



**COLORADO**

**Department of  
Regulatory Agencies**

Colorado Office of Policy, Research &  
Regulatory Reform

# 2023 Sunset Review

Physical Therapy Practice Act



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October 13, 2023



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**Department of  
Regulatory Agencies**

Executive Director's Office

October 13, 2023

Members of the Colorado General Assembly  
c/o the Office of Legislative Legal Services  
State Capitol Building  
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Pursuant to section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) at the Department of Regulatory Agencies (DORA) undertakes a robust review process culminating in the release of multiple reports each year on October 15.

A national leader in regulatory reform, COPRRR takes the vision of their office, DORA and more broadly of our state government seriously. Specifically, COPRRR contributes to the strong economic landscape in Colorado by ensuring that we have thoughtful, efficient, and inclusive regulations that reduce barriers to entry into various professions and that open doors of opportunity for all Coloradans.

As part of this year's review, COPRRR has completed an evaluation of the Physical Therapy Practice Act. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2024 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 285 of Title 12, C.R.S. The report also discusses the effectiveness of State Physical Therapy Board in carrying out the intent of the statutes and makes recommendations for statutory changes for the review and discussion of the General Assembly.

To learn more about the sunset review process, among COPRRR's other functions, visit [coprrr.colorado.gov](http://coprrr.colorado.gov).

Sincerely,

Patty Salazar  
Executive Director





## Sunset Review: Physical Therapy Practice Act

### Background

#### *What is regulated?*

The Physical Therapy Practice Act (Act) is created in section 12-285-101, *et seq.*, Colorado Revised Statutes., and contains two parts. Part 1 references regulatory oversight of physical therapists and Part 2 references regulatory oversight of physical therapist assistants. Physical therapists (PTs) are healthcare professionals who, among other things, are responsible for diagnosing and treating individuals to improve quality of life through prescribed exercises, hands-on care and patient education. Physical therapist assistants (PTAs) are also healthcare professionals who assist PTs in completing various tasks associated with the patient's treatment plan.

#### *Why is it regulated?*

The Act was created to promote public health, safety and welfare by safeguarding Coloradans against incompetent, dishonest or unprincipled practitioners.

#### *Who is regulated?*

In fiscal year 21-22, the State Board of Physical Therapy (Board) licensed and certified 11,000 PTs and PTAs.

#### *How is it regulated?*

The Board, which consists of seven members appointed by the Governor, is responsible for regulatory oversight of PTs and PTAs. In order to obtain a PT license or PTA certification, a candidate must complete a program that is either accredited by a nationally recognized accrediting agency or is approved by the Board, submit an application, pay a fee, pass a state and a national examination, and not have committed an act that would be grounds for discipline.

#### *What does it cost?*

In fiscal year 21-22, the Director of the Division of Professions and Occupations expended \$300,909 and allotted 1.10 full-time equivalent employees to implement the PT licensing and PTA certification program.

#### *What disciplinary activity is there?*

In fiscal years 17-18 through 21-22, there were 377 complaints filed against PTs and PTAs, and 96 disciplinary actions were imposed on PTs and PTAs.

### Key Recommendations

- Continue the Act for 11 years, until 2035.
- Amend the Act to authorize physical therapists to prescribe durable medical equipment for patients.

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# Table of Contents

Background .....	1
Sunset Criteria .....	1
Sunset Process .....	3
Methodology .....	4
Profile of the Professions .....	5
Legal Framework .....	8
History of Regulation .....	8
Legal Summary .....	9
Licensure and Certification .....	11
Discipline .....	12
Program Description and Administration .....	14
Licensing .....	16
Examinations .....	18
Complaints.....	19
Disciplinary Activity .....	21
Collateral Consequences - Criminal Convictions .....	23
Analysis and Recommendations .....	24
Recommendation 1 – Continue the Physical Therapy Practice Act for 11 years, until 2035.....	24
Recommendation 2 – Amend the Act to authorize physical therapists to prescribe durable medical equipment to patients. ....	26
Administrative Recommendation 1 – The Board should promulgate a rule clarifying the definition of “noninvasive” debridement.....	27
Appendix A – Customer Service Survey .....	28

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## Background

### Sunset Criteria

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria<sup>1</sup> and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are guided by statutory criteria and sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether the program under review is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To address the second sunset criterion--whether conditions that led to the initial creation of the program have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the fifth sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency or the agency's board performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the fourteenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

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<sup>1</sup> Criteria may be found at § 24-34-104, C.R.S.

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review. While not necessarily exhaustive, the table below indicates where these criteria are applied in this sunset report.

**Table 1  
Application of Sunset Criteria**

Sunset Criteria	Where Applied
(I) Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.	<ul style="list-style-type: none"> <li>• Profile of the Professions</li> <li>• History of Regulation</li> <li>• Recommendation 1</li> </ul>
(II) Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less, or the same degree of governmental oversight.	<ul style="list-style-type: none"> <li>• History of Regulation</li> </ul>
(III) If the program is necessary, whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms.	<ul style="list-style-type: none"> <li>• Legal Framework</li> </ul>
(IV) If the program is necessary, whether agency rules enhance the public interest and are within the scope of legislative intent.	<ul style="list-style-type: none"> <li>• Legal Framework</li> </ul>
(V) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.	<ul style="list-style-type: none"> <li>• Legal Framework</li> <li>• Program Description and Administration</li> </ul>
(VI) Whether an analysis of agency operations indicates that the agency or the agency’s board or commission performs its statutory duties efficiently and effectively.	<ul style="list-style-type: none"> <li>• Program Description and Administration</li> </ul>
(VII) Whether the composition of the agency’s board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.	<ul style="list-style-type: none"> <li>• Legal Framework</li> <li>• Program Description and Administration</li> </ul>
(VIII) Whether regulatory oversight can be achieved through a director model.	<ul style="list-style-type: none"> <li>• Program Description and Administration</li> <li>• Recommendation 1</li> </ul>
(IX) The economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition.	<ul style="list-style-type: none"> <li>• Profile of the Professions</li> </ul>
(X) If reviewing a regulatory program, whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.	<ul style="list-style-type: none"> <li>• Program Description and Administration</li> </ul>

Sunset Criteria	Where Applied
(XI) If reviewing a regulatory program, whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.	<ul style="list-style-type: none"> <li>• Program Description and Administration</li> <li>• Recommendations 1, 2 and Administrative Recommendation 1</li> </ul>
(XII) Whether entry requirements encourage equity, diversity, and inclusivity.	<ul style="list-style-type: none"> <li>• Not Available</li> </ul>
(XIII) If reviewing a regulatory program, whether the agency, through its licensing, certification, or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses, certifications, or registrations that the agency denied based on the applicant’s criminal history, the number of conditional licenses, certifications, or registrations issued based upon the applicant’s criminal history, and the number of licenses, certifications, or registrations revoked or suspended based on an individual’s criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.	<ul style="list-style-type: none"> <li>• Program Administration and Administration</li> </ul>
(XIV) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.	<ul style="list-style-type: none"> <li>• Recommendations 1 and 2</li> <li>• Administrative Recommendation 1</li> </ul>

## Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR’s website at [coprrr.colorado.gov](http://coprrr.colorado.gov).

The functions of the State Physical Therapy Board (Board) and Division of Professions and Occupations (Division), as enumerated in Article 285 of Title 12, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2024, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the Board pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Board and Division. During this review, the Board must demonstrate that the program serves the public interest. COPRRR’s findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

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## Methodology

As part of this review, COPRRR staff interviewed Division staff, members of the Board, practitioners, and officials with state and national professional associations; Colorado statutes and rules, and the laws of other states.

The major contacts made during this review include, but are not limited to:

- American Physical Therapy Association - Colorado Chapter
- Colorado Medical Society
- Colorado Orthopedic Society
- Division of Professions and Occupations staff
- State Physical Therapy Board members
- The Federation of State Boards of Physical Therapy

In July 2023, COPRRR staff conducted a survey of all licensed physical therapists (PTs) and certified physical therapist assistants (PTAs). The survey was sent to 10,440 PTs and PTAs. The survey received 663 responses, which is a 6.35 percent response rate. Survey results may be found in Appendix A.

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## Profile of the Professions

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), C.R.S. The first criterion asks whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.

To understand the need for regulation, it is first necessary to recognize what Physical Therapists (PTs) and Physical Therapist Assistants (PTAs) do, where they work, who they serve and any necessary qualifications.

Physical Therapists are healthcare professionals who, among other things, are responsible for diagnosing and treating individuals to improve quality of life through prescribed exercises, hands-on care and patient education. Physical Therapists diagnose and treat individuals from newborns to persons who are at the end of life. Many patients who are treated by PTs have sustained injuries, live with disabilities or have other health conditions that require treatment.<sup>2</sup>

Additionally, PTs work in a variety of settings, including but not limited to:<sup>3</sup>

- Hospitals,
- Outpatient clinics,
- Patients' homes,
- Schools,
- Sports and fitness facilities, and
- Nursing homes.

In order to practice as a PT in Colorado, candidates are required be licensed and each individual who practices as a PTA must be certified.<sup>4</sup>

To be eligible to obtain a PT license in Colorado, a candidate must:<sup>5</sup>

- Complete a program that is either accredited by a nationally recognized accrediting agency or is approved by the State Physical Therapy Board (Board),
- Submit an application,
- Pay a fee,
- An examination approved by the Board and a national examination, and
- Not have committed an act that would be grounds for discipline.<sup>6</sup>

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<sup>2</sup> American Physical Therapy Association. *Becoming a PT*. Retrieved May 19, 2023, from <https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt>

<sup>3</sup> American Physical Therapy Association. *Becoming a PT*. Retrieved May 19, 2023, from <https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt>

<sup>4</sup> §§ 12-285-109 and 204, C.R.S.

<sup>5</sup> § 12-285-110(1), C.R.S.

<sup>6</sup> § 12-285-110(3), C.R.S.

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There two on-campus programs that offer a doctorate in physical therapy in Colorado - Regis University and the University of Colorado.

Physical Therapist Assistants are also healthcare professionals who assist PTs in completing various tasks associated with the patient's treatment plan. Further, PTAs implement components of patient care, obtain data related to the treatments provided, and collaborate with the PT to modify care as necessary.<sup>7</sup> Importantly, PTAs are required to work under the direct supervision of PTs.<sup>8</sup>

Generally, PTAs work in the same settings as PTs, such as:

- Hospitals,
- Outpatient clinics,
- Patients' homes,
- Schools,
- Sports and fitness facilities, and
- Nursing homes.

Applicants for a PTA certification by examination must:<sup>9</sup>

- Successfully complete a PTA program accredited by the Commission on Accreditation in Physical Therapy Education or any comparable organization as determined by the Board,
- Submit an application,
- Pay a fee,
- An examination approved by the Board and a national examination, and
- Not have committed an act that would be grounds for discipline.<sup>10</sup>

There are five on-campus programs that offer education and training concerning PTAs in Colorado - Arapahoe Community College, Concorde Career College, Morgan Community College, Pima Medical Institute and Pueblo Community College.

The ninth sunset criterion questions the economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition. One way this may be accomplished is to review the projected salary and growth of the profession.

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<sup>7</sup> American Physical Therapy Association. *Becoming a PTA*. Retrieved May 19, 2023, from <https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pta>

<sup>8</sup> Colorado Physical Therapy Network. *How to Become a Physical Therapy Assistant*. Retrieved May 19, 2023, from <https://coloradophysicaltherapynetwork.com/how-to-become-a-physical-therapy-assistant-pta/#:~:text=What%20is%20the%20Role%20of,array%20of%20therapeutic%2Dbased%20interventions>

<sup>9</sup> § 12-285-205(1), C.R.S.

<sup>10</sup> § 12-285-205 (2), C.R.S.

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The employment of PTs is expected to grow 15 percent between 2022 and 2032. One reason for the expected growth is the increase in health-related needs of the baby-boom generation.<sup>11</sup> As of May 2022, the median annual income for PTs was \$97,720.<sup>12</sup>

Also, the employment of PTAs is expected to grow 26 percent between 2022 and 2032, and the growth is attributable, in part, because of the increase in health-related needs of the baby-boom generation.<sup>13</sup> As of May 2022, the median annual income for PTAs was \$62,770.<sup>14</sup>

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<sup>11</sup> U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook - Physical Therapists*. Retrieved October 6, 2023, from <https://www.bls.gov/ooh/healthcare/physical-therapists.htm#tab-6>

<sup>12</sup> U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook -Physical Therapists*. Retrieved October 6, 2023, from <https://www.bls.gov/ooh/healthcare/physical-therapists.htm#tab-5>

<sup>13</sup> U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook - Physical Therapist Assistants and Aides*. Retrieved May 19, 2023, from <https://www.bls.gov/ooh/healthcare/physical-therapist-assistants-and-aides.htm#tab-6>

<sup>14</sup> U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook -Physical Therapist Assistants and Aides*. Retrieved May 19, 2023, from <https://www.bls.gov/ooh/healthcare/physical-therapist-assistants-and-aides.htm#tab-5>

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## Legal Framework

### History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first sunset and second sunset criteria question:

Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare; and

Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less or the same degree of governmental oversight.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

Regulation of physical therapists (PTs) in Colorado began in 1959. The State Board of Physical Therapy (Board), made up of three PTs, operated within the Secretary of State's Office. Initially PTs could only practice under physician supervision. However, this provision was repealed in 1988 when patients were allowed direct access to PTs. Prior to the repeal, patients were required to have a prescription from a physician, dentist, or podiatrist in order to receive physical therapy.

The Administrative Organization Act of 1968 transferred the Board to the Department of Regulatory Agencies (DORA) where it resides today.

Sunset reviews have had a major influence on physical therapy regulation. The 1979 sunset review recommended that PTs be granted title protection and expanded the definition of physical therapy. Following the 1985 sunset review, the General Assembly dissolved the Board and reconfigured PT regulation as a registration program under the authority of the Director of DORA's Division of Registrations (currently known as the Division of Professions and Occupations, or Division). The Director was required to form a Physical Therapy Advisory Committee consisting of at least five registered PTs.

A 1990 sunset report recommended reestablishment of PT licensing. The review argued that the term "license" better described the regulatory model for PTs because the 1985 changes left all the licensing qualifications in place. The General Assembly also expanded the grounds for discipline. Among other changes, the failure to properly refer patients to another, appropriate healthcare provider became a violation.

The 2000 sunset review precipitated repealing a requirement that wound debridement be performed only under the direct supervision of a physician as well as other less substantive changes.

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The 2010 sunset review recommended several changes, most significant of which was the reestablishment of the Board and dissolution of the Physical Therapy Advisory Committee. The recommendation was founded on changes in both the profession and in healthcare generally that had occurred since the original Board was dissolved. The General Assembly agreed, and this is the regulatory model which is the subject of the current sunset review.

The bill resulting from the 2017 sunset review, among other things, established that it is a violation of the Physical Therapy Practice Act (Act) to fail to report an adverse action, the surrender of a license or other discipline taken in any other jurisdiction.

Finally, there have been other changes made to the Act not as a result of sunset. In 2007, the General Assembly authorized PTs to perform physical therapy on animals. During the 2010 legislative session, the General Assembly added PTs to the list of healthcare providers required to provide profile information under the Michael Skolnik Medical Transparency Act of 2010 (Skolnik Act). That same year, physical therapist assistants (PTAs) were required to become certified for the first time and are currently regulated by the Board under the auspices of the Act.

During the 2019 legislative session, the General Assembly recodified Title 12, C.R.S. At that time, Article 41 was repealed and reenacted as Article 285. Though there were changes in the manner in which the law reads and many provisions of law were combined with common elements of other laws, none of those changes affected the implementation or enforcement of the Act.

## Legal Summary

The third, fourth, fifth and seventh sunset criteria question:

Whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms;

Whether agency rules enhance the public interest and are within the scope of legislative intent;

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters; and

Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

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A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

The Act is created in section 12-285-101, *et seq.*, C.R.S., and contains two parts. Part 1 references regulatory oversight of PTs and Part 2 references regulatory oversight of PTAs.

Licensed PTs practice physical therapy. The Act defines physical therapy as,

the examination, physical therapy diagnosis, treatment, or instruction of patients and clients to detect, assess, prevent, correct, alleviate, or limit physical disability, movement dysfunction, bodily malfunction, or pain from injury, disease, and other bodily conditions.<sup>15</sup>

Additionally, physical therapy includes the following:<sup>16</sup>

- The administration, evaluation and interpretation of tests and measurements of bodily functions and structures;
- The planning, administration, evaluation, and modification of treatment and instruction;
- The use of physical agents, measures, activities, and devices for preventative and therapeutic purposes;
- The administration of topical and aerosol medications consistent with the scope of physical therapy practice;
- The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, movement dysfunction, bodily malfunction, and pain; and
- General wound care, including the assessment and management of skin lesions, surgical incisions, open wounds, and areas of potential skin breakdown in order to maintain or restore the integumentary system.

Physical therapy is regulated by a seven-member, Governor-appointed, Type 1, State Physical Therapy Board (Board).<sup>17</sup> A type 1 board is responsible for, among other things, issuing licenses and certifications, imposing discipline on practitioners and rulemaking.

Four members of the Board must be PTs, one must be a PTA, unless a PTA cannot be found to serve on the Board in which case the Governor may appoint an additional PT, and the Board must include two public members.<sup>18</sup>

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<sup>15</sup> § 12-285-104(6)(a)(I), C.R.S.

<sup>16</sup> § 12-285-104(6)(a)(II), C.R.S.

<sup>17</sup> § 12-285-105(1), C.R.S.

<sup>18</sup> § 12-285-105(1)(a), C.R.S.

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Further, the powers and duties of the Board include, but are not limited to:<sup>19</sup>

- Evaluating the qualifications of applicants for licensure,
- Administering examinations,
- Issuing and renewing licenses,
- Adopting rules necessary for implementation of the Act,
- Conducting hearings concerning violations of the Act,
- Taking disciplinary actions for violations of the Act,
- Maintaining an inventory of every licensee, and
- Promoting consumer protection and education.

### Licensure and Certification

In order to practice as a PT in Colorado, candidates are required to be licensed and each individual who practices as a PTA must be certified.<sup>20</sup>

To be eligible to obtain a PT license in Colorado, a candidate must:<sup>21</sup>

- Complete a program that is either accredited by a nationally recognized accrediting agency or is approved by the Board,
- Submit an application,
- Pay a fee,
- An examination approved by the Board and a national examination, and
- Not have committed an act that would be grounds for discipline.<sup>22</sup>

Prior to practicing as a PT, the Act requires that each PT carry professional liability insurance of at least \$1 million per claim and at least \$3 million per year for all claims. This requirement is waived for PTs who are employed by a corporation that maintains those levels of insurance.<sup>23</sup>

The Board can issue a one-time, 120-day, provisional license to a PT who has completed a qualified program, submitted an application, and paid the fee. However, that person must practice under the supervision of a licensed PT.<sup>24</sup>

Licensure by endorsement is available to a PT or PTA who satisfies the requirements of the Occupational Credential Portability Program.<sup>25</sup>

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<sup>19</sup> § 12-285-106(2), C.R.S.

<sup>20</sup> §§ 12-285-109 and 204, C.R.S.

<sup>21</sup> § 12-285-110(1), C.R.S.

<sup>22</sup> § 12-285-110(3), C.R.S.

<sup>23</sup> § 12-285-118(1), C.R.S.

<sup>24</sup> § 12-285-111, C.R.S.

<sup>25</sup> §§ 12-285-112 and 206, C.R.S.

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Licensure and certification is also available to applicants who trained outside of the United States and whose training is equivalent to that required in the United States, as long as they hold an active, valid license in the jurisdiction in which they trained, and they pass the required examination, submit an application and pay the required fee.<sup>26</sup>

A PT has the ability to request that the Board inactivate their license. Conversely, if a license is inactive, a PT may request that the Board activate the license. A PT cannot practice with an inactive license.<sup>27</sup>

Applicants for a PTA certification by examination must:<sup>28</sup>

- Successfully complete a PTA program accredited by the Commission on Accreditation in Physical Therapy Education or any comparable organization as determined by the Board,
- Submit an application,
- Pay a fee,
- Pass a state and a national examination, and
- Not have committed an act that would be grounds for discipline.

Licensure and certification renewal takes place in odd numbered years. If a PT or PTA fails to renew in a timely manner, the credential expires.<sup>29</sup> In addition to paying renewal fees, PTs and PTAs must complete continuing professional competency requirements to be eligible for renewal.<sup>30</sup>

The Act requires the Board to adopt rules for a continuing professional competency protocol that must include:<sup>31</sup>

- A self-assessment of the PT's and PTA's knowledge and skills when renewing or reinstating a license;
- A learning plan based on the assessment that documents the development and execution of that learning plan; and
- Documentation of activities that ensure the ability to practice physical therapy safely.

### Discipline

The Board is responsible for imposing discipline on PTs and PTAs who violate any provisions of the Act or applicable rules. The Board may issue letters of admonition (LOAs); deny, refuse to renew, suspend, or revoke any license; place a PT or PTA on

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<sup>26</sup> §§ 12-285-113(1) and 207(1), C.R.S.

<sup>27</sup> § 12-285-115, C.R.S.

<sup>28</sup> §§ 12-285-205(1) and (3), C.R.S.

<sup>29</sup> §§ 12-285-114, and 208, C.R.S.

<sup>30</sup> §§ 12-285-119 and 209, C.R.S.

<sup>31</sup> §§ 12-285-119 and 209, C.R.S.

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probation or impose fines; or institute practice conditions or limitations upon the PT or PTA.<sup>32</sup> There are several grounds for discipline, including, but not limited to the following:<sup>33</sup>

- Committing any act that does not meet generally accepted standards of PT practice or PTA practice or failing to perform an act necessary to meet generally accepted standards of PT or PTA practice,
- Engaging in sexual contact, sexual intrusion or sexual penetration with a patient,
- Abandoning a patient by any means, or
- Falsifying information on any application or attempting to obtain a license by fraud, deception or misrepresentation.

Any person whose license or certification has been revoked or has been surrendered in lieu of discipline is not eligible to reapply for two years.<sup>34</sup>

The Board may impose restrictions on a licensee's scope of practice to ensure that the practitioner does not practice beyond the limits of the licensee's capabilities.<sup>35</sup> The Board is authorized to take disciplinary action against licensees if they fail to comply with any conditions imposed by the Board.<sup>36</sup>

Additionally, if the Board believes that a licensee is unable to practice with reasonable skill and safety, it may require the licensee to submit to a mental or physical examination by a health-care provider.<sup>37</sup>

The Board is also authorized to impose fines on licensees for violations of the Act or applicable rules. Fines imposed on licensees cannot exceed \$1,000, and fines collected are submitted to the General Fund.<sup>38</sup>

Additionally, the Act authorizes the establishment of professional review committees to investigate the quality of care being given by PTs. These committees are required to include at least three licensed PTs and they may only be established by:<sup>39</sup>

- The Board;
- A society or professional association of PTs whose membership includes at least one-third of licensed PTs, who are Colorado residents if the licensee whose services are the subject of review is a member of the society or association; or
- A licensed or certified hospital; except that the professional review committee must include at least a two-thirds majority of licensed PTs.

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<sup>32</sup> § 12-20-404(1), C.R.S.

<sup>33</sup> §§ 12-285-120(1)(a), (b), (d) and (k) and 211(1)(a), (b), (c) and (g), C.R.S.

<sup>34</sup> § 12-20-404(3), C.R.S.

<sup>35</sup> §§ 12-285-122(3)(d) and 212(d), C.R.S.

<sup>36</sup> §§ 12-285-122(5) and 212(5), C.R.S.

<sup>37</sup> §§ 12-285-124(1) and 214(1), C.R.S.

<sup>38</sup> §§ 12-285-129, 218 and 12-20-404(6), C.R.S.

<sup>39</sup> § 12-285-126(1), C.R.S.

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## Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The fifth, sixth and seventh sunset criteria question:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters;

Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively; and

Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The Physical Therapy Practice Act (Act) is created in section 12-285-101, *et seq.*, C.R.S. The purpose of the Act is to provide regulatory oversight of physical therapists (PTs) and physical therapist assistants (PTAs).

The regulation of PTs and PTAs is vested in the State Board of Physical Therapy (Board). The Board is a Type 1 board and is comprised of seven members (four members must be licensed PTs, one member is a PTA and two are members of the public) who are appointed by the Governor. The Board is responsible for, among other things, rulemaking, policymaking and, when necessary, imposing formal discipline on practitioners. The Act does not require the Board to meet a minimum number of times each year, but the Board generally meets on a quarterly basis.

The Division of Professions and Occupations (Division), which is located within the Department of Regulatory Agencies (DORA), is responsible for the administrative functions related to the Board. Specifically, Division staff is responsible for a variety of oversight duties, including, issuing licenses, conducting investigations, preparing meeting agendas, taking meeting minutes, and advising Board members on regulatory issues.

Table 2 highlights the total expenditures and staff resources dedicated to the regulation of PTs and PTAs in fiscal years 17-18 through 21-22.

**Table 2**  
**Total Program Expenditures**

Fiscal Year	Total Program Expenditure	FTE
17-18	\$349,336.05	1.05
18-19	\$374,088.93	0.85
19-20	\$384,798.54	1.20
20-21	\$305,515.18	1.10
21-22	\$300,909.25	1.10

The slight fluctuation in total expenditures for administration of the regulatory oversight of PTs and PTAs is attributable to the increase and decrease in staff as well as the increase and decrease in legal expenditures.

In fiscal year 22-23, the Division devoted 1.10 full-time equivalent (FTE) employees to provide administrative support to the Board. The FTE are as follows:

- Administrative Assistant III—0.40 FTE is responsible for, among other things, receiving complaints, case management, case summary preparation, and researching various cases concerning PTs and PTAs.
- Program Management II—0.25 FTE is responsible for, among other things, the overall management of multiple programs. This position also directs the implementation of policies, rules and regulations and supports the strategic goals and objectives of the Division.
- Technician V—0.25 FTE is responsible for supervising complaint management, correspondence and Board packet preparation.
- Technician III—0.20 FTE is responsible for overseeing practice monitoring, compliance, case management, statute and rule review as well as case summary preparation.

The aforementioned FTE do not include staffing in the centralized offices of the Division, which include the following:

- Director’s Office,
- Office of Investigations,
- Office of Expedited Settlement,
- Office of Examination Services, and
- Office of Licensing.

The regulatory program for PTs and PTAs is cash funded through the payment of fees. In fiscal year 21-22, the fee to obtain an original PT license from the Board was \$110, and the renewal fee for PTs was \$74. Also, in fiscal year 21-22, the original certification fee for PTAs was \$57 and the renewal fee was \$14.

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## Licensing

The eleventh sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

In order to practice as a PT or PTA, the State of Colorado requires PT candidates to secure a license from the Board and PTA candidates to secure a certification from the Board. To be eligible for a PT license or PTA certification, candidates must graduate from a school of physical therapy program that is accredited by the Commission on Accreditation in Physical Therapy Education. Applicants are also required to pass the National Physical Therapy Examination (NPTE), which is administered by the Federation of State Boards of Physical Therapy (FSBPT).

Table 3 shows the total number of licensed PTs and certified PTAs in fiscal years 17-18 through 21-22.

**Table 3**  
**Licensed PTs and Certified PTAs**

Fiscal Year	Original	Endorsement	Renewal	Total Number of Licensed PTs and Certified PTAs
17-18	472	528	0	9,964
18-19	354	578	8,613	9,606
19-20	414	396	0	10,448
20-21	428	460	9,078	10,031
21-22	431	469	0	11,000

As Table 3 indicates, the total number of PTs and PTAs has increased over the five fiscal years examined in this report. The increase is attributable, at least in part, to the increased demand for physical therapy services in Colorado.

Table 4 highlights the total number of licensed PTs in fiscal years 17-18 through 21-22.

**Table 4  
Licensed PTs**

Fiscal Year	New/Exam	Endorsement	Renewal	Total
17-18	343	398	NA	7,961
18-19	256	470	6,848	7,641
19-20	296	321	NA	8,258
20-21	308	368	7,229	7,975
21-22	338	393	NA	8,757

Additionally, Table 4 shows that the number of licensed PTs increased in fiscal year 21-22. The increase is attributable, at least in part, to the increased demand for physical therapy services in Colorado.

Table 5 highlights the total number of certified PTAs in fiscal years 17-18 through 21-22.

**Table 5  
Certified PTAs**

Fiscal Year	New/Exam	Endorsement	Renewal	Total
17-18	129	130	NA	2,053
18-19	98	108	1789	1,990
19-20	118	75	NA	2,203
20-21	120	92	1849	2,059
21-22	93	76	NA	2,243

As Table 5 indicates, the number of certified PTAs has remained fairly constant in the five fiscal years examined.

PT licenses and PTA certifications must be renewed every two years. In addition to paying renewal fees, PTs and PTAs must complete continuing professional competency requirements to be eligible for renewal.<sup>40</sup>

The Act requires the Board to adopt rules for a continuing professional competency protocol that must include:<sup>41</sup>

<sup>40</sup> §§ 12-285-119 and 209, C.R.S.

<sup>41</sup> §§ 12-285-119 and 209, C.R.S.

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- A self-assessment of the PT's and PTA's knowledge and skills when renewing or reinstating a license;
  - A learning plan based on the assessment that documents the development and execution of that learning plan; and
  - Documentation of activities that ensure the ability to practice physical therapy safely.

In fiscal years 17-18 through 20-21, Division staff selected a random sample of licensed PTs to ensure compliance with the continued competency requirements. Beginning in fiscal year 21-22, PTAs were also required to complete continued competency requirements. Failure to comply with these requirements results in a referral to the Board for possible disciplinary action. In fiscal year 17-18, there were 103 renewal continued competency audits, and in fiscal year 19-20, there were 110 continuing competency audits performed. Since PTAs were required to complete continuing competency requirements beginning in fiscal year 21-22, the Division did not have the number of compliance audits conducted.

## Examinations

The eleventh sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

To obtain a license to practice as a PT, a candidate is required, among other things, to pass an examination approved by the Board. Colorado utilizes the NPTE, which is administered by the FSBPT.

The NPTE is offered to PTs and PTAs at Prometric Testing Centers throughout the country, including Colorado. Examinations are administered four times per year - January, April, July and October. The fee to take the examination is \$485.<sup>42</sup>

The NPTE for PTs consists of five sections and contains 250 multiple-choice questions, and a candidate must complete the examination in five hours.<sup>43</sup>

The NPTE for PTAs consists of four sections and contains 200 multiple-choice questions, and a candidate must complete the examination in four hours.<sup>44</sup>

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<sup>42</sup> National Physical Therapy Examination. *NPTE Candidate Handbook (2022)*. Retrieved July 7, 2023, [www.fsbpt.org/Portals/0/documents/free-resources/NPTE\\_Candidate\\_Handbook.pdf](http://www.fsbpt.org/Portals/0/documents/free-resources/NPTE_Candidate_Handbook.pdf)

<sup>43</sup> National Physical Therapy Examination. *NPTE Candidate Handbook (2022)*. Retrieved July 7, 2023, from [www.fsbpt.org/Portals/0/documents/free-resources/NPTE\\_Candidate\\_Handbook.pdf](http://www.fsbpt.org/Portals/0/documents/free-resources/NPTE_Candidate_Handbook.pdf)

<sup>44</sup> National Physical Therapy Examination. *NPTE Candidate Handbook (2022)*. Retrieved July 7, 2023, from [www.fsbpt.org/Portals/0/documents/free-resources/NPTE\\_Candidate\\_Handbook.pdf](http://www.fsbpt.org/Portals/0/documents/free-resources/NPTE_Candidate_Handbook.pdf)

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Table 6 highlights the number of NPTE examinations for PTs and PTAs given in Colorado for fiscal years 17-18 through 21-22, as well as pass rates.

**Table 6**  
**Number of NPTE Examinations for PTs and PTAs and Pass Rates**

<b>Fiscal Year</b>	<b>Number of Written Examinations Given <i>Total (PTs &amp; PTAs)</i></b>	<b>Pass Rate Percentage <i>Total (PTs &amp; PTAs)</i></b>
17-18	<b>606</b> (456 & 150)	<b>89%</b> (91% & 85%)
18-19	<b>622</b> (497 & 125)	<b>85%</b> (87% & 79%)
19-20	<b>584</b> (451 & 133)	<b>88%</b> (90% & 82%)
20-21	<b>523</b> (372 & 151)	<b>87%</b> (89% & 81%)
21-22	<b>513</b> (401 & 112)	<b>81%</b> (85% & 67%)

As Table 6 indicates, the pass rates for the NAPTE examination remained fairly consistent over the five fiscal years examined for this review.

## Complaints

The eighth and tenth sunset criteria require COPRRR to examine whether regulatory oversight can be achieved through a director model, and whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to these criteria.

Anyone can file a complaint against PTs and PTAs, including other practitioners and consumers.

Table 7 delineates the nature of complaints filed with the Board in fiscal years 17-18 through 21-22.

**Table 7  
Nature of Complaints Against PTs and PTAs**

<b>Nature of Complaints</b>	<b>FY 17-18 PT / PTA</b>	<b>FY 18-19 PT / PTA</b>	<b>FY 19-20 PT / PTA</b>	<b>FY 20-21 PT / PTA</b>	<b>FY 21-22 PT / PTA</b>
Failure to Meet Standards of Practice	45 / 6	32 / 6	24 / 3	25 / 7	27 / 1
Sexual Contact with a Patient	3 / 0	3 / 3	1 / 0	2 / 1	1 / 0
Failed to refer a patient	1 / 0	1 / 0	0 / 0	0 / 0	0 / 0
Abandoned a patient	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0
Failure to Supervise	0 / 0	1 / 0	3 / 0	1 / 0	0 / 0
Falsified/Incorrect Records	4 / 0	4 / 1	5 / 2	2 / 1	0 / 0
Abuse of Health Insurance/Advertising	3 / 1	2 / 0	3 / 2	0 / 1	1 / 0
Fraudulent Insurance Act	4 / 1	4 / 0	6 / 1	1 / 0	0 / 0
Alcohol/Drug Use Disorder	0 / 0	2 / 2	5 / 2	8 / 1	2 / 0
Failure to Report	0 / 0	2 / 0	4 / 2	2 / 0	2 / 0
Falsified information in any application	1 / 1	14 / 0	0 / 0	0 / 0	0 / 0
Violation of the Practice Act or Rule/Order	2 / 0	4 / 0	14 / 2	7 / 4	7 / 2
Failure to Know Statute/Rules	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0
Felony Conviction/Crime Related to Practice	0 / 0	1 / 1	1 / 2	1 / 0	0 / 0
Practicing on an Inactive/Expired/Suspended/Revoked License & Unlicensed Practice	0 / 1	3 / 3	4 / 0	6 / 3	2 / 3
Unlawful Title/Designation Use	0 / 0	1 / 0	1 / 1	1 / 0	0 / 0
<b>Total</b>	<b>73 (63 / 10)</b>	<b>92 (75 / 17)</b>	<b>89 (71 / 18)</b>	<b>75 (56 / 19)</b>	<b>48 (42 / 6)</b>

As Table 7 indicates, there have been several practice-related complaints filed against PTs and PTAs in the past five fiscal years. Importantly, the vast majority of complaints were against licensed PTs, not PTAs.

The substance of “standard of practice” complaints varies. An example of substandard care is when a patient falling while under the care of PTs.

## Disciplinary Activity

The tenth sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

Additionally, Table 8 illustrates the total number of disciplinary actions the Board imposed on PTs and PTAs in fiscal years 17-18 through 21-22.

**Table 8**  
**Final Agency Actions Against PTs and PTAs**

Type of Action	FY 17-18 PT / PTA	FY 18-19 PT / PTA	FY 19-20 PT / PTA	FY 20-21 PT / PTA	FY 21-22 PT / PTA
Interim Cessation of Practice Agreement (ICPA)	2 / 0	0 / 0	1 / 0	1 / 0	1 / 0
Summary Suspension (SS)	0 / 0	0 / 0	0 / 0	0 / 0	2 / 0
Cease and Desist Order (CDO)	2 / 0	3 / 0	3 / 0	2 / 0	0 / 0
Revocation / Surrender / Voluntary Relinquishment	2 / 0	0 / 0	3 / 0	1 / 0	1 / 1
Suspension	0 / 0	1 / 0	0 / 0	0 / 0	0 / 0
Probation / Practice Limitation (Stipulation/Final Order)	8 / 2	5 / 0	10 / 2	3 / 3	7 / 4
Letter of Admonition	2 / 2	8 / 2	3 / 0	3 / 1	3 / 1
License Denied	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0
<b>Total Disciplinary Actions</b>	<b>16 / 5</b>	<b>17 / 2</b>	<b>20 / 2</b>	<b>10 / 4</b>	<b>14 / 6</b>
Dismissal	18 / 1	25 / 12	35 / 12	36 / 6	18 / 1
Confidential Letters of Concern (LOC) & Confidential Agreements	14 / 1	11 / 6	16 / 4	10 / 6	11 / 4
<b>Total Dismissals &amp; LOCs</b>	<b>32 / 2</b>	<b>36 / 18</b>	<b>51 / 16</b>	<b>46 / 12</b>	<b>29 / 5</b>

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As highlighted in Table 8, the Board most commonly utilized stipulations when imposing discipline on PTs and PTAs in the five fiscal years examined for this review.

The Board, in fiscal years 17-18 through 21-22, occasionally utilized cease and desist orders (CDOs). Generally, CDOs were issued to PTs and PTAs for practicing on an expired license or certification.

The Board also issued LOAs to PTs and PTAs for various situations including: failing to respond to a 30-day complaint letter, continuing to practice on an expired license after notification and substandard care. LOAs are the lowest form of discipline and are generally imposed on practitioners for minor violations.

Table 9 illustrates the average number of days for case processing time during fiscal years 17-18 through 21-22. Each case begins from the filing of the initial complaint through the final agency action taken.

**Table 9**  
**Average Case Processing Time**

<b>Fiscal Year</b>	<b>Average Case Processing</b>
<b>17-18</b>	187 days
<b>18-19</b>	203 days
<b>19-20</b>	147 days
<b>20-21</b>	131 days
<b>21-22</b>	105 days

Table 9 shows that except for fiscal year 18-19, the average case processing time has decreased.

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## Collateral Consequences - Criminal Convictions

The thirteenth sunset criterion requires COPRRR to examine whether the agency, through its licensing, certification or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests.

COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Board is authorized to discipline PTs and PTAs, including suspending or revoking a credential when a PT or a PTA is convicted of, pled guilty or *nolo contendere* to a crime related to one's practice or any felony. Division staff reviewed program records for fiscal years 17-18 through 21-22 and identified no credential that was denied based on criminal history.

Additionally, Division staff identified two instances of public discipline based on a violation relating to criminal convictions. One LOA issued in fiscal year 18-19 was based on a felony conviction of insurance fraud and one Stipulation and Final Agency Order, which required the practitioner to complete ethics training, issued in fiscal year 21-22 was based on the licensee pleading guilty and receiving a deferred sentence for the following crimes: Criminal Attempt to Commit Impersonation to Obtain a Controlled Substance (class 4 drug felony) and Theft (\$300-\$750) (class 2 misdemeanor).

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## Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

### Recommendation 1 – Continue the Physical Therapy Practice Act for 11 years, until 2035.

The Physical Therapy Practice Act (Act) is created in section 12-285-101, *et seq.*, C.R.S., and contains two parts. Part 1 references regulatory oversight of physical therapists (PTs) and Part 2 references regulatory oversight of (physical therapist assistants (PTAs).

Licensed PTs practice physical therapy. The Act defines physical therapy as,

the examination, physical therapy diagnosis, treatment, or instruction of patients and clients to detect, assess, prevent, correct, alleviate, or limit physical disability, movement dysfunction, bodily malfunction, or pain from injury, disease, and other bodily conditions.<sup>45</sup>

Physical Therapists are healthcare professionals who, among other things, are responsible for diagnosing and treating individuals to improve quality of life through prescribed exercises, hands-on care and patient education. Physical Therapists diagnose and treat individuals from newborns to persons who are at the end of life. Many patients who are treated by PTs have sustained injuries, live with disabilities or have other health conditions that require treatment.<sup>46</sup>

Physical Therapy Assistants are also healthcare professionals and they assist PTs in completing various tasks associated with the patient's treatment plan. Further, PTAs implement components of patient care, obtain data related to the treatments provided, and collaborate with the PT to modify care as necessary.<sup>47</sup> Importantly, PTAs are required to work under the direct supervision of PTs.<sup>48</sup>

Physical Therapists and PTAs work in a variety of settings, including but not limited to:<sup>49</sup>

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<sup>45</sup> § 12-285-104(6)(a)(I), C.R.S.

<sup>46</sup> American Physical Therapy Association. *Becoming a PT*. Retrieved May 19, 2023, from <https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt>

<sup>47</sup> American Physical Therapy Association. *Becoming a PT*. Retrieved May 19, 2023, from <https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt>

<sup>48</sup> Colorado Physical Therapy Network. *How to Become a Physical Therapy Assistant*. Retrieved May 19, 2023, from <https://coloradophysicaltherapynetwork.com/how-to-become-a-physical-therapy-assistant-pta/#:-:text=What%20is%20the%20Role%20of,array%20of%20therapeutic%2Dbased%20interventions>

<sup>49</sup> American Physical Therapy Association. *Becoming a PT*. Retrieved May 19, 2023, from <https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt>

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- Hospitals,
  - Outpatient clinics,
  - Patients' homes,
  - Schools,
  - Sports and fitness facilities, and
  - Nursing homes.

The regulation of PTs and PTAs is vested in the State Board of Physical Therapy (Board). The Board is a Type 1 board and is comprised of seven members (four members must be licensed PTs, one member is a PTA and two are members of the public) who are appointed by the Governor. The Board is responsible for, among other things, rulemaking, policymaking and, when necessary, imposing formal discipline on practitioners.

One of the Board's main duties is to impose discipline on PTs and PTAs for violations of the Act or applicable rules. As evidenced by the number of disciplinary actions imposed in Table 6 of the Program Description section of this report, the Board has formally disciplined PTs and PTAs. Violations vary, but some examples include failing to meet generally accepted standards of practice and practicing on an expired license or certification.

The first sunset criterion asks whether regulation is necessary to protect the public health, safety and welfare.

As highlighted above, the Board serves to protect the public by, among other things, imposing discipline on PTs and PTAs for violations of the Act or applicable rules.

The eighth sunset criterion asks whether regulatory oversight can be achieved through a director model. During the course of this sunset review, the Board demonstrated that there is robust debate and thoughtful discourse related to its duties. The Board possesses the necessary expertise to determine whether PTs and PTAs violated the Act or applicable rules.

Therefore, the General Assembly should continue the Act for 11 years, until 2035.

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## **Recommendation 2 – Amend the Act to authorize physical therapists to prescribe durable medical equipment to patients.**

The Act is silent on whether PTs have the authority to recommend patients under their care utilize durable medical equipment (DME), which is a piece of equipment intended for everyday or extended use by patients. Examples of DME include but are not limited to: wheelchairs and crutches.<sup>50</sup>

Currently, PTs who, in their professional judgement, want their patients to utilize a DME, must first contact a licensed physician to secure a prescription for the use of DME. The physician, in turn, provides a prescription to the patient so they can ultimately obtain the DME. The current process has caused inefficiencies for PTs, not to mention the inconvenience and potential extra costs for patients.

The current process by which patients receive authorization to receive DME is inefficient and unnecessary. PTs are trained to determine the type(s) of DME that are appropriate for their patients. Therefore, PTs should be able to authorize the usage of certain DME by their patients without requiring a prescription from a licensed physician.

The eleventh sunset criterion asks whether the scope of practice of the regulated occupation contributes to the optimum use of personnel. . The current process utilized by PTs to secure DMEs for their patients is inefficient. Instead, the Act should authorize PTs to directly recommend certain DMEs for their patients without requesting a prescription from a licensed physician. Doing so would enhance efficiency without compromising consumer protection.

The implementation of this recommendation would still require PTs to practice within their scope of practice and training, and if PTs fail to do so, they are still subject to formal discipline by the Board.

Importantly, this recommendation will not impact insurance carrier's obligation to cover DME without a physician's prescription. That issue is beyond the scope of this sunset review, which is focused solely on the regulation of PTs and PTAs.

As such, the General Assembly should authorize PTs to recommend the usage of DME without receiving a prescription from a licensed physician.

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<sup>50</sup> HealthCare.gov. *Durable Medical Equipment*. Retrieved September 19, 2023, from <https://www.healthcare.gov/glossary/durable-medical-equipment-dme/>

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**Administrative Recommendation 1 – The Board should promulgate a rule clarifying the definition of “noninvasive” debridement.**

The Act, in section 12-285-210(1)(f), C.R.S., authorizes PTAs to preform noninvasive debridement, such as autolytic and enzymatic. However, the term “noninvasive” is not defined, so there is some confusion as to what it means. As such, the Board should promulgate a rule defining the term “noninvasive.”

The eleventh sunset criterion asks whether the scope of practice of the regulated occupation contributes to the optimum use of personnel. Providing clarity to the definition of “noninvasive” debridement would ensue that PTAs are practicing within and up to their respective scope of practice.

Importantly, according to Board staff, there have not been any complaints against PTAs concerning performing “noninvasive” debridement on patients, but it is important to clarify the term. Doing so may provide enhanced consumer protection in the future by clearly defining the parameters within which PTAs may practice when performing debridement on patients.

Therefore, the Board should promulgate a rule clarifying the definition of “noninvasive” debridement.

## Appendix A – Customer Service Survey

In July 2023, COPRRR staff conducted a survey of all licensed physical therapists (PTs) and certified physical therapist assistants (PTAs). The survey was sent to 10,440 PTs and PTAs. The survey received 663 responses, which is a 6.35 percent response rate.

**What is your relationship to Physical Therapist and Physical Therapist Assistant program?**

Relationship	Percentage
Licensed Physical Therapist	81%
Certified Physical Therapist Assistant	19%

**If you are a member of the profession or occupation that is regulated by the State Board of Physical Therapy, please indicate your years of experience.**

Number of Interactions	Percentage
1 to 2 years	4.6%
2 to 5 years	6.9%
5 to 10 years	10.5%
10 to 15 years	12.3%
15 to 20 years	11.6%
20 plus years	54.1%

**In the past year, how many times have you interacted with the Division of Professions and Occupations? Please count all forms of interaction (telephone, e-mail, internet or website, regular mail, in person).**

Number of Interactions	Percentage
I have not interacted	26.4%
1 to 2 times	53.6%
2 to 4 times	10.4%
4 to 6 times	3.9%
6 to 8 times	1.8%
8 or more times	3.9%

If you have interacted with the State Board of Physical Therapy, what was your primary purpose in doing so?

Purpose of Interaction	Percentage
Licensing or registration	57.6%
Inspection, audit or examination	1.2%
To file a complaint	0%
To learn about the requirements for a profession/occupation	2.6%
To learn about the functions of (insert name of program/agency)	0.2%
To obtain help with an issue	2.4%
Respond to a complaint	0.6%
Respond to a request made to you	0.3%
Participate in a board, committee, commission, taskforce or working group for the agency	0.2%
Comment on or learn about existing/proposed rules or legislation	1.7%
Continuing education	5.8%
Update my information	4.4%
Questions about the scope of practice	2.9%
Not applicable	20.1%
Other	0%

Overall please rate the service provided by the Division of Professions and Occupations.

Service Provided	Percentage
Excellent	29.9%
Good	38.4%
Fair	9.1%
Poor	1.7%
Unacceptable	0.3%
Not Applicable	20.6%

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Please rate the usefulness of the Division of Professions and Occupations website in answering your questions or providing needed information.

Website Usefulness	Percentage
Excellent	20.5%
Good	38.2%
Fair	13.2%
Poor	2.6%
Unacceptable	0.5%
Not Applicable	25%

Please rate the usefulness of the Division of Professions and Occupations communications in answering your questions or providing needed information.

Communications Usefulness	Percentage
Excellent	20.1%
Good	32.6%
Fair	10%
Poor	2.4%
Unacceptable	0.3%
Not Applicable	34.6%

Regardless of the outcome of your most recent issue, do you feel the Division of Professions and Occupations listened to your concerns?

Listening to Concerns	Percentage
Excellent	16.5%
Good	23.7%
Fair	6.7%
Poor	1.8%
Unacceptable	0.8%
Not Applicable	50.5%

Please rate the timeliness of the Division Profession and Occupations in responding to your issues.

Response Timeliness	Percentage
Excellent	20.6%
Good	22.9%
Fair	8.9%
Poor	2.3%
Unacceptable	0.5%
Not Applicable	44.8%

Please provide the number and types of interactions that were required to resolve or address your most recent issue. (Please select all applicable types of interactions used AND the number times for each type of interaction selected.)

Number of Interactions	Type of Interaction				
	Phone	Website	E-mail	In Person	Regular Mail
0 times	363	149	279	414	388
1 to 2 times	95	318	188	6	30
3 to 4 times	22	67	33	0	0
5 to 6 times	0	19	10	0	0
7 or more times	0	13	5	0	0

Please rate the helpfulness of the Division of Professions and Occupations in resolving your issue or need.

Helpfulness	Percentage
Excellent	23.9%
Good	29.3%
Fair	8.2%
Poor	1.7%
Unacceptable	0.6%
Not Applicable	36.3%

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**Please rate the professionalism of the program's staff.**

<b>Professionalism</b>	<b>Percentage</b>
Very professional	20.9%
Professional	22.3%
Somewhat professional	4.9%
Not very professional	0.5%
Unprofessional	0.5%
Not applicable	50.9%

**Please rate the accuracy of information provided by the agency.**

<b>Professionalism</b>	<b>Percentage</b>
Very accurate	28.2%
Accurate	37.7%
Somewhat accurate	4%
Not very accurate	1.1%
Inaccurate	0.5%
Not applicable	28.5%