

## Physiatrists' Provision and Supervision of Therapy Services

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) developed this position paper to address a number of issues surrounding the provision and supervision of physical and occupational therapy services (hereafter "therapy services") by physiatrists in the office setting. AAPM&R opposes any efforts to restrict the ability of physiatrists to provide high-quality therapy services in their offices using qualified allied health professionals acting under direct physiatrist supervision. Additionally, AAPM&R disagrees with any action that would limit supervision of physical therapy assistants (PTAs) and certified occupational therapy assistants (COTAs). Such attempts severely limit physiatrists' ability to provide high-level oversight of the delivery of medically necessary in-office therapy services for which they are legally responsible.

The unnecessary and unreasonable restrictions on provision and supervision of therapy services would limit Medicare and other beneficiaries' access to medically necessary therapy services if they are forced to receive the services outside of the physiatrist's office. Furthermore, a shortage of physical therapists in some geographic locations makes it impossible for physiatrists to find a therapist to supervise a PTA or COTA. In such circumstances, physiatrists will have no option but to cease offering therapy services and Medicare and other beneficiaries will be denied medically necessary services or experience delays in treatment as the number of therapy facilities and providers available to them is decreased.

The federal physician self-referral law ("the Stark law") prohibits physicians from referring to entities with which they have a financial relationship but specifically allows physicians to provide and refer for therapy services that are furnished **in their offices** under their supervision provided the physician group practice does not reward the physician financially for such referrals. Medicare caps on therapy services as well as utilization and medical necessity guidelines provide additional safeguards against overutilization. AAPM&R believes that the prescription and supervision of physical and occupational therapies in the office of a physiatrist or other rehabilitation physician with the training, experience, and expertise is appropriate. Therefore, AAPM&R will continue to advocate for the ability of physiatrists to provide and supervise in-office therapy services as a means of offering high-quality patient care.

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