

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2497
AUTHOR: Johnson
BILL DATE: May 18, 2026, Amended
SUBJECT: Physical Therapists
SPONSOR: California Physical Therapy Association

DESCRIPTION OF CURRENT LEGISLATION

Updates various terms, including the scope of practice of physical therapy. Removes limitations on patient visits to a physical therapist (PT) without authorization from a physician or podiatrist (referred to as direct patient access).

BACKGROUND

The [Physical Therapy Practice Act](#) (PTPA) is within the Business and Professions Code (BPC) and authorizes qualified individuals to perform physical therapy. Further the PTPA establishes the Physical Therapy Board of California (PTBC) to license and regulate PTs and physical therapist assistants (PTAs). The PTBC is currently being evaluated by the Legislature via the [Sunset Review process](#). According to the PTBC website:

- A California licensed PT has completed an accredited four-to-six-year college program. If educated in a foreign country, proof of an equivalent professional degree to that issued by a United States accredited physical education program that entitles them to practice as a physical therapist in the country where the diploma was issued is required. The educational requirements in physical therapy, including studies in biology, basic medical sciences, and clinical experience as required in a US accredited program. Studies focus on the evaluation and treatment of the heart, lungs, muscles, bones, and the nervous system. In addition, California physical therapists have passed the national physical therapy examination and an examination on the laws and regulations governing the practice of physical therapy in California.
- A California PTA has completed an accredited two-year college program or has met the equivalency requirements, which include studies in anatomy and physiology. Clinical experience is also required for both avenues. In addition, California physical therapist assistants have passed the national physical therapist assistant examination and an examination on the laws and regulations governing the practice of physical therapy in California.

[BPC section 2620](#) currently defines physical therapy to mean “the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and

resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term “physical therapy” as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.”

[BPC section 2620.1](#) generally limits a PT from treating a patient for more than 45 calendar days or 12 visits, whichever occurs first, without receiving written approval of the PT’s plan of care from a physician or podiatrist licensed in California, as specified. When a person initiates physical therapy treatment services directly, pursuant to this section, the PT shall not perform physical therapy treatment services without first providing the following notice to the patient, orally and in writing, in at least 14-point type and signed by the patient:

“Direct Physical Therapy Treatment Services

You are receiving direct physical therapy treatment services from an individual who is a physical therapist licensed by the Physical Therapy Board of California.

Under California law, you may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon’s certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California, or from a person holding a certificate to practice podiatric medicine from the Podiatric Medical Board of California and acting within their scope of practice, a dated signature on the physical therapist’s plan of care indicating approval of the physical therapist’s plan of care and that an in-person or telehealth patient examination and evaluation was conducted by the physician and surgeon or podiatrist.

Patient’s Signature/Date”

According to a [report on direct patient access to PTs](#) authored by the American Physical Therapy Association, “As of July 1, 2025, patients in all 50 states, the District of Columbia, and the U.S. Virgin Islands have either provisional or unrestricted direct access to physical therapist services. Twenty-nine states, the District of Columbia, and the U.S. Virgin Islands allow for provisional direct access to PT services, meaning there are restrictions in terms of time or visit limits, or there is a referral requirement for specific procedures such as needle electromyography. The 21 remaining states allow for unrestricted direct access.”

[BPC section 2620.5](#) authorizes a PT, under the specific authorization of a physician, to perform tissue penetration for the purpose of evaluating neuromuscular performance, provided the PT is certified by the PTBC for this purpose and that the PT does not make diagnostic or prognostic interpretations of the data.

ANALYSIS

According to the author's fact sheet:

"The last major legislative overhaul of the [PTPA was in 2013[.] Since then, the national accrediting standard for education and training of [PTs] was changed to require all program graduates to obtain a Doctorate in Physical Therapy (DPT). Core skills expected upon graduation include performing comprehensive musculoskeletal and neurological assessments, manual therapy, and using therapeutic technology to manage injuries and disabilities. Graduates are also expected to demonstrate competence in identifying when patient needs fall outside their scope of practice. Many states have adopted practice standards in line with this new training regimen.

There are 20 programs in California that offer a DPT program, including six CSU campuses. However, they are trained in skills that exceed what is defined in law as the practice of physical therapy, while many states have moved forward in implementing changes [that] reflect modern physical therapy."

Sponsor's Arguments

The California Physical Therapy Association (CPTA) is the sponsor of this bill. According to the analysis of AB 1497 prepared by the Assembly Committee on Business and Professions, the CPTA writes:

"Patients with neurological injuries and other disabling conditions are especially sensitive to delays in care. Research consistently shows that early rehabilitation improves functional outcomes, reduces long-term disability, and lowers overall healthcare costs. Patients often require timely, coordinated, and highly specialized care to optimize recovery, prevent complications, and maintain independence. [This bill] represents a critical step toward improving access, efficiency, and quality of care for these vulnerable populations and for all Californians seeking physical therapy services.

[This bill] strengthens direct access by removing outdated administrative barriers, allowing patients to receive physical therapy services more efficiently without unnecessary delays. For patients recovering from stroke or spinal cord injury, even small delays can mean the difference between regaining independence and requiring lifelong assistance."

Definitions to Terms Added/Updated

For purposes of the PTPA, AB 2497 adds the term “movement system” to mean “the collection of all bodily systems that interact to move the body or its parts.”

Updates the definition of a PT to also include a “physiotherapist¹,” and states that they are a “health care professional who is licensed pursuant to this chapter to practice physical therapy on a person. A [PT] is part of the primary care team who works in a variety of settings to help improve function of the movement system.”

Further, states that “physical therapy” or “physiotherapy” means services specified in BPC section 2620 that are provided as follows:

- By or under the direction and supervision of a physical therapist.
- To facilitate motion, force, energy, and motor control through the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, movement, and active, passive, and resistive exercise to maximize health, well-being, function, and community participation across the diversity of age, sex, gender, culture, environment, and psychosocial and socioeconomic status.
- For prevention, habilitation, rehabilitation, promotion of health and well-being of bodily and mental conditions, disease or movement-based impairments, activity limitations, and participation restrictions.

Updates to the PT Scope of Practice

Under this bill, the definition of the practice of physical therapy is updated to include all of the following services:

- Examination and evaluation of the movement system and the system’s relation to health-related and disabling conditions, including a review of systems and medication regimen to identify developmental, mechanical, physiological, and biopsychosocial impairments of the movement system, participation restrictions, or other conditions to determine diagnosis of conditions of the movement system, prognosis, and intervention, and assess outcomes.
- The design, implementation, and modification of interventions to alleviate impairments, functional limitations, and participation restrictions related to the movement system or other health-related conditions.

¹ In certain countries, instead of using the title “physical therapist,” these same healthcare providers use the title of “physiotherapist.”

- Furnishing, ordering, fabrication, and application of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment consistent with specified section of the BPC.

Authorized physical therapy interventions may include, but are not limited to:

- Therapeutic exercise, gait training, and functional training.
- Self-care, and in-home, community, or work integration or reintegration.
- Manual therapy, including soft tissue mobilization, joint mobilization or manipulation, and intramuscular manual therapy.
- Therapeutic massage, lymphatic drainage, neuromuscular reeducation and blood flow restriction
- Pulmonary management and airway clearance.
- Integumentary protection and active repair.
- Biophysical agents or modalities, including electrical, sound, light, mechanical, electromagnetic, or thermal.
- Movement system counseling and education, nutritional education and counseling, and pain and stress management.
- Prevention or reduction of risk of injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and wellness.
- Administration, consultation, education, and research.
- Referring for other indicated services and tests for consultation with other providers, decisionmaking, and patient management.

Updated Authority for Direct Patient Access to a PT

AB 2497 would replace the existing language in BPC section 2620.1, that limits direct patient access to a PT and replaces it with the following language:

“Nothing in this chapter shall be construed to require a referral or prior authorization for a patient to directly access physical therapist services. A physical therapist shall refer a patient to a physician and surgeon or other appropriately licensed health care provider when the situation or condition of the patient is beyond the scope of the education and training of the physical therapist.”

Revised Authority for Tissue Penetration to Evaluate Neuromuscular Performance

The language in the current BPC section 2620.5 which authorizes qualified authority to perform tissue penetration to evaluate neuromuscular performance is proposed to be replaced with the following:

“The practice of physical therapy includes the use of electrode needles to perform tissue penetration for the purpose of evaluating and interpreting performance of the neuromusculoskeletal system.”

Ratio of PT Supervision of PTAs Changed

PTs would be authorized to supervise up to three PTAs instead of two, as is authorized in current law.

Updated Title Protection for PTs

Updates the existing law that is intended to prevent someone from claiming to be a PT or using other similar initials or terms that could mislead a consumer. Further, the bill states that a person or business shall not advertise or otherwise promote a person as being a PT or physiotherapist unless the individual is a licensed PT. A person or business that offers, provides, or bills any person for services shall not characterize those services as physical therapy unless the person performing the service is a licensed PT.

Opponent's Arguments

Prior versions of the bill would have authorized PTs to perform a technique known as "[dry needling](#)" drew strong opposition from various acupuncture organizations, including the California Acupuncture Coalition, and the American Association of Chinese Medicine and Acupuncture. That language was removed from the bill on May 18, 2026.

Furthermore, prior versions of the bill would have authorized PTs to prescribe nonopioid analgesic and nonsteroidal anti-inflammatory medications (subject to PTBC regulations adopted with input from the Board and the California State Board of Pharmacy) and perform and interpret musculoskeletal ultrasound imaging orders or refer a patient for imaging and studies that are performed and interpreted by other licensed health care professionals. Those provisions drew opposition from many physician organizations including the California Orthopaedic Association, California Radiological Society, and the California Medical Association. The language related to those provisions was removed.

The topic of direct patient access to PTs appears to be a matter of ongoing concern for physician groups. As stated in the analysis prepared by the Assembly Committee on Business and Professions, in relevant part:

"Health care delivery is increasingly complex. Patients often present with multiple comorbidities, atypical symptoms, and evolving conditions that require comprehensive medical oversight. The collaborative, physician-led team model ensures that patients benefit from the full expertise of each provider while maintaining a clear standard of accountability. [This bill] undermines this model by promoting unsupervised practice rather than strengthening coordinated care."

Consideration of a Board Position

When considering significant or controversial changes in how patient care is delivered, ideally the Board would engage in a process that includes interested party meetings to

discuss and provide written and verbal comments from relevant experts and consumer advocates.

In the absence of such a process for this matter, Board staff are unable to provide a recommendation whether the proposal appropriately protects consumers.

If the Board has questions or concerns about AB 2479, the Board could take a position or remain neutral and direct staff to monitor the progress of the legislation, and/or direct staff to seek additional information and report back at a future Quarterly Board meeting.

FISCAL: No costs anticipated for the Board.

SUPPORT: Various individuals.

OPPOSITION: (this list may have changed based upon recent amendments)
Academy of Chinese Culture and Health Sciences
Alhambra Medical University Alumni Association
Alhambra Medical University
American Association of Chinese Medicine and Acupuncture
Association of Korean Asian Medicine and Acupuncture of America
California Academy of Family Physicians
California Acupuncture Coalition
California Medical Association
California Neurology Society
California Orthopaedic Association
California Radiological Society
California Society of Anesthesiologists
California Society of Dermatology & Dermatologic Surgery
California University - Silicon Valley
Christian O.M Acupuncture Association America
Dongguk University Los Angeles
Five Branches University
Golden State University Acupuncture School
Japanese Acupuncture Association of California
North East Medical Services
Osteopathic Physicians and Surgeons of California
Psychiatric Physicians Alliance of California
United Acupuncture Association
Whitewater University of California
Yo San University of Traditional Chinese Medicine

POSITION: No staff recommendation.

ATTACHMENT: [AB 2497, Johnson. Physical Therapists.](#)
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