PUBLIC HEALTH STATE OF EMERGENCY ORDER 2020-PT-PH-01

GUIDANCE REGARDING USE OF TELEHEALTH TO PROVIDE PHYSICAL THERAPY SERVICES DURING PUBLIC HEALTH STATE OF EMERGENCY

WHEREAS, on March 13, 2020, Governor Henry McMaster issued Executive Order No. 2020-08 declaring a public health emergency due to the evolving nature and scope of the public health threat or other risks posed by COVID-19 and the actual and anticipated impacts associated with the same;

WHEREAS, Governor McMaster has issued subsequent Executive Orders in which he has taken additional action to protect the citizens of South Carolina, including Executive Order No. 2020-10, which “authorize[d] and direct[ed] any agency within the undersigned’s Cabinet or any other department within the Executive Branch, as defined by section 1-30-10 of the South Carolina Code of Laws, as amended, through its respective director or secretary, to waive or ‘suspend provisions of existing regulations prescribing procedures for conduct of state business if strict compliance with the provisions thereof would in any way prevent, hinder, or delay necessary action in coping with the emergency,’ [. . .];”

WHEREAS, S.C. Code Ann. § 40-45-10 provides that the purpose of the State Board of Physical Therapy Examiners is to protect the public through regulation of professionals who identify, assess, and provide treatment for individuals with physical disabilities through the administration and enforcement of this chapter and any regulations promulgated under the chapter;

WHEREAS, the COVID-19 pandemic has caused the need for social distancing, which could result in South Carolina patients not receiving necessary physical therapy services;

WHEREAS, the Board finds and concludes that many states expressly authorize physical therapists and physical therapist assistants to engage in the provision of physical therapy services via telehealth, and the provision of services via telehealth will assist both therapists and patients in social distancing, which will protect the public health, at large; and
WHEREAS, the Board concludes that it is in the best interests of the citizens of South Carolina to allow physical therapists and physical therapist assistants to provide physical therapy services via telehealth for the duration of this Order;

NOW, THEREFORE, for the reasons set forth above, effective immediately, the Board hereby offers the following guidance regarding the practice of physical therapy via telehealth:

1. Physical therapists and physical therapist assistants may provide physical therapy services via telehealth, so long as the following conditions are met:
   a. The physical therapist and/or physical therapist assistant is licensed in South Carolina, and the patient is located in South Carolina;
   b. The practice is conducted in compliance with the South Carolina Physical Therapy Practice Act; and
   c. The practice is conducted in compliance with the FSBPT Guidelines for the Use of Telehealth in Physical Therapy Practice attached hereto as “Exhibit A” and incorporated by reference herein, to the extent not inconsistent with the South Carolina Physical Therapy Practice Act.

2. This Order shall remain in effect for the duration of the declared public health state of emergency, unless otherwise modified, amended, or rescinded by subsequent order.

IT IS SO ORDERED.

STATE BOARD OF PHYSICAL THERAPY EXAMINERS

MARY ADDISON BLACKSTONE, P.T.
Board Chair

March 23, 2020
EXHIBIT A

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY
TELEHEALTH IN PHYSICAL THERAPY

Guidelines for the Use of Telehealth in Physical Therapy Practice

Responsibility for and appropriate use of technology
A client’s appropriateness to be treated via telehealth should be determined on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those involved in the client’s care.

Verification of identity
Given that in the telehealth clinical setting the client and therapist are not in the same location and may not have established a prior in-person relationship, it is critical, at least initially, that the identities of the physical therapy providers and client be verified. Photo identification is recommended for both the client and all parties who may be involved in the delivery of care to the client. The photo identification, at minimum, should include the name of the individual; however, personal information such as address or drivers license number does not have to be shared or revealed. The client may utilize current means, such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction (where the client is located and receiving telehealth services).

Informed consent
Just as PTs must follow state law requirements and professional best practices for acquiring informed consent for in-person encounters, the same requirements should be followed for the delivery of physical therapy services via telehealth technologies. Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client’s situation such as the inability to perform hands-on examination, assessment and treatment. Given the unique nature of the provision of services through telehealth there are some special considerations including: 1. Consent to being photographed, recorded, or videotaped and consent to the storage of the encounter data, if applicable. Disclosure should be made as to how long data will be stored. 2. Consent procedures should include a hold harmless clause for medical or other information lost because of technology failures. Clients should be informed of the possibility of failure of the technologies used to provide telehealth services.

Physical therapist/client relationship
Developing a physical therapist/client relationship is relevant regardless of the delivery method of the physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating that the PT/client relationship can be established in the absence of actual physical contact between the PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the therapist has an obligation to adhere to the reasonable standards of care for the patient (duty of care). Guidelines, position statements, or standards for telehealth developed by a professional organization or society (e.g. American Physical Therapy
Association (APTA), American Telemedicine Association (ATA)), should be reviewed and appropriately incorporated into practice.

**Licensure**
Physical therapy providers delivering care using technology must be authorized by law (licensure or certification) to provide physical therapy services in the state or jurisdiction in which the client is physically located during the PT/client interaction. This originating site, or client site, is the location where physical therapy care occurs. The client site may change if the client’s physical location changes between initial and subsequent treatments. The provider must be licensed in the jurisdiction where the client is located and must adhere to the laws defining scope of practice in that jurisdiction, however, the provider should not be required to be physically located in that same jurisdiction. The physical therapy providers should ensure compliance with regulatory requirements as applicable.

**Standards of care**
It is the responsibility of the PT to ensure the standard of care required both professionally and legally per the practice act is met. As such, it is incumbent upon the PT to determine which clients and therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers shall be guided by professional discipline, best available evidence, and any existing clinical practice guidelines when practicing via telehealth. Physical therapy interventions and/or referrals/consultations made using technology will be held to the same standards of care as those in traditional (in-person) settings. The documentation of the telehealth encounter should be held at minimum to the standards of an in person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the specific technology used, should be noted.

**Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies**

**Privacy and security of client records and exchange of information**
In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws, regulations and codes for confidentiality and integrity of identifiable client health information. Physical therapy providers must comply with federal and state legal requirements of medical/health information privacy, referring for guidance to such documents as the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), the Affordable Care Act (ACA), and state privacy, confidentiality, security, and medical retention rules. Providers and their staff should be aware of the requirements for privacy and confidentiality associated with provision of services through telehealth technology at both the originating (client) site and remote (provider) setting. Specific considerations when delivering services via telehealth technologies, such as the use of information/communications transmitted via telehealth technologies and the utilization of any data tracking mechanisms in the collection of information for confidentiality and information integrity should be communicated to the client. Specific guidelines should be in place to address access to client records so as to ensure that unauthorized users cannot access, alter, tamper with, destroy or otherwise misuse client information however while still providing clients with a clear mechanism to access, supplement, and amend client-provided personal health information. The physical security of telehealth equipment and the electronic security of data storage, retrieval and transmission should be maintained. Lastly, providers and their staff should be educated in risk
management strategies including data and identity theft, activating wiping and/or disabling programs if devices are lost or stolen, and deleting stored health information on technology devices.

**Administrative guidelines**
Written policies and procedures should be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records of the encounter using telehealth technologies. Additionally, when relevant, infection control policies and procedures should be followed for shared, multi-user equipment. It is imperative that quality-oversight mechanisms are in place.

**Technical guidelines**
Physical therapy providers need to have the level of understanding of the technology that ensures safe, effective delivery of care. Providers should be fully aware of the capabilities and limitations of the technology they intend to use and that the equipment is sufficient to support the telehealth encounter, is available and functioning properly and all personnel are trained in equipment operation, troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

**Emergencies and Client Safety Procedures**
When providing physical therapy services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedures need to take into account local emergency plans as medical emergencies will most often be handled through the typical chain of emergency procedures such as notifying the client’s emergency contact, notifying local physician, or calling local first responders. Alternate methods of communication between both parties should be established prior to providing telehealth services in case of technical complications. It is the responsibility of the provider to inform the client of these procedures; furthermore, it is the responsibility of the provider to have all needed information to activate emergency medical services to the clients’ physical location if needed at time of the services are being provided. If during the provision of services the provider feels that the client might be experiencing any medical or clinical complications or emergencies, services will be terminated and the client referred to an appropriate level of service.

**Conclusion**
Advancements in technology have created expanded and innovative treatment options for clinicians and clients while posing challenges to physical therapy regulators. The delivery of physical therapy services by or under the supervision of a physical therapist via telehealth is physical therapy, falling under the purview of the existing regulatory body and the respective practice act and regulations. Regulators must consider care delivered in this manner as physical therapy first, telehealth second; ignoring any impulse to draft a new set of “telehealth” rules, instead, relying on the existing regulatory framework for physical therapy and making minor modifications as needed.