



# Farewell/Welcome

Casey Lewis, Consumer Member since 1995, was replaced by B. Darren Burns, an attorney from Annapolis. Mr. Burns' term began in April 2004. Ms. Lewis was active in disciplinary activities, personnel matters and offered a course on ethics to licensees and professional development to staff of Boards & Commission, DHMH, during her tenure. We bid a fond farewell to her and a hearty welcome to Mr. Burns.

Caroline Stellmann, Consumer Member since June 1996 was replaced by Lois V. Rosedom-Boyd, a retired Baltimore City employee, June 2004. Ms. Stellmann was a strong advocate of consumer rights and protection. She was

also a willing participant in disciplinary matters. Welcome to Ms. Rosedom-Boyd and farewell to Ms. Stellmann. Her advice from a consumer point of view will be missed!

Penelope J. Lescher, PT has resigned from the Board. She was first appointed in 1998. Ms. Lescher has moved to Pennsylvania to become a director of several allied health college programs. She had been the Director of the PTA Program, Chesapeake Consortium. Her expertise in the education of PTAs, the credentialing of foreign-educated applicants, and scope of practice issues was much appreciated. Good luck in your future endeavors, Penny!

## Board Members and Staff

B. Darren Burns, Esq.  
Consumer Member  
Shirley Leeper, PTA  
Ed Lyons, PT  
Natalie McIntyre, PT  
Marge Rodgers, PT, Chair  
Lois Rosedom-Boyd,  
Consumer Member  
John Shober, PT, Vice-Chair  
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Executive Director

Dorothy Kutcherman,  
Licensing Administrator  
Jeanette Robinson, Office Clerk  
Ernest Bures, Investigator  
Larry Schuyler, Investigator  
Linda Bethman, AAG,  
Board Counsel  
\*\*\*\*\*  
Hours— M-F; 8:30 a.m. - 4:30 p.m.  
(410) 764-4752 -General Information  
(410)764-4746 - License Verifications



## Newsflash!!!

HB 799 was passed in the 2004 Legislative Session. This bill makes significant changes in the Practice Act. Inserts reflecting these changes will be sent sometime in early 2005 to all licensees.

However, there were mistakes in the drafting of the enrolled bill. Under §13-310(b), the word "onsite" was not removed. The wording should read "*A licensed physical therapist assistant may practice limited physical therapy only under the direction of a licensed physical therapist who gives ongoing supervision and instruction that is adequate to ensure the safety and welfare of the patient.*"

It was never the Board's intention to leave in the word "onsite" and it advises that until the statute is corrected, the Board will interpret its law as it always has in that a PTA may treat a patient in any practice setting once a PT has evaluated the patient and written the plan of care without the necessity of the PT being onsite. The PT and PTA should have ongoing written and verbal communication regarding a patient's condition on a regular basis. Refer to COMAR 10.38.03.02A(2)(J) **The physical therapist shall delegate to the physical therapist assistant only treatment that is within the competency and scope of practice of the physical therapist assistant;** (k) **The physical therapist is to provide direction and instruction for the**

**physical therapist assistant that is adequate to ensure the safety and welfare of the patient; and (l) The physical therapist shall document ongoing communication with the physical therapist assistant regarding changes in a patient's status, treatment plan, or both. and COMAR 10.38.03.02B(1)(a) The physical therapist assistant shall follow the direction and plan of care of the physical therapist in the treatment of a patient; and (g) The physical therapist assistant shall document ongoing communication regarding changes in a patient's status and treatment authorized by the physical therapist.**

**The second corrective action that will be taken is under §13-303. Section (4)(c) which refers to preceptorships will be deleted.**

**To see the complete enrolled bill—go to the General Assembly's web site - [www.mlis.state.md.us](http://www.mlis.state.md.us).**



## PTs and PTAs who did not renew -

According to Board records, the following licensees did not renew their license and can not practice physical therapy or limited physical therapy in the State of Maryland. Some may have since had their licenses reinstated.

### Physical therapist assistants:

Zelina Y. Atkins

T. Pamila Baptiste

Aischa Bautista

Lynelle L.Brady

Cynthia A. Brendle

Michelle R. Bumbaugh

Christina G. Burns

Mary E. Cook  
Sarah L. Cox  
Ingrid Correa  
Jason Lee Cummings  
Sherry J. Davidson  
Katherine A. Davis  
Jeanette deMiranda  
Janell Lee Easter  
Christine Elizabeth Fleck  
Richard D. Fortune  
Tamie Lee Fullerton  
Thomas Edward Gera  
Mary Elisabeth Gerlich  
Robert Henry  
Timothy M. Hipkins  
Carol Ann Honeycutt  
Christopher C. Johnson  
Kelly Joyce  
Kassandra A. Judd  
Anne Michelle King  
Diane Knuckles  
Monica Kursell  
Jennifer M. Lewandowski  
Joanne Levitt  
Donald V. Madison  
Franklin Maphis  
Donna Nicole Matthews  
Kyle Kathleen McCarron  
Chad M. McClintock  
Freda M. McClinton  
Guinevere Meyer

Scott Michael Meyer  
Janice L. Nicholson  
Bridgid M. O'Keefe  
Sonia R. Olitoquit  
Renato B. Oliveros, Jr.  
Marissa S. Ondecko  
Keri A. Page  
Teresa Anne Petzar  
Piran Pezeshki  
David Lee Reisinger  
Kimberly Rendler  
Beth M. Robinson  
Elizabeth A. Sabia  
Walter W. Shaw, Jr.  
Philip H. Wagener  
Grace A. Whitaker  
Melissa R. Williams  
Heather Ann Yarberry  
Kathryn Joann Yingling  
Carolyn B. Yurcaba

**Physical therapists:**

Mariam Adili  
Mary Jane Aguila  
Elliot Alexander  
Alexandria Alesh  
Patren Altendor  
Susanne Marie Ames  
Mary T. Anderson  
Mallory Anthony  
Lori Rose Arnold

Rebecca Sue Aronson  
Jennifer L. Avry  
Lynn K. Bankston  
James A. Barnhart  
Howard J. Bartz, Jr.  
Kevin James Basile  
Ronald Brian Baum  
Joshua W. Beck  
Tracy Jean Beck  
Wendi D. Belisle  
Kimberly S. Berry  
Jennifer Blake  
James DeWayne Blakely  
Kimberly D. Borden  
Brian J. Bourdeau  
Debra A. Bowers  
Hunter Patrick Bradshaw  
Ellen G. Bresee  
Melissa H. Brett  
Anna L. Brock  
Eileen Marie Brooks  
Susan Weller Bruno  
Jennifer Buono  
Rebecca L. Caboot  
Nicole Alexis Canale  
Goneril Tampoc Caparros  
John Joseph Carlucci  
Courtney Rae Carmichael  
Amanda Aileen Carpenter  
David A. Carrington  
Melanie Case

Cara Chando  
Andrew Paul Cichosz  
Beverly J. Coker  
Katherine A. Colyer  
Matthew Corn  
Mark W. Cornwall  
Julia Coronel  
Karen Culumovic  
Kristi L. Curtis  
Mary A. Cyr  
Gabrielle Czaja  
Laura M. Davis  
Patricia Queyquep Davis  
Krista J. de la Cruz  
Theresa M. Demer  
Lisa Victoria DePasquale  
Lauren R. Devart  
Sharon Smith Dickmann  
Susan Dury Dinlocker  
Janice Downey  
Debra Duggan  
Jennifer Homer Eckardt  
Lillian E. Eckhardt  
Janet Eldridge  
Jill M. Elliott  
Kjersten A. Enrooth  
Annelise Rose Eramo  
Cheryl L. Farmer  
Hadi Fathalikhani  
Camilla Regina Faulkner  
Linda Jean Fean

Christy M. Felix  
Glendalyn E. Fodra  
Mary Jo Foglesong  
Judith Gaiser  
Annette L. Garling  
Gina Maria Gayle  
Dione C. Giles  
Andrea Goldberg  
Ann E. Grab  
George C. Gracey  
Mary Ann Graffagnino  
Patricia A. Grajewski  
Andrea Michelle Greene  
Nanette J. Griesi  
Ellen A. Gutow  
Samantha Reed Harris  
Susan E. Harryman  
Mary G. Hart  
Jason Franklin Hause  
Claire T. Hermann  
Laura Renee Heughens  
Michael J. Higgins  
Shaye L. Hill  
Arni W. Hilton  
Terri G. Holcombe  
Marcia J. Holland  
Michael J. Hom  
Sharon A. Huntoon  
Ruth F. Jenkins  
Jennifer J. Johnson

Brian S. Jones  
Conrado Anka, Jr.  
Marjorie E. Kalfon  
Aimee Susan Kalinowski  
Sonya J. Kibbee  
Carol Katherine Kniess  
Lisa Koperna  
Monique L. Kramer  
Craig R. Kuhn  
Rachel Lambert  
Robert J. Lanzer, Jr.  
Laura Ann Lapolla  
Lorelei H. Lash  
Peter Lauffer  
Teresa A. Layne  
Craig Hugh LeBrun  
Michael E. Lehr  
Angela Lee Lewis  
Jennifer N. Lewis  
Matthew Lewis  
Laura A. Libby  
Karen H. Liberi  
Kristi A. Lim  
Thomas J. Lovell  
Shana Lowery  
Alicia M. Macura  
Robert Paul Mand  
Marianna T. Mardeusz  
Pamela Ann Markmann  
Makenzie Mazin  
Jordan Mary McAmmond

Chrystal L. McDonald  
Anna Kay McGaw-Mobark  
Eric S. McKee  
Mark A. McMillan  
Susan K. Mihans  
Molopo Molopo  
Mikhail Muhammad  
Cathleen R. Newberg-Rommel  
Karen G. Oldham  
William G. Oliver  
Linda D. Ots  
Landon Keith Owen  
Jocelyn E. Owens  
Stacey Page  
Bela Patel  
Barbara Peavy  
Rebecca M. Petersen  
Cristina Pinto  
Flavia Pinto  
Michelle L. Pollock  
Deborah Christine Pouty  
Cristina Puiu  
Colleen McAndrew Qu8inn  
Eve Annette Razzetti  
Sonja A. Reese  
Anne Maguire Rogers  
Vincent Romviel  
James J. Rothbauer  
Maryann G. Rozzell  
Anita Russek  
Derick Russell  
Jared P. Sauve

Denise E. Schank  
Matthew Scott Schnackenberg  
Rhonda L. Schofield  
Todd David Schurr  
James R. Scifers  
Laurie L. Seibel  
Babar Shafiq  
Julianne Shay  
Mara G. Sheehan  
Amy L. Shialabba  
Shannon Richard Showalter  
Joseph A. Shrader  
Endia Loreece Smith  
Evette M. Smith  
Kevin M. Smith  
Kimberly M. Smith  
Perry H. Smith  
Amy Therese Snyder  
Kathryn M. Snyder  
Mark G. Snyder  
Sue K. Song  
Tamara T. Sowell  
Leyla Sowerwine  
Jennifer C. Starmann  
Corinne Walker Sterling  
Barry Strenger  
Wendy Tada  
Linh Thai  
Rose M. Thompson  
Rene J. Tobia  
Bernadette Diamoano Torres  
James Milton Trout

Sandra D. Tyson  
Christopher N. Uston  
Gail Watson Vanderlaan  
Julia A. Vanek  
Gail Kaplan Verbitsky  
Julia A. Vanek  
Gail Kaplan Verbitsky  
Gwendolyn P. Vu  
Rhea Tiffany Walker  
Rene Wallace  
Christy Elisa Washington  
Ursula A. Wassiliew  
Sandra L. Weiss  
Barbara Ridler White  
Catherine Whitney  
Patricia Witherington  
Tosha A. Winger  
Dwayne H. Wintz  
Theresa Schell Wright  
Linda Wyatt  
Gregory Zevin  
Carol H. Zimmerman  
Suzanne Zukoski

## How Much Do You Know?

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1. T/F Assessment of the frequency and quantity of alcohol intake or other drug use is of little value in diagnosing the addict.
2. T/F An individual may be a thoroughly reliable worker on the job and still be an alcoholic.
3. T/F Addicts often seek help for emotional or family problems without ever mentioning a drinking/drug problem to the interviewer.
4. T/F A person who can abstain from alcohol or other drug use for long intervals of time is not a true addict.

Research shows that approximately 10% of the public suffers from addictive disease. Physical therapists (PTs) and physical therapist assistants (PTAs) regularly treat patients whose lives have been negatively impacted by substance abuse and addictive disease. In general, however, we have limited knowledge regarding this subject. Furthermore, we don't always see the disease in our own professional community and even may deny that it exists for PTs and PTAs.

In 1988, the Physical Therapy Practice Act was amended to create a "physical therapist rehabilitation committee" to provide assistance to any Maryland licensed "physical therapist and physical therapist assistant in need of treatment and rehabilitation for alcoholism, drug abuse, chemical dependency, or other physical, emotional, or mental condition." As a result of this amendment, the Maryland Physical Therapy Impaired Professionals Committee (IPC) was formed in 1991. By 1993, the Committee had implemented an Impaired Professional Program (IPP) and accepted its first client in 1994. For the past 10 years, the IPC has served the Maryland Physical Therapy Community by:

1. Being an advocate for Maryland licensed PTs and PTAs whose work performance is impaired due to substance abuse and addictive disease, or other physical, emotional, or mental conditions.
2. Providing resources and assistance regarding workplace issues to employers and supervisors of Maryland licensed PTs and PTAs.
3. Offering education about addictive disease and about the IPP to the Maryland physical therapy community, including students of PT and PTA programs.

Advocating for impaired PTs and PTAs and administering the IPP are major focuses of the IPC. There are three (3) ways to access the IPC: self-referral (which can be through a treatment provider); supervisory or Employee Assistant Program referral; or Board of Physical Therapy Examiners referral. Once a referral is received, the IPC will assess the client's needs, ensure that they meet the requirements for participation and initiate the IPP process.

The IPP is:

- **Structured**—clients sign a contract to stay engaged with the IPC for two (2) years, are required to submit quarterly self/treatment provider/supervisor reports, comply with random urinalysis, complete a work-reentry contract if needed;



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- Non-punitive — an alternative to formal discipline
  - Voluntary— clients may self-report, and choose to participate in the program
  - Confidential — any meetings with clients are held in a neutral location, reports are faxed to a dedicated line, IPC members adhere to strict confidentiality guidelines, IPC consultant is required to sign a confidentiality agreement.

In addition to working directly with clients, the IPC serves as a resource for the employers, supervisors, PTs, PTAs and student programs. We can prepare and present inservices on a number of topics including:

- Addictive Disease—Knowing the Signs and Symptoms
- Denial and “Enabling” Behaviors
- The Impact of an Impaired Professional in the Workplace
- Ethical and Legal Issues Regarding Impaired Practice
- Dealing with an Impaired Professional—Tips for the Supervisors and Co-Workers
- Mandatory Requirements for Reporting Impaired PTs/PTAs
- Components of a Drug Free Workplace Program

We welcome the opportunity to assist PT/PTA employers with workplace policies and procedures to deal with substance use and abuse (or in understanding policies that exist for their organizations). The following documents are available for distribution:

- Drug-free Workplace Program
- Selecting an EAP: Evaluation Criteria
- Selecting a Drug Testing Laboratory: Evaluation Criteria
- Supervisor’s Decision Tree

If you would like more information about the IPC or IPP, please contact the Maryland APTA office at 1-800-306-5596.

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**Answers:**

1. TRUE — In addition to the problem of verifying “how often” and “how much” variables, identical answers could be accurately given by an addict and non-addict.
2. TRUE — While job problems are common to many addicts, studies show that the majority stay reliably at one job for many years.
3. TRUE — Such symptoms as depression, anxiety, insomnia and marital or family conflicts, plus a host of other complaints, may be directly related to the addiction which may never be spontaneously revealed.
4. FALSE — A criterion for addiction is the effects on the individual when drinking/drugging. Widespread experience shows a high risk of returning to active addiction regardless of how long a period of abstinence precedes an attempt at social use.

## ***Determining the average of 3 patients per hour***

The Board has enacted certain scope of practice regulations to ensure that the highest quality of physical therapy care is delivered to the citizens of Maryland. The regulations were at one time changed to indicate that physical therapists/physical therapist assistants could only treat three patients per hour. However, that regulation proved to be very difficult to implement for most practices, and thus in March 2003, those regulations were changed to allow for "an average of 3 patients per clinical treatment hour." However in determining the average of patients treated in a work day, the following definitions must be considered"

**"Clinical treatment hour"** means an hour in which physical therapy or limited physical therapy services are provided at some point during the hour.

**"Hour"** means a 60 minute increment during a calendar day which is calculated by dividing the day into consecutive 60 minute increments beginning when the day's first physical therapy or limited physical therapy service starts and ending when the last physical therapy or limited physical therapy service terminates, the last consecutive increment of which may be a fraction of an hour.

Therefore, time spent in the clinic prior to treating the first patient cannot be counted toward determining the average number of patients treated in that work day. Furthermore, hours during the day spent for lunch or administrative duties cannot be counted in calculating the average.

The Board cautions its licensees that the standards of practice regulations must be read as a whole. For example, the regulations emphasize that the "physical therapist shall exercise sound professional judgment in the use of evaluation and treatment procedures" COMAR 10.38.03.02A(2)(a). The regulations also require that the "physical therapist shall provide each patient with adequate treatment time consistent with accepted standards in delivering physical therapy care" COMAR 10.38.03.02A(2)(b)(ii).

Thus, although a practice may mathematically be able to schedule a bulk of patients in a small window of time while still maintaining an overall average of three patients treated per clinical treatment hour, you are cautioned that you may not be exercising sound professional judgment or providing patients with adequate treatment time.





# Survey—Complete and return

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In response to each statement, please rate your satisfaction with the service you received from the Board office on a scale of 1 to 5 with 5 being the highest.

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. You were able to reach the Board office during state business hours (includes leaving a message) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Telephone calls and/or e-mails are returned in a timely manner                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Board staff is courteous when contacted by phone   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Board staff assistance is provided efficiently   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. Renewals were processed timely and accurate  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. You find the Board website easy to navigate and helpful  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. Overall, you are satisfied with the service you received from the Board office                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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