Standards for the Physical Therapy Practitioner

As adopted by the Board of Directors 1972
Amended June, 1973

I. Personal Qualities. The physical therapist possesses those characteristics necessary for optimal performance in his profession.

Interpretation

Characteristics which contribute to optimal performance include the knowledge and the skill to apply the principles of quality physical therapy care, the motivation to augment his professional knowledge, the physical attributes required for the performance of his job, the emotional stability to exercise consistently sound professional judgment, compliance with the mores accepted by society, and an awareness of the needs of his fellow man and commitment to responding to these needs.

II. Ethical Conduct. The physical therapist maintains ethical standards of practice.

Interpretation

The physical therapist abides by the Code of Ethics, Bylaws, Guide for Professional Conduct, and all policies of the American Physical Therapy Association pertinent to standards of practice.

III. Patient Management has been amended so that it now reads: The physical therapist develops a plan of care for each patient referred to him and is responsible for its implementation and modification as necessary.

Interpretation

A. Practitioner Referral

The physical therapist will evaluate each patient referred to him, will subsequently develop a plan of care if indicated, and will be responsible for its implementation and modification as necessary.

The physical therapist institutes an evaluation process to obtain an information base for purposes of: (a) problem identification, and (b) development of a plan of care.

The evaluation process includes, but is not limited to, the following:
1. Evaluation Process

a. Compilation of Information

(1) Information available from other sources. This includes history (previous care and health problems), overt and subjective complaints, x-ray reports, etc.

(2) Information generated by physical therapy evaluations. This includes results of various testing and measurement procedures performed by the physical therapist.

b. Analysis and Interpretation of Information

The physical therapist reviews and analyzes all the information and, on the basis of experience and professional judgment, interprets this information to identify, record, and list the problems for which physical therapy is appropriate.

Upon completion of the evaluation process the therapist may or may not develop a treatment plan based upon these findings. In the event that the physical therapist decides treatment is not indicated, the physical therapist will inform, and send a copy of the evaluation summary, to the referring practitioner.

2. The Plan of Care

a. Objectives of Care

For each problem identified, there will be statements of what the patient is expected to accomplish as the desired outcome of the treatment rendered, with an indication of the approximate timing for the attainment of each objective.

b. Recommended Treatment Procedures

These will consist of the procedures or activities selected by the physical therapist in consultation with the patient's practitioner as the means to be used to attain the stated objectives. Also included will be recommended frequency of any given treatment procedures and provisions for periodic review and revision.
c. Continuing Evaluation

Periodic review of the plan of care will include attempts to determine whether:

(1) the objectives are being attained, and no revision in plan of care is indicated

(2) the objectives are not being attained and the plan of care needs revision, or

(3) the objectives have been attained with indications for initiating discharge planning and/or follow-up.

In the implementation of the plan of care, the physical therapist may delegate to appropriate personnel, if legally permissible, those procedures which are within their competence. The physical therapist is responsible for the supervision of these individuals. The physical therapist records in the patient's health record the care plan and other pertinent information which includes the initial evaluation, periodic progress notes, discharge summary notes, and plan for follow-up care. When maximum benefit from treatment has been achieved, the physical therapist reports this information to the referrer and subsequently to the patient.

IV. Administrative Skills. The physical therapist has knowledge of administration sufficient for his level of responsibility.

Interpretation

A staff physical therapist has a basic understanding of the organizational structure of the institution in which he works, the operational policies and procedures of the institution, basic fiscal policies including fees structure and operational costs, principles of supervision and communication, and effective interpersonal relationships. The physical therapist responsible for the direction of a physical therapy service possesses sufficient knowledge of theory and practice of organization and administration; demonstrates administrative skills, developed through experience or specialized education, which include management of program, fiscal affairs, and personnel; and is cognizant of local, state, and federal laws regulating the delivery of health services, labor practices, and building codes.

V. Interdisciplinary Relationships. The physical therapist communicates with other disciplines and works cooperatively to provide comprehensive patient care.
Interpretation

The physical therapist is aware of the qualifications and functions of other disciplines involved with comprehensive patient care, and interacts with these disciplines through formal and informal means, oral and written communication, case conferences, and periodic written reports.

VI. Professional Growth and Continuing Competency. The physical therapist maintains a high level of professional competence by continued participation in learning experiences.

Interpretation

The physical therapist participates in varied types of educational activities which refresh and enhance his basic knowledge of physical therapy principles and practice and which provide new knowledge. He is familiar with literature relevant to the practice of physical therapy. He complies with the requirements of the American Physical Therapy Association regarding continuing education and meets the legal requirements for continuing education in the state in which he practices. The physical therapist who plans to return to practice after a period of inactivity should comply with the above.

VII. Research. The physical therapist understands the significance of research and, and when possible; participates in research activities.

Interpretation

The physical therapist recognizes research as an integral part of the profession of physical therapy, supports and assists those engaged in research, and has a basic understanding of the interpretation of research studies. The physical therapist conducting research has a sufficient knowledge of research principles and methodology.

VIII. Consultation. The physical therapist serving as a consultant has the requisite knowledge and skills to provide an effective service.
Interpretation

The physical therapist understands and demonstrates that consultation is a process involving the purposeful exchange of information between the consultant and the client, and he has developed this expertise by specialized training or experience in the area in which he is a consultant.

IX. Community Responsibility. The physical therapist has a responsibility to the community in matters relating to physical therapy and to the delivery of health care.

Interpretation

The physical therapist participates in programs which inform the community and the medical profession of the value, availability, and proper utilization of physical therapy services; in activities designed for recruiting new members into the profession of physical therapy; and, whenever possible, in activities concerned with the planning and delivery of health and social services.