Attachment E

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-2299
michelle.humlicek@dhhs.ne.gov

APPLICATION FOR APPROVAL OF PHYSICAL AGENT MODALITY COURSE

SECTION A – COURSE PROVIDER INFORMATION (All applicants must complete this section)						
1	Name of Course Provider:					
2	Permanent Mailing Address:	Street/PO/Route:				
		City:	State:	Zip:		
3	Contact Person:		**4**	Phone Number:		

SECTION B – COURSE APPLICATION CATEGORY (All applicants must complete this category)					
Please check the box or boxes for the type of physical agent modality course for which you are requesting approval:					
☐ Superficial Thermal Agents		☐ Deep Thermal Agents		☐ Electrotherapeutic Agents	
5	Official Course Title:		**6**	Number of Contact Hours:	

SECTION C – ATTACHMENTS (All applicants must complete this category)	
Applicants applying for approval of their physical agent modality course must attach the following:	
7	A course outline that includes the objectives of the course and demonstrates that it meets the objectives stated in Attachment E1
8	An example of the end of course examination that demonstrates it meets the objectives required for Nebraska certification found on Attachment E1
9	Instructor(s) curriculum vitae
10	A sample of an official certificate of attendance or transcript. The certificate of attendance must be signed by the provider and the certificate or transcript must contain the following information: a. Name of course; b. Types of modalities that the course covers, i.e. superficial, deep and/or electrotherapeutic; c. Date of course; d. Provider of course; e. Contact hours completed; f. Name of person attending the course; and g. The score received on the end-of course exam
11	A description of the practicum procedures for the deep thermal and electrotherapeutic training, including the tool used to assess the candidate's competency

SECTION D – ADDITIONAL QUESTIONS (All applicants must complete this category)	
Applicants applying for approval of their physical agent modality course must answer the following:	
12	Do you maintain a list of: Those who have taken your courses ☐ Yes ☐ No The score received on the exam ☐ Yes ☐ No If yes, how long do you maintain this information _____
13	Would you be able to provide us a list of those who passed your courses who want certification from Nebraska? ☐ Yes ☐ No
14	How many questions does your bank of exam questions contain? _____ (quantity)

SECTION E – Affidavit (All applicants must complete this section)

I, _____hereby certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my physical agent modalities course approval could be revoked.

_____ _____
Signature of Applicant Date

Submit application to:

Department of Health and Human Services
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-2299

Nebraska Board of Occupational Therapy Practice

Physical Agent Modalities Certification Objectives

DEFINITIONS:

Physical agent modalities means modalities that produce a biophysiological response through the use of water, temperature, sound, electricity, or mechanical devices; and

Superficial thermal agent modalities means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling technologies.

Deep thermal agent modalities means therapeutic ultrasound and phonophoresis. Deep thermal agent modalities does not include the use of diathermy or lasers;

Electrotherapeutic agent modalities means neuromuscular electrical stimulation, transcutaneous electrical nerve stimulation, and iontophoresis. Electrotherapeutic agent modalities does not include the use of ultraviolet light.

COURSE AND EXAM OBJECTIVES

Superficial Thermal Agents:

A minimum of six hours of training and an end of the course written or equivalent examination approved by the board which tests competency in the use of superficial thermal agent modalities. The training must include the following:

a. Biophysical and biophysiological changes which occur with cryotherapy;
b. Indications, contraindications and precautions for the application of cold agents;
c. Clinical reasoning involved in the application of cold agents;
d. Commonly used types of cold agents;
e. Application procedures for each cold modality;
f. Definition of the term superficial thermal agent;
g. Differentiation between the two commonly used methods of heat transfer: conduction and convection;
h. The four biophysical effects of heat;
i. The physiologic response to tissue secondary to temperature elevation;
j. Differentiation between mild, moderate and vigorous dosages of heat;
k. Indications, precautions, and contraindications that should be considered when using superficial thermal agents;
l. Proper clinical applications for hot packs, paraffin bath, fluidotherapy, whirlpool, and contrast bath;
m. Guidelines for educating the client and/or family in the purpose, benefit and potential risk(s) of the modality; and
n. Universal precautions, sterile techniques, infection control, and the use of modalities.

Deep Thermal Agents:

A minimum of twelve hours of training and an end of the course written or equivalent exam and a practical exam approved by the board which tests competency in the use of deep thermal agent modalities. The training must include the following:

a. Theory and rationale for the application of therapeutic ultrasound;
b. Differentiation between the parameters for therapeutic ultrasound;
c. Current research trends in the utilization of ultrasound;
d. Clinical decision making in the determination of the appropriate treatment parameters for ultrasound;
e. Clinical procedures for the application of ultrasound;
f. Safe use of ultrasound, contraindications and precautions for treatment; and
g. Methods for maximizing therapeutic effect in the use of phonophoresis as a physical agent modality.

Electrotherapeutic Agents:

A minimum of twenty-two hours of training and an end of the course written or equivalent exam and a practical exam approved by the board which tests competency in the use of electrotherapeutic agent modalities. The training must include the following:

a. Available parameters of electrical stimulation devices and the principles and concepts of electricity;
b. Physiological effects of electrical stimulation;
c. Therapeutic goals of electrical therapy;
d. Physiological events associated with electrical stimulation;
e. Distinguishing characteristic and indications and contraindications of electrical stimulation;
f. Physiological effects of various parameters of electrical stimulation (voltage, type, dosage, duty cycle, etc.);
g. Therapeutic relationship of electrotherapy with other therapeutic procedures;
h. Clinical application of electrical stimulation in rehabilitation;
i. Clinical reasoning process used to determine selection of Neuromuscular Electrical Stimulation (NMES) and appropriate parameters
j. Parameters of therapeutic electrical currents;
k. Biophysiological responses to electrical currents;
l. Indications and contraindications for NMES use;
m. Appropriate electrode placement for treatment protocols;
n. Clinical applications for iontophoresis;
o. Definition and differentiation of the clinical application of iontophoresis from phonophoresis;
p. Biophysiology and mechanism related to transdermal delivery of medication;
q. Common medications used in iontophoresis and their pharmacology;
r. Clinical decision making regarding iontophoresis, indications and precautions;
s. The processes in pharmacokinetics: absorption, distribution, and metabolism;
t. The processes of pharmacodynamics as it pertains to routine drugs used in phonophoresis and Iontophoresis;
u. Effects of physical agents, exercise, and manual techniques on pharmacokinetics; and
v. The aging process as it relates to pharmacokinetics.