

**KANSAS STATE BOARD
OF
HEALING ARTS**



**KANSAS
STATUTES
ANNOTATED**

AND

**KANSAS
ADMINISTRATIVE
REGULATIONS**

Relating to the practice of

Physical Therapy

September 2022

NOTE: The laws and regulations listed in this website booklet are not to be considered the official authority on the current law. While every effort has been made to ensure the accuracy and completeness of this information, for legal purposes the law should be obtained from the Kansas statute books and the regulations from the Kansas Secretary of State's Administrative Regulations.

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65-2901

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2901. Definitions.

As used in the physical therapy practice act:

(a) “Physical therapy” means examining, evaluating and testing individuals with mechanical, anatomical, physiological and developmental impairments, functional limitations and disabilities or other health and movement-related conditions in order to determine a diagnosis solely for physical therapy, prognosis, plan of therapeutic intervention and to assess the ongoing effects of physical therapy intervention. Physical therapy also includes alleviating impairments, functional limitations and disabilities by designing, implementing and modifying therapeutic interventions that may include, but are not limited to, therapeutic exercise; functional training in community or work integration or reintegration; manual therapy; dry needling; therapeutic massage; prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; patient-related instruction; reducing the risk of injury, impairments, functional limitations and disability, including the promotion and maintenance of fitness, health and quality of life in all age populations and engaging in administration, consultation, education and research. Physical therapy also includes the care and services provided by a physical therapist or a physical therapist assistant under the direction and supervision of a physical therapist who is licensed pursuant to the physical therapy practice act. Physical therapy does not include the use of roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, the practice of any branch of the healing arts and the making of a medical diagnosis.

(b) “Physical therapist” means a person who is licensed to practice physical therapy pursuant to the physical therapy practice act. Any person who successfully meets the requirements of K.S.A. 65-2906, and amendments thereto, shall be known and designated as a physical therapist and may designate or describe oneself, as appropriate, as a physical therapist, physiotherapist, licensed physical therapist, doctor of physical therapy, abbreviations thereof, or words similar thereto or use of the designated letters P.T., Ph.T., M.P.T., D.P.T. or L.P.T. Nothing in this section shall be construed to prohibit physical therapists licensed under K.S.A. 65-2906 and 65-2909, and amendments thereto, from listing or using in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials recognized by the board which such licensee has earned. Each licensee when using the letters or term “Dr.” or “Doctor” in conjunction with such licensee's professional practice, whether in any written or oral communication, shall identify oneself as a “physical therapist” or “doctor of physical therapy.”

(c) “Physical therapist assistant” means a person who is certified pursuant to the physical therapy practice act and who works under the direction of a physical therapist, and who assists the physical therapist in selected components of physical therapy intervention. Any person who successfully meets the requirements of K.S.A. 65-2906, and amendments thereto, shall be known and designated as a physical therapist assistant, and may designate or describe oneself as a physical therapist assistant, certified physical therapist assistant, abbreviations thereof, or words similar thereto or use of the designated letters P.T.A., C.P.T.A. or P.T. Asst. Nothing in this section shall

be construed to prohibit physical therapist assistants certified under K.S.A. 65-2906 and 65-2909, and amendments thereto, from listing or using in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials which such physical therapist assistant has earned.

(d) “Board” means the state board of healing arts.

(e) “Council” means the physical therapy advisory council.

(f) “Dry needling” means a skilled intervention using a thin filiform needle to penetrate into or through the skin and stimulate underlying myofascial trigger points or muscular or connective tissues for the management of neuromuscular pain or movement impairments.

(g) “Physician” means a person licensed to practice medicine and surgery.

(h) “Recognized by the board” means an action taken by the board at an open meeting to recognize letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials, consistent with the provisions of this act, which a physical therapist may appropriately use to designate or describe oneself and which shall be published in the official minutes of the board.

History: L. 1963, ch. 318, § 1; L. 1973, ch. 253, § 1; L. 1983, ch. 215, § 1; L. 1988, ch. 246, § 19; L. 2003, ch. 128, § 1; L. 2004, ch. 61, § 1; L. 2007, ch. 177, § 19, May 17, 2007; L. 2011, ch. 114, § 19, July 1, 2011; L. 2016, ch. 92, § 32, July 1, 2016.

65-2902

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2902. Repealed.

History: Repealed by L. 2003, ch. 128, § 30.

65-2903

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2903. Physical therapy advisory council; membership; qualifications.

There is hereby created a physical therapy advisory council to assist the board in carrying out the provisions of this law. The council shall consist of five members, citizens and residents of the state of Kansas, three of whom shall be physical therapists, one of whom shall be a physician licensed by the board to practice medicine and surgery and one of whom shall be a member of such board.

History: L. 1963, ch. 318, § 3; L. 1973, ch. 253, § 2; L. 1978, ch. 308, § 52; L. 1981, ch. 299, § 50; L. 1983, ch. 215, § 2; L. 1987, ch. 240, § 15; L.2003, ch. 128, § 2.

65-2904

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2904. Same; terms; oath.

The council shall be appointed as follows: The board shall appoint one physician licensed to practice medicine and surgery and one member of the board, and the governor shall appoint three physical therapists who are duly licensed physical therapists who have at least three years' experience in physical therapy immediately preceding the appointment and are actively engaged, in this state, in physical therapy. The foregoing appointees shall constitute the council. Except as otherwise provided in this section, the members appointed in accordance with this section shall be appointed for terms of four years and shall serve until their successors are appointed and qualify. Members serving on the examining committee for physical therapy on the effective date of this act shall be members of the council and shall serve on the council until the conclusion of the terms for which they were appointed to the examining committee for physical therapy and until their successors are appointed and qualified. Each member of the council shall take an oath as required by law for state officers. No physical therapist member appointed by the governor shall be appointed for more than two successive four-year terms commencing on or after that date.

History: L. 1963, ch. 318, § 4; L. 1973, ch. 253, § 3; L. 1983, ch. 215, § 3; L. 1987, ch. 240, § 16; L. 2003, ch. 128, § 3.

65-2905

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2905. Same; officers; executive director; powers and duties; quorum; records; employees; compensation and expenses.

(a) The physical therapy advisory council provided for in this act shall elect from their members a president and a vice-president, who shall serve for one year or until their successors are elected and qualified. The executive director of the board shall act as secretary of the council.

(b) The council shall serve in an advisory capacity to the board in matters pertaining to physical therapy. The board may adopt reasonable rules and regulations as may be found necessary for the performance of its duties. As to any matters coming under its jurisdiction, the council while in session may take testimony and any member may administer oaths in the taking of such testimony.

(c) A simple majority of the council shall constitute a quorum for the transaction of business. The secretary shall keep a record of all procedures of the council.

(d) The board may appoint and fix the compensation of such employees as may be necessary to assist the council, and the board shall have the power to employ such expert assistance as it may deem necessary to carry out the purposes of this act. Members of the council attending meetings of such council, or attending a subcommittee meeting thereof authorized by such council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223, and amendments thereto.

History: L. 1963, ch. 318, § 5; L. 1973, ch. 253, § 4; L. 1974, ch. 348, § 28; L. 1983, ch. 215, § 4; L. 1987, ch. 240, § 17; L. 2003, ch. 128, § 4.

65-2906

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2906. Duties of board; qualifications of applicants; form of application; approval of schools.

(a) The board, with the advice and assistance of the council, shall pass upon the qualifications of all applicants for licensure or certification and duly license or certify those applicants who meet the qualifications established by this act.

(b) An applicant applying for licensure as a physical therapist or for a certificate as a physical therapist assistant shall file a written application on forms provided by the board, showing to the satisfaction of the board that the applicant meets the following requirements:

(1) The applicant is of legal age;

(2) the applicant has successfully completed the academic requirements of an educational program in physical therapy approved by the board which is appropriate for the certification or licensure of the applicant or, if the applicant attended a program not approved by the board, the applicant shall present an evaluation by an entity approved by the board showing that applicant's educational program met the criteria a school must satisfy to be approved by the board;

(3) the applicant has passed an examination required by the board which is appropriate for the certification or licensure of the applicant to test the applicant's knowledge of the basic and clinical sciences relating to physical therapy theory and practice; and

(4) the applicant has paid to the board all applicable fees established under K.S.A. 65-2911, and amendments thereto.

(c) The board shall adopt rules and regulations establishing the criteria which a school shall satisfy in order to be approved by the board for purposes of subsection (b). The board may send a questionnaire developed by the board to any school for which the board does not have sufficient information to determine whether the school meets the requirements of the board for approval and rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the school to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about schools. In entering such contracts the authority to approve schools shall remain solely with the board.

History: L. 1963, ch. 318, § 6; L. 1972, ch. 237, § 1; L. 1973, ch. 253, § 5; L. 1974, ch. 256, § 1; L. 1983, ch. 215, § 5; L. 1983, ch. 213, § 10; L. 1988, ch. 243, § 10; L. 1994, ch. 134, § 1; L. 2003, ch. 128, § 5.

65-2907, 65-2908

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2907, 65-2908. Repealed.

History: Repealed by L. 2003, ch. 128, § 30.

65-2909

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2909. Examinations; when not required; fees; temporary permits.

(a) The board may issue a license in physical therapy without examination to an applicant who presents evidence satisfactory to the board of having passed the examination in physical therapy approved by the board or an examination before a lawfully authorized examining board in physical therapy of another state, District of Columbia, territory or foreign country, if the standards for licensure in physical therapy in such other state, district, territory or foreign country are determined by the board to be as high as those of this state. At the time of making such application, the applicant shall pay to the board a fee as prescribed, no part of which shall be returned.

(b) The board may issue a certificate as a physical therapist assistant without examination therein to an applicant who presents evidence satisfactory to the board of having passed an examination as a physical therapist assistant approved by the board or an examination before a lawfully authorized examining board in physical therapy of another state, District of Columbia, territory or foreign country, if the standards for certification in physical therapy in such other state, District of Columbia, territory or foreign country are determined by the board to be as high as those of this state. At the time of making such application, the applicant shall pay to the board a fee as prescribed, no part of which shall be returned.

(c) The board may issue a temporary permit to an applicant for licensure as a physical therapist or an applicant for certification as a physical therapist assistant who applies for a temporary permit on a form provided by the board, who meets the requirements for licensure as a physical therapist or for certification as a physical therapist assistant or who meets all of the requirements for licensure or certification except examination and who pays to the board the temporary permit fee as required under K.S.A. 65-2911, and amendments thereto. Such temporary permit shall expire three months from the date of issue or on the date that the board approves the application for licensure or certification, whichever occurs first. No more than one such temporary permit shall be granted to any one person.

History: L. 1963, ch. 318, § 9; L. 1973, ch. 253, § 8; L. 1983, ch. 215, § 8; L. 2003, ch. 128, § 6.

65-2910

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2910. Renewal of license or certification; renewal requirements; expiration notice; fees; cancellation; reinstatement; inactive license; exempt license; federally active license.

(a) The license of every licensed physical therapist and the certification of every certified physical therapist assistant shall expire on the date established by rules and regulations of the board which may provide renewal throughout the year on a continuing basis. In each case in which a license or certificate is renewed for a period of time of less than one year, the board may prorate the amount of the fee established under K.S.A. 65-2911, and amendments thereto. The request for renewal shall be on a form provided by the board and shall be accompanied by the renewal fee established under K.S.A. 65-2911, and amendments thereto, which shall be paid not later than the expiration date of the license or certificate.

(b) The board shall require every licensed physical therapist or certified physical therapist assistant as a condition of renewal to submit with the application for a renewal evidence of satisfactory completion of a program of continuing education required by the board. The board shall establish the requirements for each such program of continuing education by rules and regulations. In establishing such requirements the board shall consider any existing programs of continuing education currently being offered to licensed physical therapists or certified physical therapist assistants.

(c) At least 30 days before the expiration of the license of a physical therapist or the certificate of a physical therapist assistant, the board shall notify the licensee or certificate holder of the expiration by mail addressed to the licensee's last mailing address as noted upon the office records. If the licensee or certificate holder fails to pay the renewal fee by the date of expiration, the licensee or certificate holder shall be given a second notice that the license or certificate has expired and the license or certificate may be renewed only if the renewal fee and the late renewal fee are received by the board within the thirty-day period following the date of expiration and that, if both fees are not received within the thirty-day period, the license or certificate shall be canceled for failure to renew and shall be reissued only after the physical therapist or physical therapist assistant has been reinstated under subsection (d).

(d) Any licensee or certificate holder who allows the license or certificate to be canceled by failing to renew may be reinstated upon recommendation of the board, upon payment of the reinstatement fee and upon submitting evidence of satisfactory completion of any applicable reeducation and continuing education requirements established by the board. The board shall adopt rules and regulations establishing appropriate reeducation and continuing education requirements for reinstatement of persons whose licenses or certificates have been canceled for failure to renew.

(e)(1) There is hereby created the designation of inactive license. The board is authorized to issue an inactive license to any physical therapist who makes written application for a license as a physical therapist on a form provided by the board and remits the fee established pursuant to K.S.A. 65-2911, and amendments thereto. The board may issue an inactive license only to a person who meets all the requirements for a license to practice as a physical therapist and who does not actively practice as a physical therapist in this state. An inactive license shall not entitle the holder to render professional services as a physical therapist. The provisions of subsections (c) and (d) relating to expiration, renewal and reinstatement of a license shall be applicable to an inactive license issued under this subsection. Each inactive licensee may apply to engage in active practice by providing to the board proof that a policy of professional liability insurance will be maintained in compliance with K.S.A. 65-2920, and amendments thereto, and rules and regulations adopted by the board.

(2) For the licensee whose license has been inactive for less than two years, the board shall adopt rules and regulations establishing appropriate continuing education requirements for exempt licensees to become licensed to regularly practice physical therapy within Kansas. Any licensee whose license has been inactive for more than two years may be required to complete such additional testing, training or education as the board may deem necessary to establish the licensee's present ability to practice with reasonable skill and safety.

(f)(1) There is hereby created a designation of exempt license. The board is authorized to issue an exempt license to any licensee who makes written application for such license on a form provided by the board and remits the fee for an exempt license established pursuant to K.S.A. 65-2911, and amendments thereto. The board may issue an exempt license to a person who is not regularly engaged in the practice of physical therapy in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An exempt license shall entitle the holder to all privileges attendant to the practice of physical therapy for which such license is issued. Each exempt license

may be renewed subject to the provisions of this section. Each exempt licensee shall be subject to all provisions of the physical therapy act, except as otherwise provided in this subsection. The holder of an exempt license shall be required to submit evidence of satisfactory completion of a program of continuing education required by this section. Each exempt licensee may apply for a license to regularly engage in the practice of physical therapy upon filing a written application with the board. The request shall be on a form provided by the board and shall be accompanied by the license fee established pursuant to K.S.A. 65-2911, and amendments thereto.

(2) For the licensee whose license has been exempt for less than two years, the board shall adopt rules and regulations establishing appropriate continuing education requirements for exempt licensees to become licensed to regularly practice physical therapy within Kansas. Any licensee whose license has been exempt for more than two years and who has not been in the active practice of physical therapy or engaged in a formal educational program since the license has been exempt may be required to complete such additional testing, training or education as the board may deem necessary to establish the licensee's present ability to practice with reasonable skill and safety.

(3) Nothing in this subsection shall be construed to prohibit a person holding an exempt license from serving as a paid employee or unpaid volunteer of: (A) A local health department as defined by K.S.A. 65-241, and amendments thereto, or (B) an indigent health care clinic as defined by K.S.A. 75-6102, and amendments thereto.

(4) A person who practices under an exempt license shall not be deemed to be rendering professional service as a physical therapist in this state for the purposes of K.S.A. 65-2920, and amendments thereto.

(g)(1) There is hereby created a designation of federally active license. The board is authorized to issue a federally active license to any licensee who makes written application for such license on a form provided by the board and remits the same fee required for a license established under K.S.A. 65-2911, and amendments thereto. The board may issue a federally active license only to a person who meets all the requirements for a license to practice physical therapy in Kansas and who practices that branch of physical therapy solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies. A person issued a federally active license may engage in limited practice outside of the course of federal employment consistent with the scope of practice of exempt licenses under subsection (f), except that the scope of practice of a federally active licensee shall be limited to providing direct patient care services gratuitously or providing supervision, direction or consultation for no compensation except that nothing in this subsection (g)(1) shall prohibit a person licensed to practice physical therapy issued a federally active license from receiving payment for subsistence allowances or actual and necessary expenses incurred in providing such services; and rendering professional services as a charitable health care provider as defined in K.S.A. 75-6102, and amendments thereto.

(2) The provisions of subsections (a), (b), and (d) of this section relating to continuing education, expiration and renewal of a license shall be applicable to a federally active license issued under this subsection.

(3) A person who practices under a federally active license shall not be deemed to be rendering professional service as a physical therapist in this state for the purposes of K.S.A. 65-2920, and amendments thereto.

History: L. 1963, ch. 318, § 10; L. 1973, ch. 253, § 9; L. 1976, ch. 274, § 4; L. 1983, ch. 215, § 9; L. 1992, ch. 253, § 5; L. 2003, ch. 128, § 7; L. 2004, ch. 117, § 18; L. 2010, ch. 126, § 15, July 1, 2010.

65-2911

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2911. Rules and regulations; record of proceedings; roster of persons licensed or certified; fee limitations; examination fees; disposition of moneys; healing arts fee fund.

(a) The board may adopt such rules and regulations as necessary to carry out the purposes of this act. The executive director of the board shall keep a record of all proceedings under this act and a roster of all persons licensed or certified under the act. The roster shall show the name, address, date and number of the original license or certificate, and the renewal thereof.

(b)(1) The board shall charge and collect in advance fees provided for in this act as fixed by the board by rules and regulations, subject to the following limitations:

Application based upon certificate of prior examination, not more than	\$80
Application based on examination, not more than	100
Exempt license fee, not more than.....	80
Annual renewal fee, not more than.....	70
Exempt license renewal fee, not more than.....	70
Late renewal fee, not more than	75
Reinstatement fee, not more than	80
Certified copy of license or certificate, not more than	15
Duplicate certificate.....	15
Temporary permit	25
Written verification of license	25

(2) The board shall charge and collect in advance fees for any examination administered by the board under article 29 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, as fixed by the board by rules and regulations in an amount equal to the cost to the board of the examination. If the examination is not administered by the board, the board may require that fees paid for any examination under article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, be paid directly to the examination service by the person taking the examination.

(3) The fees fixed by the board by rules and regulations under article 29 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, and in effect immediately prior to the effective date of this act shall continue in effect until different fees are fixed by the board by rules and regulations as provided under this section.

(c) The board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Ten percent of such amount shall be credited to the state general fund and the balance shall be credited to the healing arts fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers

approved by the president of the board or by a person or persons designated by the president of the board.

History: L. 1963, ch. 318, § 11; L. 1973, ch. 309, § 24; L. 1983, ch. 215, § 10; L. 1987, ch. 240, § 18; L. 2001, ch. 5, § 241; L. 2003, ch. 128, § 8; L. 2010, ch. 126, § 16, July 1, 2010; L. 2011, ch. 53, § 33, July 1, 2011.

65-2912

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2912. Grounds for refusal, suspension, revocation or limitation of license or certificate; censure; hearing procedure.

(a) The board may refuse to grant a license to any physical therapist or a certificate to any physical therapist assistant, or may suspend or revoke the license of any licensed physical therapist or certificate of any certified physical therapist assistant, or may limit the license of any licensed physical therapist or certificate of any certified physical therapist assistant or may censure a licensed physical therapist or certified physical therapist assistant for any of the following grounds:

- (1) Addiction to or distribution of intoxicating liquors or drugs for other than lawful purposes;
- (2) conviction of a felony if the board determines, after investigation, that the physical therapist or physical therapist assistant has not been sufficiently rehabilitated to warrant the public trust;
- (3) obtaining or attempting to obtain licensure or certification by fraud or deception;
- (4) finding by a court of competent jurisdiction that the physical therapist or physical therapist assistant is a disabled person and has not thereafter been restored to legal capacity;
- (5) unprofessional conduct as defined by rules and regulations adopted by the board;
- (6) the treatment or attempt to treat ailments or other health conditions of human beings other than by physical therapy and as authorized by this act;
- (7) failure to refer patients to other health care providers if symptoms are present for which physical therapy treatment is inadvisable or if symptoms indicate conditions for which treatment is outside the scope of knowledge of the licensed physical therapist;
- (8) evaluating or treating patients in a manner not consistent with K.S.A. 65-2921, and amendments thereto; and
- (9) knowingly submitting any misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement.

(b) All proceedings pursuant to article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, shall be conducted in accordance with the provisions of the Kansas administrative procedure act and shall be reviewable in accordance with the Kansas judicial review act.

History: L. 1963, ch. 318, § 12; L. 1965, ch. 369, § 6; L. 1973, ch. 253, § 10; L. 1983, ch. 215, § 11; L. 1984, ch. 313, § 125; L. 1986, ch. 234, § 7; L. 1988, ch. 246, § 20; L. 2003, ch. 128, § 9; L. 2004, ch. 61, § 2; L. 2007, ch. 177, § 20, May 17, 2007; L. 2010, ch. 17, § 141, July 1, 2010.

65-2913

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2913. Representation as physical therapist or physical therapist assistant; prohibitions; exceptions; construction of act.

(a) It shall be unlawful for any person who is not licensed under the physical therapy practice act as a physical therapist or whose license has been suspended or revoked in any manner to represent oneself as a physical therapist or to use in connection with such person's name the words physical therapist, physiotherapist, licensed physical therapist or doctor of physical therapy or use the abbreviations P.T., Ph. T., M.P.T., D.P.T. or L.P.T., or any other letters, words, abbreviations or insignia, indicating or implying that such person is a physical therapist. A violation of this subsection shall constitute a class B nonperson misdemeanor. Nothing in this section shall be construed to prohibit physical therapists licensed under K.S.A. 65-2906 and 65-2909, and amendments thereto, from listing or using in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials recognized by the board that such licensee has earned. Each licensee when using the letters or term “Dr.” or “Doctor” in conjunction with such licensee's professional practice, whether in any written or oral communication, shall identify oneself as a “physical therapist” or “doctor of physical therapy.”

(b) Any person who, in any manner, represents oneself as a physical therapist assistant, or who uses in connection with such person's name the words or letters physical therapist assistant, certified physical therapist assistant, P.T.A., C.P.T.A. or P.T. Asst., or any other letters, words, abbreviations or insignia, indicating or implying that such person is a physical therapist assistant, without a valid existing certificate as a physical therapist assistant issued to such person pursuant to the physical therapy practice act shall be guilty of a class B nonperson misdemeanor. Nothing in this section shall be construed to prohibit physical therapist assistants certified under K.S.A. 65-2906 and 65-2909, and amendments thereto, from listing or using in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials that such physical therapist assistant has earned.

(c) Nothing in this act is intended to limit, preclude or otherwise interfere with the practices of other healthcare providers formally trained and practicing their profession. The provisions of the physical therapy practice act shall not apply to the following individuals so long as they do not hold themselves out in a manner prohibited under subsection (a) or (b):

- (1) Persons rendering assistance in the case of an emergency;
- (2) members of any church practicing their religious tenets;
- (3) persons whose services are performed pursuant to the delegation of and under the supervision of a physical therapist who is licensed under this act;
- (4) healthcare providers in the United States armed forces, public health services, federal facilities and coast guard or other military service when acting in the line of duty in this state;
- (5) licensees under the healing arts act, and practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensee under K.S.A. 65-2872, and amendments thereto;
- (6) dentists practicing their professions, when licensed and practicing in accordance with the provisions of law;

- (7) nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under K.S.A. 65-1124, and amendments thereto;
 - (8) healthcare providers who have been formally trained and are practicing in accordance with their training or have received specific training in one or more functions included in this act pursuant to established educational protocols or both;
 - (9) students while in actual attendance in an accredited healthcare educational program and under the supervision of a qualified instructor;
 - (10) self-care by a patient or gratuitous care by a friend or family member;
 - (11) optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
 - (12) podiatrists practicing their profession when licensed and practicing in accordance with the provisions of article 20 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
 - (13) occupational therapists practicing their profession when licensed and practicing in accordance with the occupational therapy practice act and occupational therapy assistants practicing their profession when licensed and practicing in accordance with the occupational therapy practice act;
 - (14) respiratory therapists practicing their profession when licensed and practicing in accordance with the respiratory therapy practice act;
 - (15) physician assistants practicing their profession when licensed and practicing in accordance with the physician assistant licensure act;
 - (16) persons practicing corrective therapy in accordance with their training in corrective therapy;
 - (17) athletic trainers practicing their profession when licensed and practicing in accordance with the athletic trainers licensure act;
 - (18) persons who massage for the purpose of relaxation, muscle conditioning or figure improvement, so long as no drugs are used and such persons do not hold themselves out to be physicians or healers;
 - (19) barbers practicing their profession when licensed and practicing in accordance with the provisions of article 18 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
 - (20) cosmetologists practicing their profession when licensed and practicing in accordance with the provisions of article 19 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
 - (21) emergency medical service providers practicing their profession when certified and practicing in accordance with the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
 - (22) naturopathic doctors practicing their profession when licensed and practicing in accordance with the naturopathic doctor licensure act; and
 - (23) acupuncturists practicing their profession when licensed and practicing in accordance with the acupuncture practice act.
- (d) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed physical therapy must be performed by or pursuant to the delegation of a licensed physical therapist or other healthcare provider.

(e) Nothing in this act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon physical therapists to engage in any activity not conferred by the physical therapy practice act.

History: L. 1963, ch. 318, § 13; L. 1973, ch. 253, § 11; L. 1983, ch. 215, § 12; L. 1994, ch. 134, § 2; L.2003, ch. 128, § 10; L. 2004, ch. 24, § 12; L. 2010, ch. 126, § 17, Jan. 1, 2011; L. 2011, ch. 114, § 20, July 1, 2011; L. 2016, ch. 92, § 33, July 1, 2016; L. 2019, ch. 64, § 15, June 6, 2019.

65-2914

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2914. Fraud or deception in application for license; scope of authorized treatment.

(a) No person shall employ fraud or deception in applying for or securing a license as a physical therapist.

(b) A person licensed under this act as a physical therapist shall not treat ailments or other health conditions of human beings other than by physical therapy unless duly licensed or registered to provide such treatment under the laws of this state.

(c) A person certified under this act as a physical therapist assistant shall not treat ailments or other health conditions of human beings except under the direction of a physical therapist duly licensed under this act. The word “direction” as used in this subsection (c) shall mean that the physical therapist shall see all patients initially and evaluate them periodically except in those cases in a hospital setting when the physical therapist is not immediately available, the physical therapist assistant may initiate patient care after telephone contact with the physical therapist for documented instruction. The physical therapist must then evaluate the patient and establish a plan of treatment as soon as possible with a minimum weekly review.

(d) Any person violating the provisions of this section shall be guilty of a class B misdemeanor.

History: L. 1963, ch. 318, § 14; L. 1973, ch. 253, § 12; L. 1983, ch. 215, § 13; L. 1990, ch. 228, § 1; L. 2003, ch. 128, § 11.

65-2915

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2915. Repealed.

History: Repealed by L. 2003, ch. 128, § 30.

65-2916

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2916. Penalties for violations of act; injunctive relief.

(a) Any violation of the provisions of this act shall constitute a class B misdemeanor.

(b) When it appears to the board that any person is violating any of the provisions of article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, the board may bring an action in the name of the state in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

(c) The board, in addition to any other penalty prescribed under the provisions of article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for a violation of the provisions of article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, in an amount not to exceed \$5,000 for the first violation, \$10,000 for the second violation and \$15,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

History: L. 1963, ch. 318, § 16; L. 1973, ch. 253, § 13; L. 2003, ch. 128, § 12

65-2917

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2917. Invalidity of part.

If any provisions of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable.

History: L. 1963, ch. 318, § 17.

65-2918

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2918. Physical therapists and physical therapist assistants practicing in accordance with law not subject to healing arts act.

Physical therapists and physical therapist assistants practicing their profession, when licensed or certified and practicing under and in accordance with the provisions of article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, shall not be construed to be practicing the healing arts or be subject to the healing arts act.

History: L. 1983, ch. 215, § 15; L. 2003, ch. 128, § 13.

65-2919

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2919. Person holding registration as physical therapist deemed to be licensed physical therapist.

Any person holding a valid registration as a physical therapist immediately prior to the effective date of this act which has been issued by the board shall be deemed to be a licensed physical therapist for the purposes of this act and article 29 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto, and shall be subject to the provisions of this act and the provisions of such article and chapter of the Kansas Statutes Annotated, and acts amendatory of the provisions thereof or supplemental thereto.

History: L. 1983, ch. 215, § 16; L. 2003, ch. 128, § 14

65-2920

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2920. Professional liability insurance coverage required as condition to practice physical therapy.

Professional liability insurance coverage shall be maintained in effect by each licensed physical therapist actively practicing in this state as a condition to rendering professional services as a physical therapist in this state. The board shall fix by rules and regulations the minimum level of coverage for such professional liability insurance.

History: L. 2003, ch. 128, § 29; L. 2004, ch. 117, § 25.

65-2921

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2921. Evaluation and treatment by physical therapists; when referral is required; exceptions.

(a) Except as otherwise provided in subsection (d), a physical therapist may evaluate and initiate physical therapy treatment on a patient without referral from a licensed health care practitioner. If treating a patient without a referral from a licensed health care practitioner and the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable or functional improvement, or any combination thereof, after 10 patient visits or in a period of 15 business days from the initial treatment visits following the initial evaluation visit, the physical therapist shall obtain a referral from an appropriate licensed health care practitioner prior to continuing treatment.

(b) Physical therapists may provide, without a referral, services to: (1) Employees solely for the purpose of education and instruction related to workplace injury prevention; or (2) the public for the purpose of fitness, health promotion and education.

(c) Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan (IEP) or individualized family service plan (IFSP).

(d) Nothing in this section shall be construed to prevent a hospital or ambulatory surgical center from requiring a physician order or referral for physical therapy services for a patient currently being treated in such facility.

(e) When a patient self-refers to a physical therapist pursuant to this section, the physical therapist, prior to commencing treatment, shall provide written notice to the patient that a physical therapy diagnosis is not a medical diagnosis by a physician.

(f) Physical therapists shall perform wound debridement services only after approval by a person licensed to practice medicine and surgery or other licensed health care practitioner in appropriately related cases.

(g) As used in this section, "licensed health care practitioner" means a person licensed to practice medicine and surgery, a licensed podiatrist, a licensed physician assistant or a licensed advanced practice registered nurse working pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, a licensed dentist or licensed optometrist in appropriately related cases.

History: L. 2007, ch. 177, § 21; L. 2011, ch. 114, § 56; L. 2013, ch. 4, § 1; July 1.

65-2922

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2922. Title of the act.

The provisions of K.S.A. 65-2901 through 65-2921, and amendments thereto, shall be known and may be cited as the physical therapy practice act.

History: L. 2007, ch. 177, § 22, May 17, 2007.

65-2923

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2923. Dry needling; requirements to practice; rules and regulations.

(a) The board shall adopt rules and regulations establishing minimum education and training requirements for the practice of dry needling by a licensed physical therapist.

(b) This section shall be part of and supplemental to the physical therapy practice act.

History: L. 2016, ch. 92, § 31, July 1, 2016.

65-2924

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2924. Fingerprinting of applicant for license; use for identification and criminal history record check; fee.

- (a) As part of an original application for a license as a physical therapist or a certificate as a physical therapy assistant or as part of an original application for reinstatement of a license or certificate or in connection with any investigation of any holder of a license or certificate, the state board of healing arts may require a person to be fingerprinted and submit to a state and national criminal history record check. The fingerprints shall be used to identify the person and to determine whether the person has a record of criminal history in this state or other jurisdiction. The state board of healing arts is authorized to submit the fingerprints to the Kansas bureau of investigation and the federal bureau of investigation for a state and national criminal history record check. The state board of healing arts may use the information obtained from fingerprinting and the criminal history for purposes of verifying the identification of the person and in the official determination of the qualifications and fitness of the person to be issued or to maintain a license or certificate.
- (b) Local and state law enforcement officers and agencies shall assist the state board of healing arts in taking and processing of fingerprints of applicants for and holders of any license or certificate and shall release all records of adult convictions and nonconvictions and adult convictions or adjudications of another state or country to the state board of healing arts.
- (c) The state board of healing arts may fix and collect a fee as may be required by the board in an amount necessary to reimburse the board for the cost of fingerprinting and the criminal history record check. Any moneys collected under this subsection shall be deposited in the state treasury and credited to the healing arts fee fund.
- (d) This section shall be a part of and supplemental to the physical therapy practice act.

History: L. 2021, ch. 100, § 4; July 1.

65-2925

Chapter 65 – PUBLIC HEALTH Article 29 – PHYSICAL THERAPY

65-2925. Physical therapy licensure compact.

This section shall be known and may be cited as the physical therapy licensure compact.

SECTION 1. PURPOSE

- (a) The purpose of this compact is to facilitate the interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient or client is located at the time of the patient or client encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

- (b) This compact is designed to achieve the following objectives:
- (1) Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;
 - (2) enhance the states' ability to protect the public's health and safety;
 - (3) encourage the cooperation of member states in regulating multi-state physical therapy practice;
 - (4) support spouses of relocating military members;
 - (5) enhance the exchange of licensure, investigative and disciplinary information between member states; and
 - (6) allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

SECTION 2. DEFINITIONS

As used in this compact, and except as otherwise provided, the following definitions shall apply:

(a) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the national guard and reserve on active duty orders pursuant to 10 U.S.C. §§ 1209 and 1211.

(b) "Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.

(c) "Alternative program" means a non-disciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues.

(d) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient or client is located at the time of the patient or client encounter.

(e) "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, or completion of, or both, educational and professional activities relevant to practice or the area of work.

(f) "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege and adverse action.

(g) "Encumbered license" means a license that a physical therapy licensing board has limited in any way.

(h) "Executive board" means a group of directors elected or appointed to act on behalf of and, within the powers granted to them, by the commission.

(i) "Home state" means the member state that is the licensee's primary state of residence.

(j) "Investigative information" means information, records and documents received or generated by a physical therapy licensing board pursuant to an investigation.

(k) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.

(l) "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant.

(m) "Member state" means a state that has enacted the compact.

(n) "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.

(o) "Physical therapist" means an individual who is licensed by a state to practice physical therapy.

(p) "Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.

(q) "Physical therapy," "physical therapy practice," and "the practice of physical therapy" means the care and services provided by or under the direction and supervision of a licensed physical therapist.

(r) "Physical therapy compact commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

(s) "Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

(t) "Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

(u) "Rule" means a rule, regulation, principle or directive promulgated by the commission that has the force of law.

(v) "State" means any state, commonwealth, district or territory of the United States that regulates the practice of physical therapy.

SECTION 3.

STATE PARTICIPATION IN THE COMPACT

(a) To participate in the compact, a state must:

(1) Participate fully in the commission's data system, including using the commission's unique identifier as defined in rules;

(2) have a mechanism in place for receiving and investigating complaints about licensees;

(3) notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

(4) fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the federal bureau of investigation record search on criminal background checks and use the results in making licensure decisions in accordance with this compact;

(5) comply with the rules of the commission;

(6) utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

(7) have continuing competence requirements as a condition for license renewal.

(b) Upon adoption of this compact, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the federal bureau of investigation for a criminal background check in accordance with 28 U.S.C. § 534 and 42 U.S.C. § 14616.

(c) A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.

(d) Member states may charge a fee for granting a compact privilege.

SECTION 4.
COMPACT PRIVILEGE

(a) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

- (1) Hold a license in the home state;
- (2) have no encumbrance on any state license;
- (3) be eligible for a compact privilege in any member state in accordance with section 4(d), (g) and (h);
- (4) have not had any adverse action against any license or compact privilege within the previous two years;
- (5) notify the commission that the licensee is seeking the compact privilege within a remote state;
- (6) pay any applicable fees, including any state fee, for the compact privilege;
- (7) meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege; and
- (8) report to the commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

(b) The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of section 4(a) to maintain the compact privilege in the remote state.

(c) A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(d) A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time or impose fines, or both, and may take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

(e) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

- (1) The home state license is no longer encumbered; and
- (2) two years have elapsed from the date of the adverse action.

(f) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of section 4(a) to obtain a compact privilege in any remote state.

(g) If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

- (1) The specific period of time for which the compact privilege was removed has ended;
- (2) all fines have been paid; and
- (3) two years have elapsed from the date of the adverse action.

(h) Once the requirements of section 4(g) have been met, the licensee must meet the requirements in section 4(a) to obtain a compact privilege in a remote state.

SECTION 5.
ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

- (a) Home of record;
- (b) permanent change of station (PCS); or
- (c) state of current residence, if it is different than the PCS state or home of record.

SECTION 6.
ADVERSE ACTIONS

(a) A home state shall have exclusive power to impose adverse action against a license issued by the home state.

(b) A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

(c) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

(d) Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

(e) A remote state shall have the authority to:

(1) Take adverse actions as set forth in section 4(d) against a licensee's compact privilege in the state;

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, or the production of evidence, or both, from another party state shall be enforced in the latter state by any court of competent jurisdiction according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before that court. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence, or both, are located; and

(3) if otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

(f) Joint investigations:

(1) In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

(2) Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

SECTION 7.

ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

(a) The compact member states hereby create and establish a joint public agency known as the physical therapy compact commission:

(1) The commission is an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, voting, and meetings:

(1) Each member state shall have and be limited to one delegate selected by that member state's licensing board.

(2) The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member or the board administrator.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring in the commission.

(5) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission.

(6) A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(7) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(c) The commission shall have the following powers and duties:

(1) Establish the fiscal year of the commission;

(2) establish bylaws;

(3) maintain its financial records in accordance with the bylaws;

(4) meet and take such actions as are consistent with the provisions of this compact and the bylaws;

(5) promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

(6) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;

(7) purchase and maintain insurance and bonds;

(8) borrow, accept or contract for services of personnel including, but not limited to, employees of a member state;

(9) hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

(10) accept any and all appropriate donations and grants of money, equipment, supplies, materials and services and receive, utilize and dispose of the same, except that at all times the commission shall avoid any appearance of impropriety or conflict of interest, or both;

(11) lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed, except that at all times the commission shall avoid any appearance of impropriety;

(12) sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, real, personal or mixed;

(13) establish a budget and make expenditures;

(14) borrow money;

(15) appoint committees, including standing committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives and such other interested persons as may be designated in this compact and the bylaws;

(16) provide and receive information from, and cooperate with, law enforcement agencies;

(17) establish and elect an executive board; and

(18) perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of physical therapy licensure and practice.

(d) The executive board shall have the power to act on behalf of the commission according to the terms of this compact.

(1) The executive board shall be comprised of nine members:

(A) Seven voting members, who are elected by the commission from the current membership of the commission;

(B) one ex-officio, non-voting member from the recognized national physical therapy professional association; and

(C) one ex-officio, non-voting member from the recognized membership organization of the physical therapy licensing boards.

(2) The ex-officio members will be selected by their respective organizations.

(3) The commission may remove any member of the executive board as provided in the bylaws.

(4) The executive board shall meet at least annually.

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues and any commission compact fee charged to licensees for the compact privilege;

(B) ensure compact administration services are appropriately provided, contractual or otherwise;

(C) prepare and recommend the budget;

(D) maintain financial records on behalf of the commission;

(E) monitor compact compliance of member states and provide compliance reports to the commission;

(F) establish additional committees as necessary; and

(G) other duties as provided in rules or bylaws.

(e) Meetings of the commission:

(1) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 9.

(2) The commission or the executive board or other committees of the commission may convene in a closed, non-public meeting, if the commission or executive board or other committees of the commission must discuss:

(A) Non-compliance of a member state with its obligations under the compact;

(B) the employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(C) current, threatened or reasonably anticipated litigation;

(D) negotiation of contracts for the purchase, lease or sale of goods, services or real estate;

(E) accusing any person of a crime or formally censuring any person;

(F) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(G) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(H) disclosure of investigative records compiled for law enforcement purposes;

(I) disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(J) matters specifically exempted from disclosure by federal or member state statute.

(3) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(4) The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(f) Financing of the commission:

(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

(2) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials and services.

(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

(g) Qualified immunity, defense and indemnification:

(1) The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties or responsibilities, except that nothing in this paragraph shall be construed to protect any such person from suit or liability, or both, for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, except that nothing herein shall be construed to prohibit that person from retaining such person's own counsel and except that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, so long as the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 8. DATA SYSTEM

(a) The commission shall provide for the development, maintenance and utilization of a coordinated database and reporting system containing licensure, adverse action and investigative information on all licensed individuals in member states.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(1) Identifying information;

(2) licensure data;

(3) adverse actions against a license or compact privilege;

(4) non-confidential information related to alternative program participation;

(5) any denial of application for licensure, and the reason for such denial; and

(6) other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) Investigative information pertaining to a licensee in any member state will only be available to other party states.

(d) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

SECTION 9. RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(c) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission or other publicly accessible platform; and

(2) on the website of each member state's physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

(1) The proposed time, date and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(f) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

(g) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) At least 25 persons;

(2) a state or federal governmental subdivision or agency; or

(3) an association having at least 25 members.

(h) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission, or other designated member, in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings will be recorded. A copy of the recording will be made available on request.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(j) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

(k) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, so long as the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety or welfare;

(2) prevent a loss of commission or member state funds;

(3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

SECTION 10.

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

(a) Oversight:

(1) The executive, legislative and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact that may affect the powers, responsibilities or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact or promulgated rules.

(b) Default, technical assistance and termination:

(1) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and any other action to be taken by the commission; and

(B) provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature and each of the member states.

(4) A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the United States district court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member state shall be awarded all costs of such litigation, including reasonable attorney fees.

(c) Dispute resolution:

(1) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(d) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the United States district court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and

damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

SECTION 11

DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

(a) The compact shall come into effect on the date on which the compact statute is enacted into law in the 10th member state. The provisions that become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(b) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

(c) Any member state may withdraw from this compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 12.

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

History: L. 2021, ch. 100, § 3; July 1.

Article 29. – PHYSICAL THERAPY

- [100-29-1.](#) Applications
- [100-29-2.](#) Approval of physical therapy programs.
- [100-29-3.](#) Requirements for physical therapists and physical therapist assistants from nonapproved schools
- [100-29-3a.](#) Examination of written and oral English communication.
- [100-29-4.](#) Examination.
- [100-29-5.](#) Revoked.
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- [100-29-7.](#) Fees
- [100-29-8.](#) License and certificate renewal; expiration date; notification of supervision.
- [100-29-9.](#) License and certification renewal; continuing education.
- [100-29-10.](#) Canceled licenses and certificates; reinstatement.
- [100-29-11.](#) Revoked.
- [100-29-12.](#) Unprofessional conduct.
- [100-29-13.](#) Notification to board.
- [100-29-14.](#) Revoked.
- [100-29-15.](#) Professional liability insurance.
- [100-29-16.](#) Supervision of physical therapy assistants and support personnel.
- [100-29-18.](#) Dry needling; education and practice requirements.
- [100-29-19.](#) Dry needling; informed consent.
- [100-29-20.](#) Dry needling; recordkeeping.
- [100-29-21.](#) Dry needling; board requests for documentation.

100-29-1. Applications.

(a) Each applicant for licensure as a physical therapist or certification as a physical therapist assistant shall submit a completed application on a form provided by the board. The application shall include the following information in legible writing:

- (1) The applicant's full name;
- (2) the applicant's social security number, driver's license number, nondriver identification number, or individual tax identification number if the applicant is advised that providing a social security number is voluntary pursuant to K.S.A. 74-139 and 74-148, and amendments thereto, and that if the social security number is provided, the agency may provide this number to the Kansas department of social and rehabilitation services for child support enforcement purposes and to the Kansas department of revenue's director of taxation;
- (3) the applicant's mailing address. If the applicant's mailing address is different from the applicant's residential address, the applicant shall also provide the residential address;
- (4) the applicant's daytime telephone number;
- (5) the applicant's date and place of birth;
- (6) the names of all educational programs recognized under K.A.R. 100-29-2 that the applicant attended, including the program from which the applicant graduated, the degree awarded to the applicant, and the date of graduation;
- (7) information regarding any licenses, registrations, or certifications issued to the applicant to practice any healthcare profession;
- (8) information regarding any prior acts specified in K.S.A. 65-2912, and amendments thereto, that could constitute grounds for denial of the application;
- (9) a notarized release authorizing the board to receive any relevant information, files, or records requested by the board in connection with the application; and
- (10) the number of times the applicant has taken the examination required by the board for licensure or certification and the date that the applicant passed the examination.

(b) Each applicant shall submit the following with the application:

- (1) The fee required by K.A.R. 100-29-7;
- (2) an official transcript that specifies the degree awarded from an educational program recognized by the board under K.A.R. 100-29-2;
- (3) a verification on a form provided by the board of each license, registration, or certification issued to the applicant by any state or the District of Columbia relating to any healthcare profession;
- (4) a current photograph, three by four inches in size, of the applicant's head and shoulders taken within 90 days before the date the application is received by the board; and
- (5) evidence provided directly to the board from the testing entity recognized and approved under K.A.R. 100-29-4 that the applicant has passed the examination.

(c) The applicant shall sign the application under oath and have the application notarized.

(d) The physical therapy advisory council shall consider the application from each person who has not been engaged in an educational program recognized by the board and has not engaged in the practice of physical therapy during the five years preceding the date of the application. The council shall then submit its written recommendation to the board.

(Authorized by K.S.A. 2009 Supp. 65-2911; implementing K.S.A. 2009 Supp. 65-2903, 65-2906, and 65-2912; effective March 21, 1997; amended May 26, 2006; amended May 14, 2010.)

100-29-2. Approval of physical therapy programs.

(a) An educational program for licensure as a physical therapist shall be recognized by the board if the program meets the “evaluative criteria for accreditation of education programs for the preparation of physical therapists,” revised April 2005 by the commission on accreditation in physical therapy education and hereby adopted by reference.

(b) An educational program for certification as a physical therapist assistant shall be recognized by the board if the program meets the “evaluative criteria for accreditation of education programs for the preparation of physical therapy assistants,” adopted November 1, 2000 by the commission on accreditation in physical therapy education and hereby adopted by reference.

(Authorized by K.S.A. 2005 Supp. 65-2911; implementing K.S.A. 2005 Supp. 65-2906; effective March 21, 1997; amended July 14, 2006.)

100-29-3. Requirements for physical therapists and physical therapist assistants from nonapproved schools.

(a) Each person who received training from a nonapproved school and who applies for licensure as a physical therapist or certification as a physical therapist assistant shall submit with the application an evaluation prepared for the state of Kansas by a board-approved credentialing agency.

(b) If the evaluation shows that the applicant's educational program did not meet the criteria that a school is required to satisfy to be approved by the board, the applicant may be required by the board, with the advice of the physical therapy advisory council, to perform one of the following:

(1) Complete college courses in the areas that did not meet the required criteria with a grade average of at least “B” or its equivalent; or

(2) apply college-level examination program scores towards semester credit hours for the courses specified by the board.

(Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2906; effective March 21, 1997; amended May 26, 2006.)

100-29-3a. Examination of written and oral English communication.

- (a) For each applicant who received training in a school at which English was not the language of instruction, the examinations required and approved by the board to demonstrate the ability to communicate in written and oral English shall be the test of English as a foreign language (TOEFL), the test of written English (TWE), and the test of spoken English (TSE), as developed and administered by the educational testing service (ETS).
- (b) To successfully pass the test of English as a foreign language, each applicant who is required to take this examination shall attain a score of at least 24 in writing, 26 in speaking, 21 in reading, and 18 in listening.
- (c) To successfully pass the test of spoken English, each applicant who is required to take this examination shall attain a score of at least 5.0.
- (d) To successfully pass the test of written English, each applicant who is required to take this examination shall attain a score of at least 4.5.

(Authorized by K.S.A. 2008 Supp. 65-2911; implementing K.S.A. 2008 Supp. 65-2906 and 65-2909; effective Sept. 11, 1998; amended Jan. 4, 2010.)

100-29-4. Examination.

- (a) The examination required and approved by the board for licensure as a physical therapist shall be the physical therapist examination developed by the federation of state boards of physical therapy (FSBPT).
- (b) The examination required and approved by the board for certification as a physical therapist assistant shall be the physical therapist assistant examination developed by the FSBPT.
- (c) Each applicant shall be required to successfully complete the applicable examination required by this regulation within six attempts.

(Authorized by K.S.A. 65-2911; implementing K.S.A. 65-2906; effective March 21, 1997; amended July 14, 2006; amended Jan. 10, 2020.)

100-29-5. Revoked.

(Authorized by and implementing K.S.A. 65-2911; effective March 21, 1997; revoked May 26, 2006.)

100-29-6. Lost or destroyed certificates; change of name; new certificates.

(a) If a certificate of licensure or certification is lost or destroyed, the licensed or certified person may request a duplicate certificate. Each request shall be submitted in writing, shall include the number of the original certificate, and shall be accompanied by the fee specified in K.A.R. 100-29-7.

(b) If the name of a licensed or certified person is changed, the licensed or certified person shall send the name change to the board within 30 days of the change. This notification shall be submitted in writing, shall be accompanied by an attested document of the change of name, shall include the number of the original certificate, and shall be accompanied by the fee required for a duplicate certificate specified in K.A.R. 100-29-7. The licensed or certified person shall surrender the original certificate to the board.

(Authorized by and implementing K.S.A. 2004 Supp. 65-2911; effective March 21, 1997; amended May 26, 2006.)

100-29-7. Fees.

The following fees shall be collected by the board:

- (a) Application based on certificate of prior examination.....\$80.00
- (b) Application based on examination.....\$80.00
- (c) Annual renewal:
 - (1) Paper renewal.....\$70.00
 - (2) On-line renewal.....\$67.00
- (d) Late renewal:
 - (1) Paper late renewal\$5.00
 - (2) On-line late renewal.....\$5.00
- (e) Reinstatement.....\$80.00
- (f) Certified copy\$15.00
- (g) Duplicate certificate.....\$15.00
- (h) Temporary permit\$25.00
- (i) Compact privilege.....\$65.00

(Authorized by K.S.A. 65-2865 and 65-2911; implementing K.S.A. 65-2909, 65-2910, 65-2911 and K.S.A. 2021 K.S.A. Supp. 65-2925; effective March 21, 1997; amended May 1, 1998; amended Sept. 29, 2000; amended Nov. 15, 2002; amended Nov. 19, 2004; amended March 7, 2008; amended Sept. 16, 2022.)

100-29-8. License and certificate renewal; expiration date; notification of supervision.

- (a) The license of each physical therapist and the certificate of each physical therapist assistant shall expire on December 31 of each year.
- (b) At the time of license renewal, the physical therapist shall provide the name and certificate number of each physical therapist assistant who is working under the direction of the physical therapist on a form provided by the board.
- (c) At the time of a renewal of certification, the physical therapist assistant shall provide, on a form furnished by the board, the name and license number of the physical therapist who is supervising the assistant.

(Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2910; effective March 21, 1997; amended May 26, 2006.)

100-29-9. License and certificate renewal; continuing education.

(a)(1)(A) As a condition of renewal for each odd-numbered year, each licensed physical therapist, certified physical therapist assistant, or compact privilege holder shall submit, in addition to the annual application for renewal of licensure, certification, or compact privilege, evidence of satisfactory completion within the preceding two-year period of at least 40 contact hours of continuing education for a licensed physical therapist or a physical therapist holding a compact privilege and at least 20 contact hours of continuing education for a certified physical therapist assistant or a physical therapist assistant holding a compact privilege. As a component of the required contact hours, each licensed physical therapist shall be required to successfully complete the physical therapy jurisprudence assessment module specified in paragraph (f)(15) during each continuing education cycle.

(B) Evidence of satisfactory completion of a program of continuing education shall not be required to be submitted with the application for renewal of licensure, compact privilege, or certification in even-numbered years.

(2) A contact hour shall consist of 60 minutes of activity pertaining to the practice of physical therapy.

(3) Meals and breaks shall not be included in the contact hour calculation.

(b) Any applicant for renewal who cannot meet the requirements of paragraph (a)(1)(A) may request an extension from the board to submit evidence of continuing education. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension of up to six months may be granted by the board for a substantiated medical condition, natural disaster, death of a spouse or an immediate family member, or any other compelling reason that in the judgment of the board renders the licensee incapable of meeting the requirements of paragraph (a)(1)(A).

(c) A physical therapist initially licensed or holding a compact privilege or a physical therapist assistant initially certified or holding a compact privilege within one year of a renewal date in an odd-numbered year shall not be required to submit evidence of satisfactory completion of a program of continuing education required by paragraph (a)(1)(A) for that first renewal period. Each physical therapist or physical therapist assistant initially licensed, holding a compact privilege, or certified or whose license, compact privilege, or certificate has been reinstated for more than one year but less

than two years from a renewal date in an odd-numbered year shall be required to submit evidence of satisfactory completion of at least half of the contact hours of continuing education required by paragraph (a)(1)(A).

(d) All continuing education activities shall be related to the practice of physical therapy.

(e) All continuing education activities shall pertain to any of the following:

- (1) Clinical skills;
- (2) administration and management techniques;
- (3) educational principles when providing service to patients, families, health professionals, health professional students, or the community;
- (4) research projects with peer-reviewed, published results;
- (5) legislative issues involving the profession;
- (6) health care and the health care delivery system;
- (7) documentation, reimbursement, cost-effectiveness, and regulatory compliance; or
- (8) problem solving, critical thinking, and ethics.

(f) The following shall qualify as continuing education activities:

- (1) Lecture. "Lecture" shall mean a live discourse for the purpose of instruction given before an audience. One contact hour shall be awarded for each hour of instruction.
- (2) Panel. "Panel" shall mean the presentation of multiple views by several professional individuals on a given subject, with none of the views considered a final solution.
- (3) Workshop. "Workshop" shall mean a series of meetings designed for intensive study, work, or discussion in a specific field of interest.
- (4) Seminar. "Seminar" shall mean directed advanced study or discussion in a specific field of interest.
- (5) Symposium. "Symposium" shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers.
- (6) In-service training. "In-service training" shall mean an educational presentation given to employees during the course of employment that pertains solely to the enhancement of physical therapy skills in the evaluation, assessment, or treatment of patients.
- (7) College or university courses. "College or university course" shall mean a course at the college or university level directly related to the practice of physical therapy. Ten contact hours shall be given for each semester credit hour for which the student received a grade of at least C or its equivalent or a "pass" in a pass/fail course that is documented in an official transcript.
- (8) Administrative training. "Administrative training" shall mean a presentation that enhances the knowledge of a physical therapist or physical therapist assistant on the topic of quality assurance, risk management, reimbursement, hospital and statutory requirements, or claim procedures.
- (9) Self-instruction. "Self-instruction" shall mean the following:
 - (A) Reading professional literature directly related to the practice of physical therapy. A maximum of two contact hours shall be awarded for reading professional literature;

(B) completion of a correspondence, audio, video, or internet course for which a printed verification of successful completion is provided by the person or organization offering the course; and

(C) passage of a specialty certification examination approved by the board. Forty contact hours shall be awarded for passage of a specialty certification examination.

(10) Professional publications. Contact hours for writing a professional publication shall be allotted as follows:

(A) Original paper

Single author.....20

Senior author..... 15

Coauthor 8

(B) Review paper or case report

Single author..... 15

Coauthor 8

(C) Abstract or book review 8

(D) Publication of a book20

(11) Physical therapy residency or fellowship program. “Physical therapy residency or fellowship program” shall mean a post-professional program that is directly related to the practice of physical therapy and requires at least 1,000 combined hours of instruction and clinical practice for completion. Forty contact hours shall be awarded for successful completion of a physical therapy residency or fellowship program.

(12) Elected delegate. “Elected delegate” shall mean an elected delegate in a national assembly of delegates with the objective to create policy related to the practice of physical therapy. Ten contact hours shall be awarded for serving one term as an elected delegate.

(13) Supervision of a student. “Supervision of a student” shall mean clinical instruction and evaluation of a physical therapist student or physical therapist assistant student in a clinical setting. One contact hour shall be awarded for each documented 40 hours of providing supervision of a student. A maximum of three contact hours shall be awarded in each two-year continuing education period.

(14) Continuing education program presentation. “Continuing education program presentation” shall mean the preparation and presentation of a continuing education program that meets the requirements of subsection (e). Three contact hours shall be awarded for each hour spent presenting.

(15) Physical therapy jurisprudence assessment module. “Physical therapy jurisprudence assessment module” shall mean the Kansas jurisprudence examination developed by the board

and the FSBPT and administered by the FSBPT. One contact hour shall be awarded for successful completion of the physical therapy jurisprudence assessment module.

(g) No contact hours shall be awarded for any continuing education activity that is repeated within the applicable continuing education period specified in subsection (a) or (b).

(h) To provide evidence of satisfactory completion of continuing education activities, each licensed physical therapist, each certified physical therapist assistant, and each compact privilege holder shall submit the following to the board:

(1) Documented evidence of any attendance at or successful completion of continuing education activities;

(2) personal verification of any self-instruction from reading professional literature; and

(3) one copy of any peer-reviewed professional publication.

(Authorized by K.S.A. 65-2865, 65-2910, and 65-2911; implementing K.S.A. 65-2910 and K.S.A. 2021 Supp. 65-2925; effective March 21, 1997; amended Nov. 14, 2003; amended May 26, 2006; amended May 13, 2016; amended Jan. 10, 2020; amended Sept. 16, 2022.)

100-29-10. Canceled licenses and certificates; reinstatement.

(a) Each physical therapist and physical therapist assistant desiring to reinstate a canceled license or certificate shall meet the following requirements:

(1) Submit a completed written application on a form prescribed by the board;

(2) pay the reinstatement fee established by the board, no part of which shall be refunded; and

(3) submit proof of satisfactory completion of a program of continuing education as specified in subsection (b).

(b)(1) If the license of a physical therapist has been canceled for less than five years, the applicant shall complete the continuing education that was required at the time the license was canceled and a minimum of an additional 10 contact hours for each six months since the date the license was canceled.

(2) If the certification of a physical therapist assistant has been canceled for less than five years, the applicant shall complete the continuing education that was required at the time the certification was canceled and a minimum of an additional five contact hours for each six months since the date the certification was canceled.

(3) If the license or certificate has been canceled for five years or more, the applicant shall be required to complete an individually tailored continuing education program approved by the board.

(4) If the applicant has been in active practice in another state or the District of Columbia since the date on which the Kansas license or certificate was canceled, the applicant shall submit proof of a current license, registration, or certification, and proof of compliance with the continuing education requirements of that jurisdiction.

(Authorized by K.S.A. 2004 Supp. 65-2910 and K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2910; effective March 21, 1997; amended Nov. 14, 2003; amended May 26, 2006.)

100-29-11. Revoked.

(Authorized by K.S.A. 65-2903 and 65-2911; implementing K.S.A. 65-2912; effective March 21, 1997; revoked Nov. 27, 2006.)

100-29-12. Unprofessional conduct.

(a) “Unprofessional conduct” means any of the following:

(1) Engaging in physical therapy using either of the following means:

(A) A false or assumed name; or

(B) impersonating another person licensed as a physical therapist or certified as a physical therapist assistant;

(2) practicing physical therapy without reasonable skill and safety because of any of the following:

(A) Illness;

(B) alcoholism;

(C) use of drugs, controlled substances, chemicals, or any other type of material; or

(D) any mental or physical condition that impairs judgment or ability to provide care;

(3) having a physical therapist or physical therapist assistant license, registration, or certification revoked, suspended, or limited by the proper regulatory authority of another state, territory, or country, or the District of Columbia for acts or conduct that would constitute grounds for disciplinary action under K.S.A. 65-2912 and amendments thereto;

(4) having a physical therapist or physical therapist assistant application denied by the proper regulatory authority of another state, territory, or country, or the District of Columbia for acts or conduct that would constitute grounds for disciplinary action under K.S.A. 65-2912 and amendments thereto;

(5) cheating or attempting to subvert the validity of the examination required for licensure or certification;

(6) failing to provide adequate supervision to a physical therapist assistant or other person who performs services pursuant to delegation by a physical therapist;

(7) failing to furnish to the board, its investigators, or representatives any information legally requested by the board;

(8) being sanctioned or disciplined by a peer review committee or medical care facility for acts or conduct that would constitute unprofessional conduct under this regulation;

(9) surrendering a license, registration, or certification to practice physical therapy in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation under K.S.A. 65-2912 and amendments thereto;

(10) committing one or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(11) committing repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board;

- (12) engaging in a pattern of practice or other conduct that demonstrates a manifest incapacity or incompetence to practice physical therapy;
- (13) representing to a patient or client that a manifestly incurable disease, condition, or injury can be permanently cured;
- (14) providing physical therapy to a patient or client without the consent of the patient or client or the patient's or client's legal representative;
- (15) willfully betraying confidential information provided by the patient or client;
- (16) advertising a guarantee of any professional service relating to physical therapy;
- (17) using any advertisement that is false, misleading, or deceptive in any material respect;
- (18) committing conduct likely to deceive, defraud, or harm the public;
- (19) making a false or misleading statement regarding the license or certificate holder's skill;
- (20) committing any act of sexual abuse, misconduct, or exploitation relating to the professional practice of physical therapy;
- (21) obtaining any fee by fraud, deceit, or misrepresentation;
- (22) failing to maintain adequate written records detailing the course of treatment of the patient or client;
- (23) delegating physical therapy to a person who the license or certificate holder knows or has reason to know is not qualified by training or experience to perform the physical therapy;
- (24) referring a patient or client to a health care entity for services if the license or certificate holder has a significant investment interest in the health care entity, unless the patient or client is informed of the following in writing:
 - (A) The significant investment interest; and
 - (B) the fact that the patient or client can obtain the services elsewhere;
- (25) performing tests, examinations, or services that have no legitimate purpose;
- (26) violating any regulations adopted by the board relating to the practice of physical therapy;
- (27) directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, other than through the legal functioning of a professional partnership, professional corporation, limited liability company, or similar business entity;
- (28) practicing or offering to practice beyond the scope of the legal practice of physical therapy;
- (29) charging excessive fees for services performed;
- (30) aiding and abetting a person who is not licensed or certified in the performance of activities requiring a license or certificate; or
- (31) providing treatment unwarranted by the condition of the patient or continuing treatment beyond the merit of reasonable benefit.

(b) Each physical therapist and physical therapist assistant shall maintain an adequate record for each patient or client for whom the physical therapist or physical therapist assistant performs a professional service. Each record shall meet the following criteria:

- (1) Be legible;

(2) identify the patient or client; and

(3) contain an evaluation, a diagnosis, a plan of care, and a treatment and discharge plan.

(c) As used in this regulation, “health care entity” and “significant investment interest” shall have the meanings ascribed to them in K.S.A. 65-2837 and amendments thereto.

(Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2912; effective March 21, 1997; amended May 26, 2006.)

100-29-13. Notification to board.

(a) Before a physical therapist allows a physical therapist assistant to work under the physical therapist's direction, the physical therapist shall inform the board of the following:

(1) The name of each physical therapist assistant who intends to work under the direction of that physical therapist; and

(2) the physical therapist assistant's practice address.

(b) Each physical therapist and each physical therapist assistant shall inform the board in writing within 30 days of any changes in the mailing, residence, or practice address.

(Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2901; effective March 21, 1997; amended May 26, 2006.)

100-29-14. Revoked.

(Authorized by K.S.A. 65-2911; implementing K.S.A. 1996 Supp. 65-2906; effective March 21, 1997; revoked July 14, 2006.)

100-29-15. Professional liability insurance.

(a) Each person licensed by the board or holding a compact privilege as a physical therapist shall, before rendering professional services within Kansas, submit to the board evidence that the person is maintaining the professional liability insurance coverage required by K.S.A. 65-2920 and amendments thereto, for which the limit of the insurer's liability shall be not less than \$100,000 per claim, subject to an annual aggregate of not less than \$300,000 for all claims made during the period of coverage.

(b) Each person licensed by the board as a physical therapist and rendering professional services in Kansas shall submit, with the annual application for renewal of the license, evidence that the person is maintaining the professional liability insurance coverage specified in subsection (a).

(Authorized by K.S.A. 65-2865, K.S.A. 65-2911, and K.S.A. 2021 Supp. 65-2920; implementing K.S.A. 2021 Supp. 65-2920 and 65-2925; effective May 26, 2006; amended Sept. 16, 2022.)

100-29-16. Supervision of physical therapist assistants and support personnel.

- (a) Each physical therapist shall be responsible for the following:
- (1) The physical therapy services provided to a patient or client by any physical therapist assistant working under the direction of the physical therapist; and
 - (2) the tasks relating to the physical therapy services provided to a patient or client by any support personnel working under the personal supervision of the physical therapist or by the physical therapist assistant acting under the direction of the physical therapist.
- (b) Each physical therapist and each physical therapist assistant acting under the direction of a physical therapist shall provide personal supervision of the support personnel during any session in which support personnel are utilized to carry out a task.
- (1) “Personal supervision” shall mean oversight by a physical therapist or by a physical therapist assistant acting under the direction of the physical therapist who is on-site and immediately available to the support personnel.
 - (2) “Support personnel” shall mean any person other than a physical therapist or physical therapist assistant. Support personnel may be designated as or describe themselves as physical therapy aides, physical therapy technicians, physical therapy paraprofessionals, rehabilitation aides, or rehabilitation technicians.
 - (3) “Task” shall mean an activity that does not require the formal education or training of a physical therapist or a physical therapist assistant.
- (c) The determination by the physical therapist to utilize a physical therapist assistant for selected components of physical therapy interventions shall require the education, expertise, and professional judgment of the physical therapist. Before delegating an intervention by a physical therapist to a physical therapist assistant and before delegating a designated task to support personnel, the physical therapist shall consider the following:
- (1) The education, training, experience, and skill level of the physical therapist assistant;
 - (2) the complexity and acuteness of the patient's or client's condition or health status;
 - (3) the predictability of the consequences;
 - (4) the setting in which the care is being delivered to the patient or client; and
 - (5) the frequency of reexamination of the patient or client.
- (d) Pursuant to K.S.A. 65-2914 and amendments thereto, if patient care is initiated by a physical therapist assistant in a hospital setting because the physical therapist is not immediately available, “minimum weekly review” shall mean that the physical therapist shall evaluate the patient and determine a plan of treatment within seven days of the initiation of treatment by the physical therapist assistant.
- (e) Only a physical therapist may perform any of the following:
- (1) Interpretation of a referral;
 - (2) performance and documentation of an initial examination, testing, evaluation, diagnosis, and prognosis;
 - (3) development or modification of a plan of care that is based on a reexamination of the patient or client that includes the physical therapy goals for intervention;

- (4) determination of the qualifications of support personnel performing an assigned task;
- (5) delegation of and instruction about the service to be rendered by the physical therapist assistant;
- (6) timely review of documentation, reexamination of the patient or client, and revision of the plan of care when indicated;
- (7) establishment and documentation of the discharge plan and discharge summary; and
- (8) oversight of all documentation for services, including documents for billing, rendered to each patient or client under the care of the physical therapist.

(f) In all practice settings, the performance of selected interventions by the physical therapist assistant and the delegation of designated tasks to support personnel shall be consistent with the safe and legal practice of physical therapy and shall be based on the following factors:

- (1) The complexity and acuteness of the patient's or client's condition or health status;
- (2) the physical therapist's proximity and accessibility to the patient or client;
- (3) the supervision available for all emergencies or critical events;
- (4) the type of setting in which the physical therapy intervention is provided;
- (5) the ability of the physical therapist assistant to perform the selected interventions or the support personnel to perform designated tasks; and
- (6) an assessment by the physical therapist of the ability of the support personnel to perform designated tasks.

(g) Except as specified in this subsection, a physical therapist shall not have more than four physical therapist assistants working concurrently under the direction of that physical therapist. A request by a physical therapist to supervise additional physical therapist assistants may be granted by the board if it finds that significant hardship to the health and welfare of the community will occur if the physical therapist's request to supervise more than four physical therapist assistants is not granted.

(h) Each physical therapist wishing to provide personal supervision to more than four physical therapist assistants in a clinic or hospital setting shall provide a written and signed request to the physical therapy advisory council with the following information:

- (1) The name of each physical therapist assistant to whom the physical therapist proposes to provide personal supervision;
- (2) the reason for the request; and
- (3) a written statement from the clinic or hospital director documenting the hardship and the plan for alleviating future staffing shortages of physical therapists.

(i) The physical therapy advisory council shall review each request granted by the board pursuant to subsection (g) at least every six months to determine whether a significant hardship to the health and welfare of the community will exist if the request is no longer granted. The physical therapy advisory council shall prepare and submit a written recommendation of each review to the board. A determination of whether the exemption should be renewed for another six-month period shall be made by the board at the recommendation of the physical therapy advisory council.

(j) Failure to meet the requirements of this regulation shall constitute unprofessional conduct.

(Authorized by K.S.A. 2015 Supp. 65-2905 and 65-2911; implementing K.S.A. 2015 Supp. 65- 2912 and 65-2914; effective July 14, 2006; amended July 17, 2009; amended May 13, 2016.)

100-29-18. Dry needling; education and practice requirements.

(a) Dry needling shall be performed only by a physical therapist who is competent by education and training to perform dry needling as specified in this regulation. Online study and self-study for dry needling instruction shall not be considered appropriate training.

(b) Each physical therapist who does not obtain dry needling education and training as part of that individual's graduate or postgraduate education shall be required to successfully complete a dry needling course approved by the board in order to perform dry needling. Each dry needling course shall include a practical examination and a written examination.

(c) Each dry needling course shall include the following components:

- (1) Anatomical review for safety and effectiveness;
- (2) indications and contraindications for dry needling;
- (3) evidence-based instruction on the theory of dry needling practice;
- (4) sterile needle procedures, which shall include the standards of one of the following:
 - (A) The U.S. centers for disease control and prevention; or
 - (B) the U.S. occupational safety and health administration;
- (5) blood-borne pathogens;
- (6) postintervention care, including an adverse response or emergency; and
- (7) an assessment of the physical therapist's dry needling technique and psychomotor skills.

(d) Each dry needling course shall be taught by a licensed healthcare provider who meets the following requirements:

- (1) Has a scope of practice that includes dry needling;
- (2) meets the regulatory minimum educational standard in that individual's respective state or jurisdiction;
- (3) has not been disciplined by any state or jurisdictional licensing agency for any act that would be a violation of the physical therapy practice act or the healing arts act; and
- (4) has performed dry needling for at least two years.

(e) Each physical therapist taking a dry needling course shall be required to obtain a passing score on all written and practical examinations given in the dry needling course. Each physical therapist shall obtain a certificate or other documentation from the provider of the dry needling course specifying what anatomical regions were covered in the dry needling course and that the physical therapist passed all examinations.

(f) Each dry needling course shall provide sufficient instruction to ensure that each student is able to demonstrate minimum adequate competency in the following:

- (1) Current dry needling techniques;
- (2) management of dry needling equipment and supplies;
- (3) accurate point selection;
- (4) accurate positioning of the patient and the education of the patient regarding the amount of movement allowed while needles are inserted;

- (5) supervision and monitoring of the patient during treatment;
- (6) communication with the patient, including informed consent; and
- (7) clinically appropriate patient selection, including consideration of the following:
 - (A) The patient's contraindications for dry needling;
 - (B) the patient's ability to understand the treatment and the expected outcome; and
 - (C) the patient's ability to comply with treatment requirements.

(g) After completion of a board-approved dry needling course, each physical therapist shall be required to complete 200 patient treatment sessions of dry needling before taking each successive course in dry needling. Each physical therapist shall complete all foundation-level courses before proceeding to an advanced-level course.

(h) Dry needling shall be performed solely for conditions that fall under the physical therapy scope of practice pursuant to K.S.A. 65-2901, and amendments thereto. Each physical therapist performing dry needling shall perform dry needling only in the anatomical region of training completed by the physical therapist. Each physical therapist who performs dry needling shall do so in a manner consistent with generally acceptable standards of practice.

(i) A physical therapist shall not delegate dry needling.

(Authorized by K.S.A. 2016 Supp. 65-2911 and 65-2923; implementing K.S.A. 2016 Supp. 65-2901; effective May 12, 2017.)

100-29-19. Dry needling; informed consent.

(a) Each physical therapist who performs dry needling shall obtain written informed consent from each patient before performing dry needling on the patient. A separate informed consent shall be required for each anatomical region treated by the physical therapist.

(b) The informed consent shall include the following:

- (1) The patient's signature;
- (2) the risks and benefits of dry needling;
- (3) the diagnosis for which the physical therapist is performing dry needling;
- (4) each anatomical region of training completed by the physical therapist; and
- (5) a statement that the procedure being performed is dry needling as defined by the physical therapy practice act, K.S.A. 65-2901 and amendments thereto.

(c) The informed consent shall be maintained in the patient's treatment record.

(Authorized by K.S.A. 2016 Supp. 65-2911; implementing K.S.A. 2016 Supp. 65-2901; effective May 12, 2017.)

100-29-20. Dry needling; recordkeeping.

Each physical therapist who performs dry needling shall maintain a specific procedure note in each patient's record for each dry needling session. The procedure note shall include the following for each session:

- (a) The anatomical region treated;
- (b) the manner in which the patient tolerated the treatment; and
- (c) the clinical outcome of the treatment.

(Authorized by K.S.A. 2016 Supp. 65-2911; implementing K.S.A. 2016 Supp. 65-2901 and 65-2912; effective May 12, 2017.)

100-29-21. Dry needling; board requests for documentation.

Each physical therapist who performs dry needling shall be required to produce documentation demonstrating that the individual meets the requirements of K.A.R. 100-29-18, upon request by the board or a designee of the board. Failure of any physical therapist to provide this documentation shall be deemed prima facie evidence that the physical therapist has engaged in unprofessional conduct.

(Authorized by K.S.A. 2016 Supp. 65-2911; implementing K.S.A. 2016 Supp. 65-2901 and 65-2912; effective May 12, 2017.)