

Guidance on PT-PTA Supervision and Delegation – Frequently Asked Questions

1. How many PTAs can a PT supervise at one time in South Dakota?

Under South Dakota law, a physical therapist may supervise no more than the equivalent of two full-time PTAs (2.0 FTE) at one time. While South Dakota statutes do not define “full-time equivalent”, it is generally understood in reference to a 40-hour workweek for each FTE. Keeping accurate staffing schedules and supervision logs ensures that compliance can be demonstrated.

Source: SDCL 36-10-35.8, 36-10-35.9

2. What does “immediately available” supervision mean?

While South Dakota statutes do not provide an exact definition, best practice is for the PT to be able to provide guidance or intervene without delay. This can mean being physically present in the same building or treatment location (direct supervision) or being reachable in real time via phone or video if the setting allows and payer rules permit (general supervision). In either case, patient safety should guide the supervision arrangement.

Source: SDCL 36-10-35.9; [APTA HOD P08-22-09-11](#)

3. How should supervision be documented?

Although South Dakota state law does not require a specific documentation format, it is wise to clearly reflect supervisory oversight in the medical record. This may include listing the supervising PT’s name and license number in each PTA note, noting any PT/PTA communication related to patient care, and having the PT periodically review PTA notes. While co-signatures are not required, they can support verification of appropriate supervision.

Source: South Dakota Board of Physical Therapy guidance

4. What roles do PTAs have in patient care?

PTAs work under the PT’s direction and supervision to carry out selected components of the treatment plan and to gather and report patient data. Their contributions are essential to patient progress and team efficiency. The PT, however, is responsible for all elements of patient evaluation, plan of care development, updates, and final discharge decisions. This division of responsibility ensures that PTAs function within their scope while maintaining quality and safety.

Source: SDCL 36-10-35.8; [APTA HOD P08-22-09-11](#)

5. How often must a PT re-examine a patient when a PTA is involved?

When patient care is delegated to a PTA, South Dakota law requires the PT to re-examine the patient at least every 30 days or every 10 visits, whichever comes first. This re-examination should include an assessment of progress and any necessary updates to the plan of care. The APTA also emphasizes that a PT should visit in person whenever the PTA requests a re-examination, when the care plan changes, when the patient’s medical status changes, or before ending care.

Source: SDCL 36-10-35.9; [APTA HOD P08-22-09-11](#)

6. Can supervision be provided through telehealth?

Yes. South Dakota law allows PTs licensed in the state to supervise via telehealth, provided the PT remains compliant with all supervision standards. This includes being available for real-time communication and meeting re-examination requirements. Even in telehealth arrangements, the PT must ensure that patient safety and care quality are not compromised.

Source: SDCL 34-52; SDCL 36-10-35.8, 36-10-35.9

7. Can supervision of a PTA be transferred to another PT in South Dakota?

Yes. Another PT may take over the supervision of a PTA, but the change should be clearly documented in facility records. The PT supervising at the time of service is responsible for the appropriateness of delegated tasks, the quality of care provided, and patient safety.

Source: SDCL 36-10-35.8

8. What ethical principles guide PT/PTA supervision?

Both South Dakota’s administrative rules and the APTA’s Code of Ethics require PTs to accept only those supervisory arrangements that allow safe and effective care. PTs must also address and report unsafe or unethical practices. The PT remains accountable for all aspects of patient care, whether delivered directly or through a PTA, and should use professional judgment to guide delegation decisions.

Source: ARSD 20:66:02.01; [APTA Code of Ethics](#); [APTA HOD P08-22-09-11](#)

9. What is the difference between “examination” and “evaluation”?

An examination involves gathering patient data through history, tests, and measures. An evaluation is the PT’s interpretation of that data to form a diagnosis, prognosis, and plan of care. While PTAs contribute valuable information through data collection, only the PT performs the examination and evaluation steps.

Source: APTA Guide to Physical Therapist Practice; SDCL 36-10-35.8

10. How does a PT decide when to involve a PTA?

The decision to involve a PTA is based on multiple considerations: the PTA’s education, training, and competencies; the patient’s complexity and predictability; the practice setting; regulatory requirements; and liability or risk factors. The PT weighs these elements to ensure that patient safety and optimal outcomes are maintained, while promoting efficient, team-based care.

Source: [APTA HOD P08-22-09-11](#)

PT/PTA Supervision and Delegation in South Dakota – Quick Reference Guide

Topic	South Dakota Law and Administrative Rules	APTA House of Delegates Position ¹
Supervision Ratios	A PT may supervise the equivalent of up to two full-time PTAs (2.0 FTE) at any one time. Use standard 40-hour/week calculations and maintain records. SDCL 36-10-35.8, 36-10-35.9	No specific numeric limit; supervision should ensure safe, effective care based on patient needs, PTA competence, and setting.
Definition of “Immediately Available”	Not explicitly defined. Best practice: PT can intervene without delay -- either on-site or via real-time telecommunication (if allowed). SDCL 36-10-35.9	Recognizes both direct supervision (on-site, immediate access) and general supervision (PT available via telecommunications). Frequency of contact based on patient and PTA needs.
Documentation of Supervision	Should include supervising PT's name and license number in each PTA note, record communication, and periodically review notes. Co-signatures are not required but encouraged. <i>SD Board of PT guidance</i>	Documentation should demonstrate the PT's ongoing direction, supervision, and review of PTA-provided services.
Role of PTA	Implements treatment from PT's plan of care, collects and reports patient data. PT retains responsibility for evaluation, plan of care, changes, and discharge. SDCL 36-10-35.8	PTA assists in delivery of services but does not replace PT's judgment. PT is responsible for evaluation, diagnosis, prognosis, and plan of care.
RE-examination Frequency	PT must re-examine every 30 days or 10 visits (whichever comes first) when a PTA is involved. SDCL 36-10-35.9	PT should also visit in person whenever PTA requests re-exam, plan changes, patient status changes, or before discharge; at least monthly on-site visits recommended.
Telehealth Supervision	Permitted if PT is licensed in SD and supervision meets all requirements, including real-time availability and timely re-exam. SDCL 34-52; 36-10-35.8; 36-10-35.9	Acceptable under general supervision if PT maintains real-time communication and fulfills re-examination and care review obligations.
Delegating Supervision to Another PT	Allowed, but must be clearly documented. PT supervising at time of service is responsible for care quality and safety. SDCL 36-10-35.8	Any transfer of supervisory responsibility should be documented and communicated to all involved to ensure continuity of care.
Ethical Considerations	PTs must refuse supervisory arrangements that compromise safety and must report unsafe or unethical practices. ARSD 20:66:02.01	PTs should base delegation decisions on professional judgment, patient needs, and PTA competence, in alignment with the APTA Code of Ethics.
Deciding to Involve a PTA	PT considers scope, safety, and legal compliance.	PT considers PTA education, competencies, patient complexity, setting, regulations, and risk factors when deciding delegation.

¹https://www.apta.org/contentassets/005d53c89e574979a20281ec60c1e7ad/directionsupervisionofpta_hodp08-22-09-11.pdf