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AMERICAN PHYSICAL THERAPY ASSOCIATION
1750 Broadway, New York 19, N. Y.

January 2, 1959

Dr. Raymond M. McKeown, Chairman
Joint Committee to Study Paramedical Areas
in Relation to Medicine
American Medical Association
Coos Bay, Oregon

Dear Dr. McKeown:

In view of recent action by the House of Delegates of the American Medical Association, we should like to bring to your attention the historical development and present status of legal registration and licensure of physical therapists in the United States.

The first model act distributed to Chapters of this Association in 1948 was prepared by Mr. T. V. McDavitt, Director of the Bureau of Industrial and Personnel Relations of the American Medical Association. Quoting from Mr. McDavitt's letter dated October 12, 1948 to Mildred Elson, then Executive Secretary, A.P.T.A., "The registration theory was the theory that was adopted in framing our so-called model act relating to physical therapists. We did not intend to prohibit any one from practicing physical therapy. All we intended to do was supply the medical profession and the general public with the list of persons who were competent to perform the administrative or routine tasks connected with the practice of physical medicine. The new Washington law, in my opinion, is a good example of a 'permissive' statute. It permits a physical therapist whose competency is attested by her registration under the act to carry out the prescription of a physician."

Prior to 1949 the practice of physical therapy was regulated in Pennsylvania (1913 - Regulations of State Board of Medical Education and Licensure); New York (1926); Hawaii (1945 - Regulations of Territorial Board of Health); and Maryland (1947).

During the period from 1949-1958, 27 laws were enacted. Of these 27 laws all but one (Minnesota--1951) were achieved primarily through the united efforts of members of this Association with varying degrees of support of State Medical Societies and/or State Boards of Medical Examiners. Passage of the Minnesota law was initiated by our Minnesota Chapter but the medical profession in Minnesota manifested more than the usual degree of interest in the passage of the bill.

Dr. R.M. McKeown
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1-2-59

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During the summer of 1957 we reviewed the content of all existing laws, gathered information from our respective Chapters regarding the effectiveness of the existing laws and observed a trend toward stronger laws. A "permissive" law permits those who meet the educational qualifications as set by law to register as physical therapists and only those who are duly registered may call themselves registered physical therapists. A "mandatory" law specifically states that in order to practice physical therapy in the state, a person must be duly licensed or registered. Educational qualifications and other requirements must be met. A summary which reveals the trend toward "mandatory" laws follows:

Physical Therapy Practice Acts, 1913--1958

	<u>Mandatory</u>	<u>Permissive</u>
1913 - 1922	1	0
1923 - 1932	1	0
1933 - 1942	0	0
1943 - 1952	2	11
1953 - 1958 (6 Years)	<u>11</u>	<u>5</u>
Total	15	16

We believe to be "effective" a law must do more than permit registration of those who meet the prescribed qualifications and who desire to become registered. We believe that to adequately protect the public and all patients, a law must require that physical therapy be practiced only under the prescription and direction of a physician licensed within the state; when a "mandatory" law is enforced, it becomes necessary for all patients seeking physical therapy to first consult a physician, thereby, permitting diagnosis, prescription and continuing evaluation of the patient to be made by those who are qualified to do so.

A "permissive" law seems to do little to protect the public from unscrupulous and unqualified practitioners. As the name, physical therapy, becomes known more and more "quacks" are adding the term to their shingles, advertisements and telephone directory listings. A case in point relates to the situation in Illinois where a "permissive" law was enacted in 1951. The classified (Yellow Pages) of the 1958 Chicago directory carries 75 listings under "Physical Therapists" only one of which is known by us to be a graduate of a school approved by the Council on Medical Education and Hospitals of the American Medical Association.

For the information of your Committee we should like to point out the following characteristics of the 31 existing physical therapy practice acts:

1. In 30 of the 31 laws, it is specifically stated that persons registered or licensed must practice under the prescription and/or

direction and/or supervision of a physician. The one exception is Nebraska (1957). Our Nebraska Chapter included this requirement in the proposed bill but state authorities held that this requirement be deleted, their philosophy being that this requirement has to do with ethics of the professional group and should not be spelled out in the Nebraska code.

2. In all existing laws, the educational qualifications are based on those prescribed by the Council on Medical Education and Hospitals of the American Medical Association. In some instances it is stated that a person must be a graduate of a school "approved by the Board." The composition of the respective Boards or Committees ensures that only Council-approved schools will be "approved by the Board."
3. Of the 31 laws, 5 are administered solely by Boards of Medical Examiners; 13 are administered by Boards of Medical Examiners assisted by a Committee of physical therapists (in one state three physical therapists and two physicians comprise the committee); 13 are administered by Physical Therapy Boards (8 states have boards composed solely of physical therapists; one state has a board composed of physicians; 4 states have boards composed of physicians and physical therapists.) Therefore, in only 8 of 31 instances is the law administered by physical therapists without official appointment of physicians to the board.

In September 1958 this Association had prepared by its legal counsel a preliminary draft of component sections of a "mandatory" physical therapy practice act based upon our analysis of the existing laws and the conviction of our Board of Directors that stronger laws are necessary to protect the public. A copy of the preliminary draft is attached. I believe the statements made in the introduction of the model are evidence that this Association is attempting to foster strong laws which will be a service to the public, physicians and physical therapists. Since 1921 when our Association was founded, we have allied ourselves with the medical profession in order to best serve the patient; our Association and our professional group recognize the need for physicians' guidance and direction.

We fervently hope that study by your Committee will proceed promptly and that as a result of this study physical therapists may look forward in the immediate future to increased support from the medical profession through state medical societies for these reasons in addition to the points thus far enumerated.

1. We have always instructed our members that the support of the State Medical Society is not only desirable but is essential. Only in this way can we be assured that the law enacted will really protect the public and be in the best interest of physicians and physical therapists.

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2. In almost every state our efforts have been opposed by chiropractors or other unqualified groups. The majority of our Chapters through the years have assessed themselves to obtain legal advice. We as a professional group are largely salaried employees and so not have the financial means to fight opposition presented by other groups.
3. Only through mandatory laws requiring practice under prescription and direction of a physician can the practitioners of physical therapy be undeniably tied in with the medical profession. Our Code of Ethics binds our members; our Judicial Committee can expel a member who is unethical. A member having been expelled is no longer bound by the Code of Ethics; therefore, a "mandatory" law is the only far-reaching and enforceable means of controlling practice. Adequate licensure laws provide for policing and revocation of licenses. Voluntary registries of professional groups may provide the medical profession and employers with lists of those who are registered but the practice of physical therapy in a state cannot be controlled by a voluntary registry board.

The attached materials which will appear in the January 1959 issue of the PHYSICAL THERAPY REVIEW may be of interest to you. Should you wish additional copies of this material, we will be pleased to provide these to you after January 15. Under separate cover we are sending you ten copies each of a reprint, State Registration of Physical Therapists, with a supplement of laws passed in 1958; ten copies of our Code of Ethics for Physical Therapists; and also under separate cover we will send five copies of our preliminary draft of component sections of a "mandatory" physical therapy practice act.

Should you have any questions regarding our legislative program or our purposes, please let us know.

Sincerely yours,

Dorothy E. Voss, Consultant
Chapter and Membership Department

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cc: E.L. Turner, M.D.