

**[Del. Code tit. 24, §§ 2601, 2602, 2612, 2621.]**

§§ 2601, 2602, 2612, 2621: Physical Therapy and Athletic Training

§ 2601. Objectives of Board

The primary objective of the Examining Board of Physical Therapists and Athletic Trainers, to which all other objectives and purposes are secondary, is to protect the general public (especially those persons who are direct recipients of services regulated by this chapter) from unsafe practices and from occupational practices which tend to reduce competition or to fix the price of services rendered. The secondary objectives of the Board are to maintain minimum standards of practitioner competency, and to maintain certain standards in the delivery of services to the public. In meeting its objectives, the Board shall develop standards assuring professional competence; shall monitor complaints brought against regulated practitioners of occupational groups under the jurisdiction of the Board; shall adjudicate at formal complaint hearings; shall develop rules and regulations; and shall impose sanctions where necessary against persons in the occupational groups regulated by the Board.

§ 2602. Definitions

As used in this chapter, unless the content requires otherwise, the following words shall have the following meanings:

- (1) "Athletic injury" is a musculoskeletal or other acute, nonmusculoskeletal sports-related injury resulting from or limiting participation in or training for scholastic, recreational, professional or sanctioned amateur athletic activities.
- (2) "Athletic trainer" means a person who is licensed by the State Examining Board of Physical Therapists and Athletic Trainers, to practice "athletic training," after meeting the requirements of this chapter and rules and regulations promulgated pursuant thereto.
- (3) "Athletic training" means the prevention, evaluation, and treatment of athletic injuries by the utilization of therapeutic exercises and modalities such as heat, cold, light, air, water, sound, electricity, massage, and nonthrust mobilizations.
- (4) "Board" means the State Examining Board of Physical Therapists and Athletic Trainers which shall administer and enforce this chapter.
- (5) "Division" means the Delaware Division of Professional Regulation.
- (6) "Dry needling" means an intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying muscular tissue, connective tissues and myofascial trigger points for the management of

neuromusculoskeletal pain and movement impairments; is based upon Western medical concepts; and requires a physical therapy examination and diagnosis.

(7) “First aid” is emergency care and treatment of an injured person before definitive medical and surgical management can be secured. Such care may include the emergency administration of medications including asthma medications, anaphylaxis medications, and glucagon. Such administration may require advanced training as determined by the Board’s rules and regulations, to assure the licensee meets accepted standards of care.

(8) “Physical therapist” means a person who is licensed to practice physical therapy. “Physical therapist” and such words as “physiotherapist” are equivalent terms, and reference to any 1 of them in this chapter or otherwise shall include the others.

(9) “Physical therapist assistant” means a person who assists licensed physical therapists subject to this chapter and rules and regulations adopted pursuant thereto.

(10) a. “Practice of physical therapy” means:

1. Examining, evaluating, and testing patients/clients who have impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility, or other health and movement related conditions in order to determine a physical therapy diagnosis, prognosis, and plan of treatment intervention, and to assess the ongoing effects of intervention; and

2. Alleviating impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility by designing, implementing, and modifying treatment interventions that may include: therapeutic exercise, functional training related to physical movement and mobility in self-care and in home, community, or work integration or reintegration; gait and balance training; neurological re-education; vestibular training; manual, mechanical, and manipulative therapy, including soft tissue, musculoskeletal manipulation, and joint mobilization/manipulation; dry needling; therapeutic massage; the 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; nonsurgical debridement and wound care; evaluative and therapeutic physical agents or modalities; mechanical and electrotherapeutic modalities; and patient related instruction; and

3. Reducing the risk of impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility, including the promotion and maintenance of fitness, health, and wellness in populations of all ages; and

4. Engaging in administration, consultation, education, telehealth, and research.

b. Nothing in this chapter shall be construed to limit the practice of physical therapy by physical therapists as is currently being practiced or determined by the Board so long as such practice does not include surgery or the medical diagnosis of disease. Advanced services may require advanced training, as determined by the Board’s rules and regulations, to assure the licensee meets the accepted standard of care.

(11) “State” means the State of Delaware.

(12) “Substantially related” means the nature of the criminal conduct, for which the person was convicted, has a direct bearing on the fitness or ability to perform 1 or more of the duties or responsibilities necessarily related to the practice of physical therapy or athletic training.

(13) “Telehealth,” as set forth in the Board’s rules and regulations, means the use of electronic communications to provide and deliver a host of health-related information and health-care services, including physical therapy and athletic training-related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities, including education, advice, reminders, interventions, and monitoring of intervention.

(14) “Trigger points” are defined as hyperirritable spots in skeletal muscle that are associated with palpable nodules in taut bands of muscle fibers. They can give rise to local or referred pain, autonomic phenomenon, and can cause limitations in range of motion and muscle activation.

(15) “Visiting physical therapist or athletic trainer” means a physical therapist or athletic trainer who is licensed in another jurisdiction of the United States or credentialed to practice physical therapy or athletic training in another country and that person is teaching, demonstrating, or providing physical therapy or athletic training services in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year and abides by Delaware laws, rules, and regulations relating to physical therapy and athletic training.

## § 2612. Practice, referral, and consultation

(a) A licensed physical therapist may enter a case for the purpose of consultation, evaluation or treatment of an individual as it relates to the individual’s need for physical therapy services, with or without a referral by a licensed medical or osteopathic physician; provided, however, that a physical therapist shall refer the individual to another health practitioner if symptoms are present for which treatment is outside the scope of the physical therapist’s knowledge. A physical therapist may treat an individual without a referral up to 30 days after which time a physician must be consulted. Physical therapy treatment of any individual shall be administered only by a licensed physical therapist. This chapter shall not prohibit physicians licensed to practice medicine and surgery, chiropractic physicians, podiatrists, dentists and nurses licensed under this title from performing any physical or therapeutic modalities within the scope of their respective practices. Treatment by a physical therapist may also occur based on a referral from, or in consultation with, any licensed health practitioner, who has been granted prescriptive authority for a condition within the scope of their respective practices.

(b) Any person licensed under this chapter as an athletic trainer shall not treat any person by athletic training or otherwise, except after a physician’s referral or an evaluation by the supervising physical therapist, first aid excluded. Any person licensed under this chapter as an athletic trainer will require a physician’s referral for treatment and/or rehabilitation of injuries, other than treatment of minor sprains, strains, and contusions, first aid excluded. Treatment by an athletic trainer may occur based on a referral from, or in consultation with,

any licensed health practitioner who has been granted prescriptive authority for a condition within the scope of their respective practices. An athletic trainer shall refer an individual to another licensed health practitioner if symptoms are present for which athletic training is contra-indicated or which are indicative of conditions for which treatment is outside the scope of the athletic trainer's knowledge.

(1) All treatment of athletic injuries requires a physician's referral, except for minor sprains, strains, and contusions, first aid excluded.

(2) Treatment of nonmusculoskeletal athletic injuries is limited to on-site sanctioned scholastic, collegiate, professional, recreational, or amateur sports settings. An athletic trainer may not treat nonathletic, nonmusculoskeletal injury, unless otherwise set forth in this chapter.

(3) Treatment of musculoskeletal injuries that are not defined as an athletic injury will require direction from a physical therapist as set forth in this chapter and the Board's rules and regulations. An athletic trainer may not independently initiate, modify, or discontinue a physical therapy plan of care. Nothing in this chapter is to be construed to limit the practice of athletic training by athletic trainers as is currently being practiced or determined by the Board, so long as such practice does not include surgery and the medical diagnosis of disease. Advanced services may require advanced training, as determined by the Board's rules and regulations, to assure the licensee meets the accepted standard of care.

(c) Notwithstanding any other provision in this section, a physician referral specific for dry needling is required. If the initial referral is received orally, it must be followed up with a written referral.

(d) No physical therapist, physical therapist assistant, or athletic trainer shall advertise or in any other way hold himself or herself out as an acupuncturist, unless that physical therapist, physical therapist assistant, or athletic trainer is a licensed acupuncturist.

### § 2621. Physical therapists eligible for compensation from insurance

(a) For purposes of disability insurance, standard health and accident, sickness, and all other such insurance plans, whether or not they are considered insurance policies, and contracts issued by health service corporations and health maintenance organizations, if a physical therapist is authorized by law to perform a particular service, the physical therapist is entitled to compensation for that physical therapist's services under such plans and contracts, and such plans and contracts may not have annual or lifetime numerical limits on physical therapy visits for the treatment of back pain.

(b) Nothing in this section prevents the operation of reasonable and nondiscriminatory cost containment or managed care provisions, including deductibles, coinsurance, allowable charge limitations, coordination of benefits, and utilization review. Any copayment or coinsurance amount must be equal to or less than 25% of the fee due or to be paid to the physical therapist under the policy, contract, or certificate for the treatment, therapy, or service provided.

(c) The Insurance Commissioner shall issue and administer regulations to aid the administration, effectuation, investigation, and enforcement of this section.