



# IDFPR

## Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

[idfpr.illinois.gov](http://idfpr.illinois.gov)

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### Remediation Instructions for Physical Therapist and Physical Therapy Assistant Applicants

#### Key Elements of Remediation Plan

- **Applicant is responsible for finding remediation placement. IDFPR does not have a list**
  - Paid or unpaid, such as PT assistant
- **360 hours/3 months**
  - At least 240 hours clinical/in-person
  - 120 hours self-study allowed
  - Supervised by licensed physical therapist
- **Plan must be approved by Physical Therapy Board before beginning the remediation work**
- **While test prep programs such as Final Frontier and PT Final Exam may be used toward the 120 hours of self-study, they cannot be used for the 240 clinical hours.**

#### Detailed Requirements

- A physical therapist or physical therapy assistant applicant who fails the National Physical Therapy Exam (NPTE) three times in any state/jurisdiction is required to complete a remedial training program that is pre-approved by the Physical Therapy Board.
- The program must be no less than three months or 360 hours. Training may include up to 120 hours of didactic or classroom training or other form of self-study. The remainder of the hours, at least 240, must be under the direct, on-site, personal supervision of a licensed physical therapist. The supervision may be divided between facilities.
- It is the applicant's responsibility to find a placement for the on-site remediation. The Department can neither find nor recommend placements. If you are a recent graduate,

you might find assistance in locating an opportunity through your school's program coordinator or an instructor. The experience can be paid or unpaid, such as in a physical therapy aide position.

The remedial training plan sample in this packet is to assist in the development of a structured remedial clinical training program as required by Section 1340.40 of the Rules of the Illinois Physical Therapy Act. You may use another format for your plan. The sample document identifies skills that are assessed and consistent with entry-level practice as part of the NPTE.

The training shall be conducted under the supervision of a licensed physical therapist. A licensed physical therapy assistant may assist in the training program for physical therapy assistant applicants; however, the supervising physical therapist shall be available for direct supervision and instruction as required by the Illinois Physical Therapy Act (225 ILCS 90/2 (8)). Clinical remediation will be combined with independent study of all content areas covered on the NPTE.

## Resources

- *Illinois Physical Therapy Act Rules* with details on all aspects of licensing:  
<https://www.ilga.gov/commission/jcar/admincode/068/06801340sections.html>
- Overview of retaking the exam from FSBPT: <https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/National-Exam-NPTE/Retake-Exam/Important-Retake-Information>
- Free Candidate Handbook from FSBPT site at <https://www.fsbpt.org/Free-Resources/NPTE-Candidate-Handbook>
- The Performance Feedback Report, which provides detailed information on your previous exam performance is available **for a fee** from FSBPT.  
[www.fsbpt.org/OurServices/CandidateServices/NPTEPerformanceFeedbackReport.aspx](http://www.fsbpt.org/OurServices/CandidateServices/NPTEPerformanceFeedbackReport.aspx).
- IDFPR Physical Therapy Licensing page: <https://idfpr.illinois.gov/profs/pt.html>

## Remediation Process Checklist

1. Identify a facility and licensed physical therapist who will supervise your training.
2. Work with supervisor (or other qualified person) to develop your plan.
  - It does not need to be detailed, but should include a topic outline for in-person training or self-study work. Include a brief statement about what you most need to work on.
  - Provide a timeline for remediation, showing 360 hours or 3 months with a sample weekly schedule.
  - Include the location(s) of your clinical remediation and the name and license number of your supervisor.
  - **Include your name and the date sent on the plan.**
3. Prepare your plan in Word, Google Docs or in the body of an email and send it to the Physical Therapy Board Liaison [rochelle.hartman@illinois.gov](mailto:rochelle.hartman@illinois.gov) AND to [fpr.hssunit@illinois.gov](mailto:fpr.hssunit@illinois.gov).
4. The board liaison will forward your plan to the board or board chair for review.
  - If approved, your plan will go to the Department's Director for their signature and you will be notified of approval to begin remediation.
  - If deferred (for additional information or documentation), the plan will be forwarded to the Director for their signature and you will be notified of the opportunity to remedy any issues.
    - Return your updated plan to the liaison for board/chair review. If approved, you will be notified and may begin remediation.
5. After completing remediation, provide a certificate or letter of completion, with your name, your supervisor's name, license number, and signature, the number of hours completed, and the date range of your training. While not required, you may include any logs or other documentation from your training, including a brief summary of your accomplishments from the supervisor.
  - Return your completion packet to the board liaison for final review. If approved, you will be notified and Continental Testing will be informed of your eligibility to take the exam. You will apply as you did for previous exams and Continental Testing will provide you with information. IDFPR will not be able to answer questions about the testing process, but will be notified of your outcome.

## **Example Outline for Physical Therapist or Physical Therapy Assistant Remediation Plan**

Your plan does not need to include this much detail. This example is designed to help you think about what you most need to succeed in your next exam attempt.

### **Non-Procedural Interventions**

- I. Communication and Documentation
  - A. Documentation
    - 1. Selects and organizes pertinent information
    - 2. Is concise, accurate and prompt in note writing
    - 3. Utilizes correct grammar and terminology
    - 4. Adjusts written material to the level of the reader
  - B. Utilizes Verbal Communication
    - 1. Communicates effectively with professional and nonprofessional personnel
    - 2. Communicates effectively with patient and family
    - 3. Presents oral reports clearly and concisely
  - C. Utilizes Appropriate Non-verbal Communication
    - 1. Listens and responds appropriately to patient and colleagues.
    - 2. Adjusts posture and facial expressions to meet situational demands.
    - 3. Develops alternative methods of communication with patients who are hard of hearing, aphasic or otherwise language impaired.
  - D. Patient Education
    - 1. Educates the patient and/or caregiver about the patient's current condition and health status.
    - 2. Provides education to patient and/or caregiver on lifestyle and behavioral changes to promote wellness.
  - E. Health Care Team Education
    - 1. Educates the healthcare team about the role of the physical therapist and/or physical therapy assistant in patient /client management
    - 2. Educates members of the healthcare team on safe patient handling, good body mechanics and injury prevention.

### **Interpersonal Relationships**

- I. Establishes appropriate relationship with patient and family.
  - A. Introduces themselves to the patient and patient's family and gains consent to treat.
  - B. Explains treatment and what to expect from the treatment, if applicable.
  - C. Conducts an appropriate conversation with patient and family members that recognizes gender and cultural differences.
- II. Maintains an appropriate relationship with patient and family conducive to achieving treatment goals.

- A. Able to secure and develop the patient's interest and confidence.
  - B. Able to motivate and encourage the patient to become more independent within the patient's limitations.
  - C. Recognizes psychological needs of patient and family and modifies treatment accordingly (For the PTA: within allowed scope of practice).
  - D. Implements planned revision to the treatment plan (For PTA: Following consultation with the supervising PT).
- III. Establishes and contributes positively to interdepartmental relationships
- A. Maintains a realistic attitude about responsibilities and abilities.
  - B. Maintains a professional rapport with other personnel; is tactful and considerate of others.
  - C. Discusses ongoing patient care with other members of the healthcare team.
  - D. Makes positive contributions to patient care conferences.
- IV. Establishes and contributes positively to intra-departmental relationships.
- A. Evaluates and recognizes the responsibilities of each member of the department.
  - B. Communicates necessary information to the correct individual using proper chain of command.
  - C. Makes constructive contributions to staff discussion groups, in-service trainings, and other pertinent meetings.
  - D. Supervises support personnel and assigns tasks appropriately.

### **Ethical and Professional Responsibility**

- I. Performs according to physical therapy department standards and professional ethics.
- A. Provides quality care to all persons.
  - B. Respects the confidences imparted in the course of professional activities and maintains HIPAA requirements.
  - C. Reports suspected cases of abuse to appropriate authorities.
  - D. Reports illegal or unethical actions of health care professionals to appropriate authorities.
- II. Is committed to fulfilling professional responsibility.
- A. Recognizes obligation to physical therapy department.
    - 1. Complies with physical therapy department policies.
    - 2. Assumes supportive personnel duties when the situation indicates.
    - 3. (PTA only) maintains communication with supervising physical therapist and performs duties consistent with the roles and responsibilities of the PTA.
  - B. Maintains proper perspective between professional matters.
    - 1. Quality of patient care is maintained despite any personal problems.
- III. Demonstrates commitment to continued professional growth.
- IV. Assumes responsibility for taking advantage of learning experiences.

- A. Uses free time for additional learning experiences.
- B. Integrates current best evidence, clinical experience, and patient values to apply evidence-based practice to patient care.
- C. Seeks out information from qualified individuals.
- D. Attends meetings or workshops when available.
  - i. Takes action to improve weaknesses and deficiencies.

## **Administration**

- I. Organizes time and manages equipment effectively.
  - A. Prepares daily work program and schedules appropriate amount of time for task completion.
  - B. Considers needs of other departments as well as physical therapy department when scheduling patients.
  - C. Asks for assistance when needed.
  - D. Uses media in a safe and effective way that respects patient rights.
  - E. Uses supplies effectively.
- II. Participates effectively in developing and/or teaching in-service programs if required.
  - A. Content is organized and understandable.
  - B. Information is pertinent, relevant, and evidence based.
  - C. Answers questions effectively.
  - D. Speaks clearly and with sufficient volume.
  - E. Includes visual aids to presentations.
- III. Billing
  - A. Assigns appropriate billing codes for services and treatment delivered.
- IV. Safety and Emergency Management
  - A. Demonstrates appropriate infection control practices.
  - B. Maintains a safe working environment.
  - C. Demonstrates appropriate response to emergency situations.

## **Implementation of Program**

- I. Consistently performs interventions as related to plan.
  - A. Demonstrates good time management during the treatment session.
  - B. Performs treatment in logical sequence.
- II. When indicated, contacts supervising therapist regarding treatment goals or modalities; revises and/or progresses treatment program as indicated without being prompted.
  - A. Recognizes when a treatment needs to be modified due to fatigue or inability of the patient to perform a task safely and effectively.
  - B. Is able to identify safe modifications to the treatment program that will address the

patient's altered status or identifies when a treatment should be withheld and consult appropriately with the supervising PT.

- III. Observes responses of patient and uses appropriate methods of instruction and feedback to ensure correct performance.
  - A. Uses language which is understandable to the patient.
  - B. Shows an awareness of how the patient's medical and personality traits may affect status.
  - C. Shows an awareness for environmental factors affecting learning.
  - D. Considers patient's attitude toward carrying out tasks.
  - E. Uses demonstration when appropriate.
  - F. Demonstrates ability to modify instructions and/or methods when indicated.
  - G. Describes to the patient what the treatment should feel like, what reaction is expected, and when patient should summon help
  - H. Determines when maximum potential has been achieved and notifies the supervising therapist.

### **Physical Therapy Skills**

Indicate graduate's ability to perform the following skills as a part of a treatment program considering: thoroughness, clinical reasoning, accuracy, safety (including proper body mechanics), efficiency, and basic knowledge of indications/contraindications.

### **Patient / client assessment**

- I. Review of relevant patient records
  - A. Current and past medical history
  - B. Lab values, diagnostic tests, imaging, medical reports, pharmacology
- II. Interviews patient, family, and caregivers to obtain relevant information
- III. Performance of tests and measures as indicated by patient diagnosis and status. (For the PTA: demonstrate the ability to assist the supervising PT with data gathering within PTA scope of practice)
  - A. Vital signs and changes to vital signs in response to position change or activity
  - B. Pulmonary function and aerobic capacity
  - C. Arousal, attention, and cognition
  - D. Gait pattern
  - E. Neuromotor development and sensory integrity
  - F. Range of motion and joint integrity
  - G. Muscle performance
  - H. Motor function
  - I. Activities of daily living and environmental access
  - J. Prosthetic and/or orthotic checkout

- K. Coordination, balance, and vestibular function
  - L. Integumentary integrity
  - M. Volume displacement and/or circumferential measurements
  - N. Ergonomics, body mechanics and posture
- IV. Performs an evaluation and determines a diagnosis of the patient (PT only).
- V. Develops a prognosis, plan of care and patient goals (PT only).
- A. Develops a plan of care based on data gathered and modifies POC based on patient needs.
  - B. Develops objective and measurable goals for the patient.
  - C. Chooses interventions specific to patient needs.
- VI. Procedural Interventions
- VII. Demonstrates the ability to perform and teach therapeutic exercise.
- A. Passive range of motion (ROM) exercises
  - B. Active and active assistive ROM
  - C. Mechanical assistive exercises
  - D. Stretching exercises
  - E. Resistance exercises: manual resistance and use of equipment for resistance exercises
  - F. Aerobic exercise
  - G. Aquatic exercise
  - H. Balance and coordination exercises
  - I. Home exercise programs
  - J. Neuromuscular reeducation including: NDT, PNF, and principles of motor learning and motor control
  - K. Open and closed chain exercises
  - L. Exercises for strength and power
  - M. Postural stabilization
- N. Ability to perform gait training
- A. Pre-gait activities
  - B. Teach gait effectively and with a variety of assistive devices
  - C. Instruction on stairs, curbs, and ramps
  - D. Instructs patient in safety precautions
  - E. Teach use of prosthetic and orthotic devices for the lower extremity
- IX. Ability to perform ADL and IADL training, and management of equipment and devices
- A. Transfer patients and teach patients to transfer under a variety of situations
  - B. Teaching self-care, dressing, toileting
  - C. Apply and adjust assistive devices
  - D. Teaching use of functional and adaptive equipment including wheelchairs, orthotics,

prosthetics, and protective and supportive devices.

- E. Fabrication of protective, supportive, and adaptive devices
- X. Ability to perform therapeutic modalities safely and effectively
- A. Hydrotherapy
  - B. Superficial Heat: Hot packs, paraffin
  - C. Cold packs and ice massage
  - D. Ultrasound/phonophoresis
  - E. Shortwave diathermy
  - F. Electrical stimulation
  - G. Iontophoresis
  - H. TENS
  - I. Biofeedback
  - J. Interferential
  - K. Russian stimulation
- XI. Ability to perform selected techniques
- A. Bandaging
  - B. Aseptic technique
  - C. Debridement
  - D. Postural drainage
  - E. Soft tissue mobilization
  - F. Intermittent pressure devices
  - G. Measurement for pressure gradient garments
  - H. Mechanical spinal traction
  - I. Manual Therapy: peripheral mobilization / manipulation (thrust and non-thrust), Spinal mobilization/manipulation (thrust and non-thrust). (PTA: non-thrust techniques only), instrument-assisted soft tissue mobilization

## **Patient Caseload**

The following are examples of patient diagnoses based on clinical setting that should be considered as part of the minimum caseload for the graduate PT or PTA undergoing remediation.

### **Types:**

1. Inpatient
  - Acute care orthopedic patients with diagnoses such as post-surgical repair of fractures, joint arthroplasty, post-surgical repair of ligament and tendon tears, post spinal surgery, limb amputation.
  - Surgical and non-surgical interventions for patients with neurological disorders e.g. SCI, TBI, CVA, MS, PD
  - Acute care general medical patients including patients with cardiac and pulmonary dysfunction  
e.g., s/p MI, CABG, CHF, pacemaker, COPD
  - Post-acute inpatient rehabilitation for patients with neurological, orthopedic and cardiopulmonary diagnoses.
2. Outpatient Orthopedics
  - Total joint arthroplasty
  - Fractures
  - Sprains
  - Strains
  - ACL reconstruction
  - Rotator cuff repair
  - Bursitis/Tendonitis
  - Back injuries
3. Outpatient Neurology
  - Spinal Cord
  - CVA
  - Head Traumas
  - CP
4. Pediatrics
5. Geriatrics

The graduate undergoing remediation should demonstrate the ability to evaluate their own strengths and weaknesses and be flexible to adapt to the needs of the department and the patient.

- Know physical limitations when managing the patient and requests assistance as needed
- Indicate areas where additional experiences, information, or study is necessary.
- Can verbalize strengths

- Can adjust schedule to accommodate unforeseen conditions or circumstances
- Can accept suggested changes in procedure
- Willingness to modify and change ideas, concepts and behavior to the demands of the situation
- Adapts readily to new clinical situation
- Modifies behavior according to feedback from the supervising therapist

## **Training Plan Template**

**Name of Facility:**

**Location:**

**Supervisor of Training/Remediation:**

**Supervisor's Illinois Physical Therapist License Number:**

**This Facility Offers:**

### **Proposed Daily Training Schedule for combined in-patient and out-patient remediation experience:**

For each setting the graduate may be treating patients the whole time or spending part of the time assisting and observing the PTs and PTAs with their patients.

3 hours with outpatients

2 hours with inpatients

½ hour lunch

½ hour note writing

1 hour one-on-one with supervising PT regarding demonstration of treatments. Discussion with PT/PTAs about specifics of patients and their conditions

½ hour regarding study to include reading books, journals and observation of other hospital staff

½ hour cardiac rehabilitation