



12/30/19

RE: Clarification of Athletic Trainers (AT) and Physical Therapist (PT) collaboratively providing physical medicine and rehabilitation to shared patients

TO: Members of the Michigan Physical Therapy Association (MPTA)
Michigan Athletic Trainers' Society (MATS),

The MPTA and MATS jointly and collaboratively prepared this memorandum in response to the recently revised and adopted Physical Therapy Administrative Rules. During the revision process, several important questions were raised regarding the circumstances regarding how PTs and ATs collaborate to provide services.

Historically, ATs and PTs have seamlessly worked together in the physical medicine and rehabilitation setting. The goal of the current statement is to educate our respective members and to support this relationship to the betterment of our patients.

For all ATs practicing in compliance with the AT practice act ([Public Act 166 of 2015](#)), the change in the PT general rules will not apply. Our best advice to ATs practicing in the state of Michigan at this time is to ensure that you are in compliance with the AT practice act and that you are working “under the direction of, on the prescription of, or in collaboration with an individual licensed under part 170 or 175.” An individual licensed under part 170 or 175 includes a physician (M.D. or D.O.) who is licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery. ATs are not subject to oversight by a physical therapist. However, it is also important to note that the practice of athletic training does not include the practice of physical therapy. A physician prescription should indicate “rehabilitation” to be in compliance with the AT practice act.

The General Provisions of the Michigan Public Health Code ([MCL 333.16215](#)), which apply to all health professional licensees, provide the statutory authority of a licensee to delegate “acts, tasks, and functions” to others not licensed in that same profession.

- [MCL 333.16104](#)(2) defines “delegation” as: “[A]n authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession.” By this standard, the AT is essentially functioning as an unlicensed individual when delivering delegated components of the PT plan of care, and not as an AT.
- [MCL 333.16215](#)(1) states that “a licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.”
 - “Acts, tasks, and functions” is not defined in statute or in PT Administrative Rules.
 - “Standards of acceptable and prevailing practice” is not defined in statute or administrative rules.

- How a given act, task, or function would be determined to “[require] the level of education, skill, and judgment required of the licensee” is not defined in statute or administrative rules.
- Therefore, the PT must be prepared to defend their clinical decision-making/rationale for the acts, tasks, and functions delegated to a specific AT for a specific patient in the event of a complaint or lawsuit. Given that professional practice standards [position statements of the American Physical Therapy Association (APTA)] could be relevant in the deliberation of a complaint or professional malpractice lawsuit, the PT should be familiar with all relevant APTA Position Statements outlined in the Addendum on Page 4.

Relevant Michigan PT Administrative Rules that govern PT delegation to and supervision of anyone not in possession of a PTA license include:

- R 338.7139 Delegation of acts, tasks, or functions to a licensed or unlicensed individual; direct supervision of a licensed or unlicensed individual; requirements.

Rule 39.

- (1) Pursuant to section 16215(6) of the code, MCL 333.16215, the requirements of this rule do not apply to a physical therapist who delegates to a physical therapist assistant if the physical therapist satisfies the requirements for delegation to a physical therapist assistant under R 338.7138.
- (2) Except as provided under subrule (1) of this rule, a physical therapist who delegates the performance of selected acts, tasks, or functions to a licensed or unlicensed individual under section 16215 of the code, MCL 333.16215, shall supervise the individual pursuant to section 16109(2) of the code, MCL 333.16109, in addition to providing direct supervision of the individual. As used in this rule, "direct supervision" means that the physical therapist is physically present and immediately available for direction and supervision when patients or clients are present at the time the act, task, or function is performed, and that the physical therapist has direct contact with the patient or client during each visit.
- (3) A physical therapist who delegates acts, tasks, or functions under subrule (2) of this rule shall also comply with all of the following:
 - (a) Ensure the qualifications of the individual under the physical therapist's direct supervision, including verification of the individual's training and education.
 - (b) Examine and evaluate the patient or client before delegating acts, tasks, or functions to be performed by the individual.
 - (c) Directly supervise the individual to whom acts, tasks, or functions have been delegated.
 - (d) Provide predetermined procedures and protocols for acts, tasks, or functions that have been delegated.
 - (e) Maintain a record of the names of the individuals to whom acts, tasks, or functions have been delegated.
 - (f) Monitor the individual's practice and provision of assigned acts, tasks, or functions.
 - (g) Meet regularly and in person with the individual to whom acts, tasks, or functions have been delegated to evaluate the individual's performance, review records, and educate the unlicensed individual on the acts, tasks, or functions that have been delegated.
- (4) A physical therapist shall not supervise more than 3 individuals under this rule at the same time.
- (5) Under section 16171 of the code, MCL 333.16171, the requirements of subrule (3)(b) do not apply to a student enrolled in an accredited physical therapist or physical therapist assistant educational program approved by the board.

Regarding the clause “direct contact with the patient or client during each visit” in (2) above, there is not a definition of “direct contact”. As with all delegation/supervision decisions, the burden falls on the clinician to be prepared to defend their decision. The meaning and extent of “direct contact with the patient or client during each visit” will be dependent on the complexity of the patient and the skills/experience/training of the delegatee.

When assisting in the delivery of physical therapy under the supervision/delegation of a PT, the AT is not functioning as an AT in the PT practice setting regardless of the act, task, or function that has been delegated.

- The practice of AT is not physical therapy. The practice of AT cannot be performed under the delegation and supervision of a PT, and it cannot be represented as PT.
- ATs to whom PT acts, tasks, and functions have been delegated cannot represent themselves as an AT when participating in the provision of that PT service.
 - We recognize the frustration inherent in the fact that the very education and training that makes ATs qualified to provide delegated components of the PT plan of care cannot be acknowledged in the clinic by not introducing them with their AT credentials. However, the Michigan Public Health Code is clear about the circumstances under which individuals can represent themselves and their services as a given health profession.
- ATs can only represent themselves as an AT when providing AT services under the AT scope of practice and associated laws and rules.

We wish to acknowledge the recent statement of collaboration between the APTA and the NATA (https://www.apta.org/uploadedFiles/APTAorg/Media/Releases/2018/APTASTatement_CollaborationNATAAPTA.pdf). It is important to emphasize that this memorandum outlines current Michigan state law and affirms the need for ATs and PTs to be aware of relevant laws and professional practice standards regarding supervision and delegation. The MPTA and MATS support collaborative practice that allows the PT and AT, under their respective scopes of practice, to provide holistic, effective care for shared patients.

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ADDENDUM

APTA Position Statements Related to Supervision and Delegation:

- DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES (HOD P06-15-17-09)
 - “The patient and client management elements of examination, evaluation, diagnosis, prognosis, and intervention should be represented and paid as physical therapist services only when they are performed by or under the direction of a physical therapist and guided by all APTA positions, standards, guidelines, policies, and procedures.”
 - http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DeliveryValueBasedPTServices.pdf
- DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD P06-18-28-35)
 - “[The physical therapist assistant is] the only individual who assists a physical therapist in practice. The utilization of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.”
 - http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DirectionSupervisionPTA.pdf
- THE ROLE OF AIDES IN A PHYSICAL THERAPY SERVICE HOD (P06-18-32-37)
 - “Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy service. Tasks are activities that do not require the clinical decision making of the physical therapist or the clinical problem solving of the physical therapist assistant.”
 - http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/ProvisionInterventions.pdf