or other national or state physical therapy association;~~

~~(2) Conducted by a hospital or related institution~~ (b) The American Physical Therapy Association-South Dakota Chapter;

~~(3) Approved by the~~ (c) The State Board of Physical Therapy; or

~~(4) Sponsored by a college or university~~ (d) A board responsible for licensing physical therapists or physical therapist assistants in another state.

~~The activity must also have significant intellectual or practical content dealing primarily with matters directly related to the practice of physical therapy or to the professional responsibility or ethical obligations of the participants.~~

Source: 44 SDR 95, effective December 7, 2017; 50 SDR 66, effective December 3, 2023.

General Authority: SDCL 36-10-36.

Law Implemented: SDCL 36-10-51.

20:66:03:04. Waiver of continuing education requirements. The State Board of Physical Therapy may ~~waive~~ grant a full or partial waiver of the continuing education requirements in this chapter if the applicant physical therapist or physical therapist assistant submits an affidavit to the board stating that the applicant was prevented from completing the requirements because of ~~the~~ circumstances any circumstance listed in SDCL 36-10-51. ~~A~~ Before attempting to renew a license, a physical therapist or physical therapist assistant must submit the affidavit for a waiver to the board at least thirty days prior to the expiration of the two-year period referenced in § 20:66:03:01.

Source: 44 SDR 95, effective December 7, 2017; 50 SDR 66, effective December 3, 2023.

General Authority: SDCL 36-10-36.

Law Implemented: SDCL 36-10-51.

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OFFICIAL BOARD MINUTES FOR MAY 14, 2024 VIDEO CONFERENCE

MEMBERS PRESENT: Patti Berg-Poppe, President
Leonard Suel, Vice-President
Rebeca Schmitz, Secretary
Matthew Weigel, Member
Brad Thuringer, Member
Janelle Toman, Lay Member
Linda Ahrendt, Lay Member

MEMBERS ABSENT: None

OTHERS PRESENT: Brooke Tellinghuisen Geddes, Executive Director
Katie Funke, Executive Assistant
Howard Pallotta, SD Dept. of Health, General Counsel
Katie O'Bright, Redefine Health Education

CALL TO ORDER: Berg-Poppe called the meeting to order at 12:00 PM CDT.

ROLL CALL: Tellinghuisen Geddes called the roll. Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, yes; Weigel, yes. A quorum was present.

APPROVAL OF THE AGENDA: Toman made a motion to approve the agenda. Schmitz seconded the motion. **MOTION PASSED** by unanimous voice vote.

PUBLIC COMMENT PERIOD: O'Bright, owner of Redefine Health Education, voiced interest to the board during the public comment period regarding the board accepting continuing education that has been approved by other Physical Therapy licensure boards. Berg-Poppe advised that the board cannot opine on public comment questions during the meeting if it is not directly on the agenda but that the board would be discussing this later in the meeting.

APPROVAL OF THE MINUTES FROM MARCH 19, 2024: Toman made a motion to approve the minutes from March 19, 2024. Schmitz seconded the motion. **MOTION PASSED** by unanimous voice vote.

FINANCIAL UPDATE: Tellinghuisen-Geddes reported year-to-date financials as of March 31, 2024: Revenue of \$195,594.01, expenses of \$109,147.38 and a Cash Balance of \$1,244,554.55.

CEU WORKGROUP UPDATE/GUIDING DOCUMENT: Berg-Poppe discussed two guiding documents the CEU workgroup has been drafting to help provide clarity around continuing education for both licensees and those who put forth continuing education. She explained the guiding documents would be implemented once the board is able to update administrative rules. Specifically, she asked for input on implementing a policy to split continuing education into two categories. The first category would include certified activities and have no limit on the number of allowable hours in a licensure cycle. The second category would include various participatory activities to allow licensees flexibility in continuing education activities. This category would have a limit on the hours a licensee could claim in a licensure cycle. Schmitz agreed that it would be beneficial to have two categories as to not allow licensees to get all of their continuing education in participatory activities. Weigel expressed concern with making continuing education more difficult to obtain and the need to consider work and financial constraints of licensees. Suel agreed that it made sense to have two categories of continuing education and applauded the detail in the guiding documents and clarity they will provide.

ADMINISTRATIVE RULES UPDATE-CEU'S/VOTE: The board discussed proposed changes to ARSD 20:66:03:02 and 20:66:03:04. Changes include defining continuing education, updating the approval entities to the South Dakota Board of Physical Therapy, SD Chapter of APTA, APTA and another state's licensure board who licenses Physical Therapists and Physical Therapist Assistants. The guiding document, which would provide further clarification on activities approved by the board, would be implemented after the rule changes are effective. Following discussion, Thuringer moved to initiate the process of updating the administrative rules as discussed. Schmitz seconded the motion. **MOTION PASSED** by unanimous voice vote.

SCOPE OF PRACTICE FLOW CHART/VOTE: The board was presented with an updated scope of practice flow chart with changes discussed at the last meeting incorporated. Berg-Poppe reminded the board that the chart is just a tool to help licensees think through their scope of practice questions and is not intended for the board to provide advice on their scope of practice. Weigel made a motion to adopt the flow chart as presented. Ahrendt seconded the motion. **MOTION PASSED** by unanimous voice vote.

COMPACT PRIVILEGE FEE INCREASE: The board discussed updating the compact fee to be more consistent with the fee licensees in South Dakota pay for a license. Following discussion, the board decided to table to topic until a later date. They plan to revisit the topic at a meeting this fall.

ELECTION OF OFFICERS: Schmitz made a motion to re-elect the current slate of officers with Berg-Poppe as President, Suel as Vice-President, and Schmitz as Secretary. Weigel seconded the motion. **MOTION PASSED** by unanimous voice vote.

SCHEDULE NEXT MEETING(S): The next meeting is scheduled for August 20, 2024 at 11AM MDT/12 PM CDT via Microsoft Teams. This meeting is also tentatively planned to serve as the public rules hearing for the administrative rule changes. Two more meetings were scheduled as follows: October 8, 2024 at 11AM MDT/12 PM CDT via Microsoft Teams and December 10, 2024 at 11AM MST/ 12 PM CST via

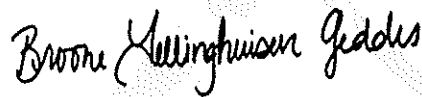
Microsoft Teams.

EXECUTIVE SESSION PURSUANT TO SDCL 1-25-2: The board did not have a need to enter executive session.

COMPLAINTS/INVESTIGATIONS: The board office reported one pending complaint.

ANY OTHER BUSINESS: There was no other business to discuss.

Toman made a motion to adjourn 1:07 PM CDT. Schmitz seconded the motion. **MOTION PASSED** by unanimous voice vote.



Respectfully submitted,
Brooke Tellinghuisen Geddes
Executive Director

1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 06/30/2024

AGENCY	BUDGET UNIT	09	HEALTH	BOARD OF PHYSICAL THERAPY - INFO				
CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE			
COMPANY NO 6503								
COMPANY NAME PROFESSIONAL & LICENSING BOARDS								
092140066701	6503	4293881	PT APPLICATION	480.00	6,660.00			
092140066701	6503	4293882	PTA APPLICATION	480.00	2,460.00			
092140066701	6503	4293883	PT RENEWAL	240.00	178,740.00			
092140066701	6503	4293884	PTA RENEWAL	.00	7,560.00			
092140066701	6503	4293886	COMPACT CHECKS	1,320.00	8,580.00			
ACCT: 4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)			2,520.00	204,000.00	*		
ACCT: 42	LICENSES, PERMITS & FEES			2,520.00	204,000.00	**		
092140066701	6503	4910000	OPERATING TRANSFERS IN	.00	114.01			
ACCT: 4910	OPERATING TRANSFERS IN			.00	114.01	*		
ACCT: 49	OTHER REVENUE			.00	114.01	**		
CNTR: 092140066701				2,520.00	204,114.01	***		
CNTR: 092140066				2,520.00	204,114.01	****		
CNTR: 0921400				2,520.00	204,114.01	*****		
COMP: 6503				2,520.00	204,114.01	*****		
B UNIT: 09214				2,520.00	204,114.01	*****		
AGENCY: 09				15,871,566.92	159,581,158.45	*****		

AGENCY	BUDGET UNIT	CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
09	HEALTH	09214	BOARD OF PHYSICAL THERAPY - INFO				
09214	BOARD OF PHYSICAL THERAPY - INFO						
092140066701	5101	EMPLOYEE SALARIES					
092140066701	5102	EMPLOYEE BENEFITS					
092140066701	5103	PERSONAL SERVICES					
092140066701	5203	TRAVEL					
092140066701	5204	DUES & MEMBERSHIP FEES					
092140066701	5205	COMPUTER CONSULTANT					
092140066701	5206	MANAGEMENT CONSULTANT					
092140066701	5207	CENTRAL SERVICES					
092140066701	5208	PURCHASING CENTRAL SERV					
092140066701	5209	HUMAN RESOURCES SERVICES					
092140066701	5210	PUBLISHING					
092140066701	5211	EQUIPMENT RENTAL					
092140066701	5212	RENTS--OTHER					
092140066701	5213	OTHER CONTRACTUAL SERVICE					
092140066701	5214	CONTRACTUAL SERVICES					
092140066701	5215	OFFICE SUPPLIES					
092140066701	5216	PRINTING--STATE					
092140066701	5217	POSTAGE					
092140066701	5218	FOOD STUFFS					
092140066701	5219	SUPPLIES & MATERIALS					
092140066701	5220	OPER TRANS OUT -NON BUDGT					
092140066701	5221	NONOP EXP/NONBGTD OP TR					
092140066701	5222	OPERATING EXPENSES					
092140066701	5223						
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AGENCY: 09 HEALTH
BUDGET UNIT: 09210 BOARD OF PODIATRY EXAMINERS - INFO

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092100061821	1140000	26,495.73	DR	BOARD OF PODIATRY EXAMINERS
COMPANY/SOURCE TOTAL 6503 618			26,495.73	DR *	
6503	092100066701	1140000	1,226,130.64	DR	PHYSICAL THERAPY BOARD
COMPANY/SOURCE TOTAL 6503 667			1,226,130.64	DR *	
COMP/BUDG UNIT TOTAL 6503 09210			1,252,626.37	DR **	
BUDGET UNIT TOTAL 09210			1,252,626.37	DR ***	



Promoting Safety and Competence

124 West Street South, Third Floor
Alexandria, VA 22314
703-299-3100 | www.fsbpt.org

May 23, 2024

Brooke Tellinghuisen Geddes
Executive Director
South Dakota Board of Physical Therapy
810 North Main Street, Suite 298
Spearfish, SD 57783

Dear Brooke,

The Federation of State Boards of Physical Therapy Board of Directors is appreciative of your efforts to enhance your reporting of licensee information to the ELDD to better protect the public. We applaud you, along with the South Dakota Board of Physical Therapy for this effort. FSBPT was pleased to receive your request for funding support in the amount of \$2,250.

It is my pleasure to inform you that the FSBPT Board of Directors has approved your request and directed FSBPT staff to work with you and your vendor(s) to assist in the distribution of these funds as appropriate during this calendar year. The project will need to be completed and payment made before December 31, 2024.

Please send all invoices to Richard Woolf (rwoolf@fsbpt.org) or Linda Michelsen (lmichelsen@fsbpt.org).

If you have any questions or concerns, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Hatherill", written in a cursive style.

William A Hatherill, CEO
Federation of State Boards of Physical Therapy
124 West Street South, 3rd Floor
Alexandria, VA 22314-2825
Phone: (703) 299-3100 ext. 232
Fax: (703) 299-3110

This memorandum outlines the process for considering applications made to the SD Board of Physical Therapy.

1. **Clean Applications (initial and renewal):** Applicants who answer “no” to all legal questions, no criminal history on background check, no action on other licenses from other states or prior action on South Dakota licenses. These applicants also meet all other requirements for licensure or renewal.

Recommendation: Executive director issues license.

The State Board of Physical Therapy adopted this process for considering applications at its meeting on March 19, 2024.

2. **Other Applications (initial and renewal):** Applicants who answer “yes” to legal questions, have criminal history on DCI or FBI background check, action on a license from another state or former South Dakota license, or other problematic issues.

Recommendation: Review by board president, legal counsel, and executive director. May choose to 1) approve application or renewal or 2) bring to full board for consideration of conditions or denial at next regularly scheduled meeting (board president must abstain from voting).

The State Board of Physical Therapy adopted this process for considering applications at its meeting on March 19, 2024.

3. **Reinstatement or Re-Entry Applications:** Applicants who were formerly licensed in South Dakota or another state but who do not hold current licensure and forfeited their license consistent with SDCL 36-10-33 (i.e., 6 months past expiration date).

1-3 years lapsed: Review by board president and executive director, who will make recommendation on the number of CEU’s needed. The decision will be brought to the board for ratification only at its next regularly scheduled meeting.

3-5 years lapsed: In addition to requirements from 1-3 years lapsed, the applicant will complete the Federation of State Boards of Physical Therapy’s (FSBPT) Practice Exam & Assessment Tool (PEAT) and subsequent CEU’s, to be determined by the board president and executive director, to address deficiencies. The decision will be brought to the board for ratification only at its next regularly scheduled meeting.

5-10 years lapsed: Review and approval by the full board at its next regularly scheduled meeting. In addition to the requirements from 3-5 years, the applicant will complete a mutually agreed supervised practice. The board will issue a credential and require reports from a board approved supervisor for a defined period.

10+ years lapsed: Review and approval by the full board at its next regularly scheduled meeting. The applicant will retake the National Physical Therapy Exam (NPTE) or the National Physical Therapy Assistance Exam (NPTAE). This may also include additional CEU’s as required in the 3-5 year time frame and/or supervised practice as required in the 5-10 year time frame.

The purpose and intent of this policy is to assist the board in determining if an applicant who has been without an active license for over 3 years is competent to practice. Each applicant will be reviewed on a case-by-case basis, and it is left to the discretion of the approval entities assigned to determine appropriate competency measures. The board and designated approval

entities may consider these guidelines including by not limited to the above guidelines in making their determination.

The State Board of Physical Therapy adopted this revised process for considering applications at its meeting on _____.

36-10-46. Appeal from decision of board.

Any party feeling aggrieved by any acts, rulings, or decisions of the State Board of Physical Therapy, relating to the refusal to grant a license or to the cancellation, revocation, or suspension of a license may appeal the decision, pursuant to chapter 1-26.

Core Minimum Data Set Questions

Sex (Standard question, Standard Response)

What is your sex? **SINGLE-SELECT**

- a. Male
- b. Female
- c. Transgender
- d. Gender Non-binary
- e. Other
- f. Prefer not to answer

Race/Ethnicity (Standard question, Standard response)

What is your race? Mark one or more boxes **MULTI-SELECT**

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Some Other Race

Are you of Hispanic, Latino/a, or Spanish origin? **SINGLE-SELECT**

- a. No
- b. Yes

Age/Year of Birth (Standard question, Standard response)

What is your birth year? **OPEN FIELD**

Year Completed Education (Standard question, Standard response)

What year did you complete the education program/degree that **first qualified** you for this license? **OPEN FIELD**

What type of degree/credential **first qualified** you for this license? **SINGLE-SELECT**

- c. Technical/Vocational Certificate
- d. Associate Degree
- e. Bachelor's Degree
- f. Master's Degree
- h. Professional/Doctorate Degree
- Other (Specify:)

Highest Level of Education (Standard question, Mappable response)

What is your highest level of education? **SINGLE-SELECT**

- | | |
|--|--|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> tDPT (transitional) |
| <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> EdD |
| <input type="checkbox"/> Masters | <input type="checkbox"/> DSc |
| <input type="checkbox"/> PhD (or equivalent) | <input type="checkbox"/> PhD (or equivalent) and DPT |
| <input type="checkbox"/> DPT (entry-level) | <input type="checkbox"/> Other (Specify: _____) |

Where Completed Education (Standard question, Mappable response)

Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed) **SINGLE-SELECT**

- a. [LIST OF U.S. STATES and territories]
- b. Another Country (not U.S.)

Specialty (Standard question, Flexible response)

Which of the following BEST describes the specialty/field/area of practice in which you spend most of your professional time?

Add these choices:

- Academic Institution (educating student PTs/PTAs)
- Cardiovascular and Pulmonary
- Older Adults (Geriatrics)
- Neurology
- Oncology
- Orthopedics
- Pediatrics
- Sports
- Pelvic Health
- Wound Management
- None of the above (select if you are not actively treating patients/clients)

INSERT

- Provide a best estimate of the percentage of your time spent treating conditions of the below systems (total must be 100%).
 - Musculoskeletal
 - Neuromuscular
 - Cardiopulmonary
 - Integumentary
 - Other (GI, GU, Renal, Metabolic, Endocrine)
 - None of the above (select if you are not actively treating patients/clients)
- Provide a best estimate of the percentage of your time spent treating patient/clients within the below lifespans (total must be 100%).
 - 0-12 years
 - 13-21 years
 - 22-65 years
 - Over 65 years

- o None of the above (select if you are not actively treating patients/clients)

Please indicate the population groups to which you provide services. Please check all that apply. **MULTI-SELECT CHECKBOXES**

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals who speak a language other than English
- k. Medicaid
- l. Medicare
- m. Sliding Fee Scale
- n. None of the above (select if you are not actively treating patients/clients)

Practice Location (Standard question, Flexible response)

In what state is your primary practice location? If this does not apply, please select "N/A"
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

In what state(s) and/or jurisdiction(s) do you hold an active license or have authority to practice? (Select all that apply) **MULTI-SELECT**
[LIST OF U.S. STATES and territories]

Do you hold compact privileges?" If "yes", "Within which states do you hold compact privileges?"
MULTI-SELECT
[LIST OF U.S. STATES and territories]

What is the five-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A"
OPEN TEXT FIELD

Insert

What is the size of the community of your primary practice location? If this does not apply, please indicate "N/A".

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 1000 | <input type="checkbox"/> 10,000-24,999 | <input type="checkbox"/> Greater than 250,000 |
| <input type="checkbox"/> 1000-4999 | <input type="checkbox"/> 25,000-49,999 | <input type="checkbox"/> NA |
| <input type="checkbox"/> 5000-9999 | <input type="checkbox"/> 50,000-250,000 | |

Telehealth (Standard question, Standard response)

Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and forward imaging, streaming media, and terrestrial and wireless communications. Do you use

telehealth to deliver services to patients? **SINGLE SELECT**

- a. No
- b. Yes

Employment Type/Arrangement (Standard question, Mappable response)

Employment Status (Standard question, Mappable response)

What is your employment status? **SINGLE-SELECT**

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of Physical Therapy that does not require this license
- c. Actively working in a position in a field other than Physical Therapy
- d. Not currently working
- e. Retired

Future Employment Plans (Standard question, Mappable response)

Which of the following best describes your current employment arrangement at your principal practice location? **MULTI-SELECT**

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment/Locum tenens
- e. Other
- f. Not Applicable

What best describes your employment plans for the next 2 years? **SINGLE SELECT**

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown

Position Type/Role (Standard question, Mappable response)

Please identify the role/title(s) that most closely correspond(s) to your primary employment/practice type. **MULTI-SELECT**

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
- f. Not Applicable

Setting Type (Standard question, Flexible response)

Which of the following best describes the practice setting at your primary practice location?
If this does not apply, please select "not applicable." **SINGLE-SELECT**

- a. Acute care hospital School system or early intervention
 Subacute rehab hospital (inpatient) Academic institution (post-secondary)
 Health system or hospital based outpatient facility or clinic
 Health and wellness facility Private outpatient office or group practice
 Research center SN/ECF/ICF
 Industry Patient's home/home care
 Other (Specify _____)
- b. Telehealth
c. Not applicable

Hours/Week (Standard question, Standard response)

Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable." **SINGLE-SELECT**

- a. 0 hours per week/Not applicable
b. 1 – 4 hours per week
c. 5 – 8 hours per week
d. 9 – 12 hours per week
e. 13 – 16 hours per week
f. 17 – 20 hours per week
g. 21 – 24 hours per week
h. 25 – 28 hours per week
i. 29 – 32 hours per week
j. 33 – 36 hours per week
k. 37 – 40 hours per week
l. 41 or more hours per week

Hours/Week in Direct Patient Care (Standard question, Standard response)

Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select "not applicable." **SINGLE-SELECT**

- a. 0 hours per week/Not applicable
b. 1 – 4 hours per week
c. 5 – 8 hours per week
d. 9 – 12 hours per week
e. 13 – 16 hours per week
f. 17 – 20 hours per week
g. 21 – 24 hours per week
h. 25 – 28 hours per week
i. 29 – 32 hours per week
j. 33 – 36 hours per week
k. 37 – 40 hours per week
l. 41 or more hours per week