



Reentry of Physical Therapy Providers: The Art and Science

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ReEntry of Physical Therapy Providers

- All projects, task forces, and research discussed today supported and financed by
 - Federation of State Boards of Physical Therapy (FSBPT)
 - 53-member physical therapy regulatory boards
 - Healthcare Regulatory Research Institute (HRRRI)
 - HRRRI protects the public through regulatory research and collaborative exchange with strategic partners to promote evidence-based healthcare regulation



ReEntry Defined

- Individual seeking to return to work as PT/PTA
 - Previous holder of a PT or PTA license
 - Hold no current license
 - License was given up voluntarily
 - Not due to disciplinary action



Re-entry of Physical Therapy Providers

- Why Study ReEntry?
 - FSBPT membership communicated it was a problem
 - Unsure how to handle
 - No tools available
 - No data to support proper regulatory intervention
 - Little guidance available
- Virtually no research on PT/PTA re-entry providers existed
- Regulatory Concern: ensuring competence of reentry individuals



FSBPT Goals for ReEntry Research

- Develop empirically based framework for understanding effects of professional inactivity on minimal competence for the PT and PTA
- Evaluate expected rate of loss due to disuse & how quickly minimal competence can be regained
- Determine the scope of the issue for members
- Develop demographic picture of reentry PT & PTAs



REENTRY RESEARCH CRITICAL WORK ACTIVITIES

TIME TO LOSE/TIME TO REGAIN

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*FSBPT Annual Meeting
2022*



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ReEntry Research

- Cognitive Psychologist research focus in
 - Developing expertise
 - Skill degradation
 - Knowledge loss over time
 - Skill retention
- 6 subject matter experts
 - PTs and PTAs with regulatory experience



Framework

- List of critical work activities (CWA) for PTs and PTAs based on:
 - Analysis of Practice (Caramagno et al. 2016)
 - Supervised Clinical Practice Performance Evaluation tool (FSBPT)



Area	Number of CWAs	
	PT	PTA
Professional & ethical behavior	24	23
Legal	4	4
Documentation	6	7
Billing	6	5
Data collection	–	5
Assessment & screening	17	–
Tests & measures	18	13
Evaluation	13	–
Plan of care	10	1
Intervention	29	16
Support personnel	3	2
Community education/activities	3	2
Communication	5	5
Emergency procedures	3	3
Data, evidence, & research	5	4
Total	146	90



Task force members rated each CWA on the following question:

How rapidly does the component deteriorate to the point where minimal competence is lost over a period of disuse?

	<i>Response</i>	<i>Value</i>
	A. Rapid rate of loss (less than 6 months)	A = 4
	B. Moderate rate of loss (6-12 months)	B = 3
	C. Slow rate of loss (12-24 months)	C = 2
	D. Almost no loss over time (25+ months)	D = 1



TASK FORCE MEMBERS RATED EACH CWA ON THE FOLLOWING QUESTION:

1. How quickly can minimal competence in the component be regained after a period of disuse (assume a disuse period of 1 year)?

	<i>Response</i>	<i>Value</i>
A.	Minimal competence can be quickly regained after a short amount of time (around 2 weeks)	A = 1
B.	Minimal competence can be regained after a minimal amount of time (2-3 months)	B = 2
C.	Minimal competence can be regained after a moderate amount of time (3-6 months)	C = 3
D.	Minimal competence can be regained after an extensive amount of time (6-12 months)	D = 4

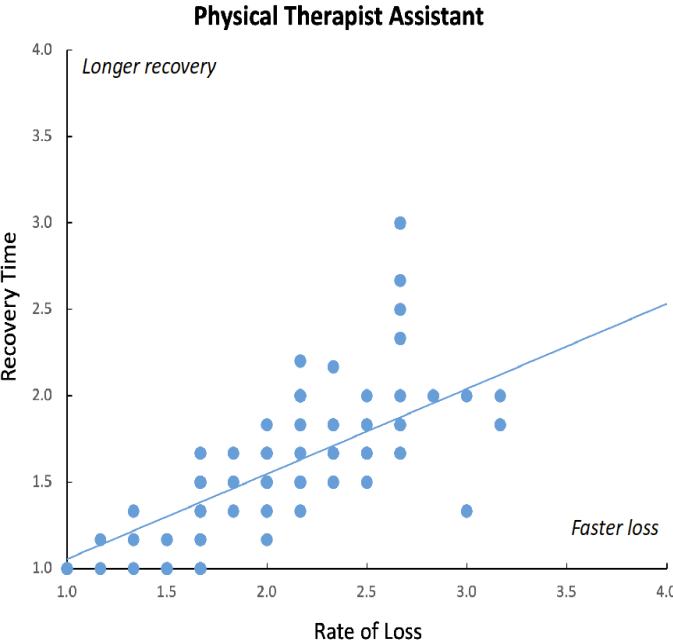
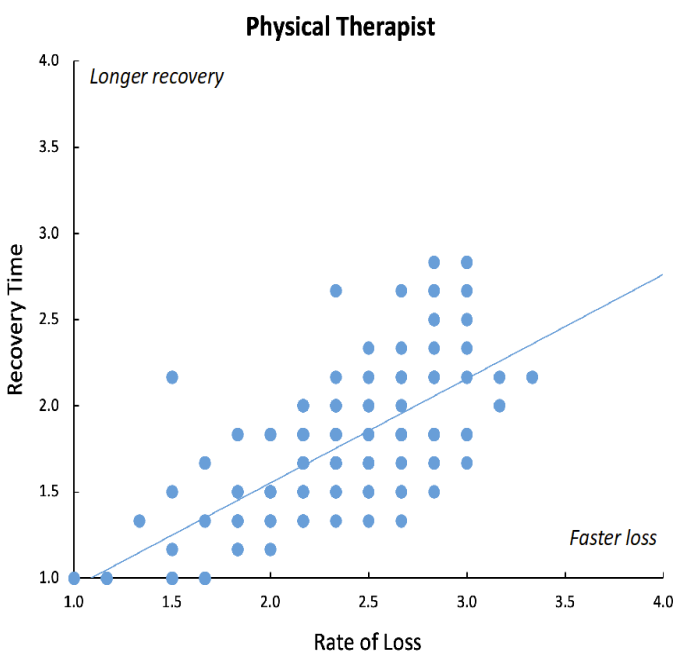


Average loss and recovery ratings for PT and PTA, by area of CWA.

Area	PT		PTA	
	Loss avg.	Recov. avg.	Loss avg.	Recov. avg.
Professional & ethical behavior	1.8	1.4	1.8	1.4
Legal	2.4	1.6	2.5	1.7
Documentation	2.3	1.5	2.5	1.7
Billing	2.8	1.8	3.1	1.9
Data collection	–	–	2.1	1.5
Assessment & screening	2.3	1.9	–	–
Tests & measures	2.3	1.7	2.3	1.8
Evaluation	2.7	2.0	–	–
Plan of care	2.8	1.9	2.5	1.8
Intervention	2.6	2.1	2.3	1.8
Support personnel	1.8	1.4	1.7	1.3
Community education/activities	2.1	1.7	1.8	1.5
Communication	2.1	1.6	1.8	1.5
Emergency procedures	2.5	1.4	2.7	1.3
Data, evidence, & research	2.2	1.8	2.0	1.8
Overall	2.4	1.8	2.2	1.6
Inter-class correlation	.67	.70	.68	.66



Correlation of average loss and recovery ratings



“The faster the rate of loss, the longer the recovery time”



The full report is available on the FSBPT website

COMPETENCE IN PHYSICAL THERAPY: A FRAMEWORK FOR UNDERSTANDING EFFECTS OF DISUSE ON PHYSICAL THERAPY PERFORMANCE

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<https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Reentry-of-Physical-Therapy-Providers>



REENTRY: GETTING BACK TO WORK

STRUCTURED LEARNING OPPORTUNITIES

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Reentering Physical Therapy Providers: Structured Learning Options

- Follow up report focusing on what needs to be relearned and recovered
 - What is most likely to diminish?
 - What is not easy to relearn?
- Broad list of options for regulatory boards to select



Method

- Subject matter experts answered two multiple-choice questions about each CWA
- Question 1 (loss question)
 - Time for loss of minimal competence to occur
 - Rapid rate of loss to virtually no loss
- Question 2 (recovery question)
 - Time to recover minimal competence
 - Short (2 weeks) to an extensive (6-12 months) amount of time
- Numerical values given to each answer
- Created the “Critical Work Activities of Concern” list



Example of CWA Rating Activity: **LOSS**

- **CWA:** Perform cervical spinal manipulation (thrust)
- **Question 1:** How rapidly does the component deteriorate to the point where minimal competence is lost over a periods of disuse?

Response options	Value
A. Rapid rate of loss (less than 6 months)	A = 4
B. Moderate rate of loss	B = 3
C. Slow rate of loss	C = 2
D. Almost no loss over time	D = 1



Example of CWA Rating Activity: **REGAIN**

- **CWA:** Perform cervical spinal manipulation (thrust)
- **Question 2:** How quickly can minimal competence in the component be regained after a period of disuse (assume a period of 1 year)?

Response options	Value
A. Short amount of time (around 2 weeks)	A = 1
B. Minimal amount of time (2-3 months)	B = 2
C. Moderate amount of time (3-6 months)	C = 3
D. Extensive amount of time (6-12 months)	D = 4



Structured Relearning Options to Consider

1. Assessment tools, including NPTE retake
2. Supervised Clinical Practice
3. Continuing Education (university courses, online and in-person courses, conferences etc.)
4. Complete post-professional PT degree
5. Jurisprudence exam
6. Mentorship
7. Self-study
8. Simulated patient experiences
9. Case studies – read or create
10. Inservice – attend or present
11. Shadowing/observing
12. Structured skills with checklist for evaluation
13. Journal club



Structured Learning Activities Applied to CWA's of Concern

Appropriately selects tests and measurements related to the chief complaint

Structured skills checklist by employer
Continuing education course
Mentorship
Supervised Clinical Practice
Shadowing/observation
Simulated patient experiences
Assessment tool

Documentation provides sufficient information to allow for another therapist to assume care of the patient

Continuing education including requirements for documentation and basics of electronic medical record
Employer specific training
Peer review
Mentorship
Supervised Clinical Practice
Structured skills checklist by employer
Shadowing/observation



Structured Learning Activities Applied to CWA's of Concern

Demonstrates knowledge of federal laws and rules applicable to physical therapy

Jurisprudence Assessment (if available)
Self-study
Continuing education course

Demonstrates knowledge of state laws and rules applicable to physical therapy

Jurisprudence Assessment

Perform spinal mobilization/manipulation (non-thrust)

Continuing education course
Mentorship
Supervised Clinical Practice
Simulated patient experiences
Assessment tool

Perform spinal mobilization/manipulation (thrust)

Continuing education course
Mentorship
Supervised Clinical Practice
Simulated patient experiences
Assessment tool



Recommendations

- Reentering PT/PTA performs a self-assessment
 - Identify strengths and weaknesses with focus on CWAs of Concern
 - Create a plan to remediate
 - Board reviews the plan and approves or revises
- Communication between the board and the reentering individual is key to determine the best reentry plan
- Flexibility in the reentry plan

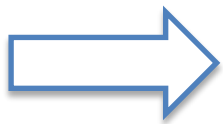


For the Full Report

- <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Reentry-of-Physical-Therapy-Providers>

Reentry of Physical Therapy Providers

The following resources may assist jurisdictions as they determine the risk to the public and the requirements for relicensing individuals who have had a period of professional disuse as a provider of physical therapy services.



- [Reentering Physical Therapy Providers: Structured Learning Options \(2022\)](#)

This report focuses on what is necessary for the reentering physical therapist or physical therapist assistant to relearn to competently return to practice/work and suggestions of structured learning activities as to means to review/relearn the critical work activity (CWA).



REENTRY RESEARCH: DEMOGRAPHICS & SCOPE



Demographic Research

- Full-service psychometric and research organization
- Conduct exploratory study of the impact of extended leaves of absence (LOA) on physical therapy practice
- Collected with 2021 during FSBPT's annual practice analysis survey
- Ongoing research; will continue to evaluate on future practice analysis surveys



Demographic Research

Have you ever had an extended period of time (more than 3 months) away from actively working as a PT [PTA]?

- No, I have never had an extended break from my work
- Yes, lasting 3 to 6 months
- Yes, lasting 6 to 12 months
- Yes, lasting 12 to 18 months
- Yes, lasting 18 to 36 months
- Yes, lasting 3 to 5 years
- Yes, lasting 5 to 10 years
- Yes, lasting greater than 10 years



Demographic Research Interviews

- Informational interviews of PT & PTAs who had taken extended LOA
 - Identified from practice analysis survey respondents
- Explore 4 questions regarding extended LOA
 1. Factors that contributed to taking a leave of absence
 2. Challenges experienced when returning to practice
 3. Tools or resources used to return to practice
 4. Support that would have been helpful during return to practice



ReEntry Research Scope of Problem

What is the average number of Re-entry Applications received in your jurisdiction annually?

Number ranged from 0-135/year

I don't know	7	26-30	1
0-1	2	31-35	
2-5	7	36-40	1
6-10		41-45	
11-15	2	46-50	
16-20	1	51+	2
21-25	1		



ReEntry Research Ongoing

- Independent researchers currently completing:
 - Environmental scan
 - Literature review
 - Secondary analysis for policy implications of the previous task force's work
- Ongoing practice analysis question on LOA



Conclusion: The Art of ReEntry

- Small number of re-entry applicants & all have unique requirements
- Difficult for member boards to have specific road map for return
- Boards must get comfortable with being uncomfortable
- When faced with a re-entry candidate, jurisdictions require options & flexibility
- Scale of the issue does not warrant developing costly resources



Conclusion: The Art of ReEntry

- Regulatory creativity to meet needs of applicant best & ensure competence
- Nontraditional partners
- Healthcare workforce strained
 - Encouraging and facilitating previously licensed individuals to return to work is important
 - May require creative solutions and collaboration with other stakeholders
- Research is ongoing





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Thank You

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