



To the Bureau of Professional Licensing

Re: Public comments on Physical Therapy Draft Rules
• Physical Therapy – General Rules (MOAHR 2020-111 LR)
Date: Public Hearing on September 9, 2021

The American Physical Therapy Association Michigan Chapter (APTA MI) thanks the Board of Physical Therapy for including our APTA MI representative in the Rules Committee Work Group Meetings.

Those Work Group Meetings help create the language that the Board of Physical Therapy approved so that the Rules process could continue moving forward. APTA MI has no further recommendations at this time.

Sincerely,

A handwritten signature in black ink that reads "Edward Mathis".

Edward Mathis, PT, DPT
President, APTA Michigan

To: Bureau of Professional Licensing
Re: Comments for the Public Hearing for Physical Therapy Rules
Date: September 9, 2021

Thank you for this opportunity to respectfully comment on the current APTA MI recommendations for the Draft Rules.

My comments are in regard to Activity I (formerly Activity 12).

I would like to suggest the addition of another category of acceptable methods in which to earn PDR credits by providing clinical instruction to students, staff or other licenses. The Board of Physical Therapy will finalize the language.

Recommended language for consideration:

A clinical training program related to the practice of physical therapy presented by A physical therapist or physical therapy assistant who has achieved specialty expertise and / or recognition from organizations which enhance physical therapy patient care as approved by the board.

Currently the 4 categories of accepted programs and organizations does not include consideration of other individual “cases” or situations where valuable clinical education and mentorship can be and are provided. I think the best way to most clearly describe this “new category” is to as succinctly as possible, explain my background and circumstance.

My education includes a BS in physical therapy in 1974 (Wayne State University), a MS PT in Allied Health Education in 1978 (University of Kentucky) and a DScPT in 2007 (Oakland University). During my career I also earned a certification in Orthopedic Manual Physical Therapy (OMPT) from Oakland University in 1998, became a licensed Rehabilitative Pilates Instructor and a licensed Gyrotonic and licensed Gyrokinesis Instructor. My career has evolved into a Performing Arts Speciality (musicians and dance) and the integration of therapeutic exercise and manual therapy treatment methods.

Over the years I have taught within numerous accredited physical therapy programs as a Guest Instructor to Assistant Professor. My employment has included several hospitals, home healthcare and finally co-owner in a private practice for 40 years. Providing quality clinical education has always been a priority in each position (CCCI at hospital and in private practice). I am a life member of the APTA and one of the benefits of those employed in my private practice was the payment of APTA dues for all professional employees.

In addition, during this time I have provided many hours of “volunteer” mentorship, lecture and clinical instruction to students, staff and other licenses. This instruction often took place in my office or in another area not listed in the current four categories. My outpatient office is recognized by CMS. In going forward, I am not longer working directly in one of the four categories currently listed, but continue to work with and mentor the above indicated professionals. To be sure, I am not unique. I think the

category of clinical education and mentorship by an individual with experience and expertise is extremely valuable. This valuable source of clinical knowledge may not come within the categories currently defined but none the less should have an avenue to be considered. To not do so is a loss to our profession. In my particular case, my area of expertise has been identified as valuable in the "PT is Movement" campaign and the white paper regarding functional movement training. We as physical therapist are the best prepared to teach movement with our education, but we have much we can learn from others who teach movement. In this particular example, patient outcomes are much improved with the integration of therapeutic exercise or effective functional movement training with other modalities as manual therapy.

Again, my circumstance is just an example. There are many others that, through professional mentorship, elevate the level of clinical care and patient outcomes achieved by our profession.

Thank you,
Kristie S.Kava PT, MS, DScPT, OMPT

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