

Scope Modernization Workgroup – PT and OT

Date	Name
Email address	Physical Therapy OR Occupational Therapy Workgroup

Participant Information

Practice Setting – Choose one of the following: Privately owned outpatient rehabilitation; Hospital inpatient; Hospital outpatient; Home-health; Skilled nursing/long-term nursing; School; or Other (please list)	Population treated – adults, pediatrics or both
City	AK License Number
Years in practice	Specialty

Brief volunteer History:



Questions for the PT Scope Modernization workgroup:

1. Have you noticed any topics/concerns that are not currently addressed in the AK scope of practice language?
2. Is there a component of the current scope of practice language that you feel needs to be re-worded? Please expound.
3. Do you think the existing scope of practice language adequately addresses your practice area?
4. Do you think the existing scope of practice language has any deficiencies that might negatively impact patient care in rural areas?

5. What are your greatest concerns moving forward with a new scope of practice for physical therapists and physical therapist assistants in Alaska? (Rate all that apply from level of greatest concern = 5 to area of least concern =1)
- Restrictions on autonomy
 - Being overly prescriptive
 - Adequate definition of a physical therapist or physical therapist assistant
 - Adequate definition of the practice of physical therapy
 - Encroachment from other professions
6. Are you a PT or PTA?
7. Are you a member of the American Physical Therapy Association?

email completed form to physicalandoccupationaltherapy@alaska.gov