

**TELEHEALTH - DEFINITIONS AND GUIDELINES BOD G03-06-09-19** [Retitled: Telehealth; Amended BOD G03-03-07-12; Initial BOD 11-01-28-70] [Guideline]

The following are operationally defined for clarification between similar terms used in this document:

Telehealth - Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health care services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Electronic Communications - This term, referred to by some as telecommunication(s), means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses. This term is also used to broadly describe: 1) activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information. Examples of such activities include, but are not limited to: text messaging, file sharing, video streaming, data transmissions, emailing, voicemailing, faxing, and paging; and, 2) the devices and systems that use electronic means to store, organize, send, retrieve, and/or convey information. Examples of such devices and systems include, but are not limited to: computer hardware and software, laptops, cell phones, land-based phones, pagers, the Internet, digital cameras, and fax machines.

1. Patient/client management services, including direction and supervision of care, provided via telehealth must adhere to basic assurances of quality and professional healthcare in accordance with Association positions, standards, guidelines, policies, procedures, codes, and the *Guide to Physical Therapist Practice* and the laws of the jurisdiction in which care is rendered and must ensure patient/client safety is comparable to the physical therapist being physically present with the patient/client.
2. All electronic communication devices and systems must be of sufficiently high quality, capacity, capability, and reliability to transmit and receive clear, synchronized and a-synchronized images and communication that will facilitate and support the provision or delivery of quality care. Devices and systems need to be adaptable to future technological improvements.
3. There must be a provider physical therapist who has ultimate responsibility for the care of the patient/client and who is licensed in the state and jurisdiction where the patient/client receives the care.
4. Consideration must be given to one's scope of personal competence, expertise, skills, and competency with electronic communications when choosing to engage in telehealth.
5. State licensing authorities should recognize and prepare for inter and intrastate provision of physical therapy via telehealth by incorporating provisions to regulate and monitor telehealth practitioners and provision of service. Such provisions should include an endorsement or reciprocity process that is reasonable and provides for a mechanism for a licensure exemption for practitioner-to-practitioner consultations regarding a specific patient/client. All such regulatory frameworks should adhere to Association policy regarding licensure and scope of practice.
6. Provision of care by telehealth should be appropriately documented in accordance with the Association's positions, standards, guidelines, policies, and procedures on documentation and the laws of the jurisdiction in which care is rendered.
7. Privacy and security policies and procedures must comply with applicable federal and state laws and regulations.
8. For regulatory purposes, the venue of jurisdiction is the state in which the patient/client is located at the time physical therapy services are rendered. Any regulatory framework must adhere to APTA policy regarding autonomy of state licensure boards and responsibility for licensure residing with the state.

9. All electronic communications (including, but not limited to, those related to patient/client management services, marketing, education and consultation) should hold to the same ethical standards as verbal and written communication as per Association positions, standards, guidelines, policies, and procedures.

(See also [Telehealth](#))

Relationship to Vision 2020: Autonomous Practice; (State Government Affairs, ext 8533)

**Explanation of Reference Numbers:**

**BOD P00-00-00-00** stands for Board of Directors/**month/year/page/vote** in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure