

**CRITERIA FOR STANDARDS OF PRACTICE FOR PHYSICAL THERAPY** BOD S01-14-01-01 [Amended BOD S03-06-16-38; BOD S03-05-14-38; BOD 03-04-19-44; BOD 03-00-22-53; BOD 11-99-20-53; BOD 03-99-15-45; BOD 02-97-03-05; BOD 03-95-22-58; BOD 11-94-30-100; BOD 03-93-21-58; BOD 03-91-31-79; BOD 03-89-28-88; Initial BOD 11-85-13-56] [Standard]

The *Standards of Practice for Physical Therapy* (HOD S06-13-22-15) are promulgated by APTA's House of Delegates; Criteria for the Standards are promulgated by APTA's Board of Directors. Criteria are italicized beneath the Standards to which they apply.

Preamble

The physical therapy profession's commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These standards are the profession's statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the *Code of Ethics* of the American Physical Therapy Association.

The physical therapist assistant complies with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.

B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, and Goals

The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.

*The statement of mission, purposes, and goals:*

- *Defines the scope and limitations of the physical therapy service.*
- *Identifies the goals and objectives of the service.*
- *Is reviewed annually.*

B. Organizational Plan

The physical therapy service has a written organizational plan.

*The organizational plan:*

- *Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization.*
- *Ensures that the service is directed by a physical therapist.*
- *Defines supervisory structures within the service.*
- *Reflects current personnel functions.*

C. Policies and Procedures

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the association's standards, policies, positions, guidelines, and *Code of Ethics*.

*The written policies and procedures:*

- *Are reviewed regularly and revised as necessary.*
- *Meet the requirements of federal and state law and external agencies.*
- *Apply to, but are not limited to:*
  - *Care of patients/clients, including guidelines*
  - *Clinical education*
  - *Clinical research*
  - *Collaboration*
  - *Collection of patient data*
  - *Competency assessment*
  - *Criteria for access to care*
  - *Criteria for initiation and continuation of care*
  - *Criteria for referral to other appropriate health care providers*
  - *Criteria for termination of care*
  - *Documentation*
  - *Environmental safety*
  - *Equipment maintenance*
  - *Fiscal management*
  - *Handoff communication/therapist of record*
  - *Improvement of quality of care and performance of services*
  - *Infection control*
  - *Job/position descriptions*
  - *Medical emergencies*
  - *Personnel-related policies*
  - *Rights of patients/clients*
  - *Staff orientation*

#### D. Administration

A physical therapist is responsible for the direction of the physical therapy service.

*The physical therapist responsible for the direction of the physical therapy service:*

- *Ensures compliance with local, state, and federal requirements.*
- *Ensures compliance with current APTA documents, including Standards of Practice for Physical Therapy and the Criteria, Guide to Physical Therapist Practice, Code of Ethics, Guide for Professional Conduct, Standards of Ethical Conduct for the Physical Therapist Assistant, and Guide for Conduct of the Physical Therapist Assistant.*
- *Ensures that services are consistent with the mission, purposes, and goals of the physical therapy service.*
- *Ensures that services are provided in accordance with established policies and procedures.*
- *Ensures that the process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and meets the needs of the patients/clients.*
- *Reviews and updates policies and procedures.*
- *Provides for training of physical therapy support personnel that ensures continuing competence for their job description.*
- *Provides for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals.*

#### E. Fiscal Management

The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

*The fiscal management plan:*

- *Includes a budget that provides for optimal use of resources.*
- *Ensures accurate recording and reporting of financial information.*
- *Ensures compliance with legal requirements.*
- *Allows for cost-effective utilization of resources.*
- *Uses a fee schedule that is consistent with the cost of physical therapy services and that is within customary norms of fairness and reasonableness.*
- *Considers option of providing pro bono services.*

F. Improvement of Quality of Care and Performance

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

*The improvement plan:*

- *Provides evidence of ongoing review and evaluation of the physical therapy service.*
- *Provides a mechanism for documenting improvement in quality of care and performance.*
- *Is consistent with requirements of external agencies, as applicable.*

G. Staffing

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.

*The physical therapy service:*

- *Meets all legal requirements regarding licensure and certification of appropriate personnel.*
- *Ensures that the level of expertise within the service is appropriate to the needs of the patients/clients served.*
- *Provides appropriate professional and support personnel to meet the needs of the patient/client population.*

H. Staff Development

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

*The staff development plan:*

- *Includes self-assessment, individual goal setting, and organizational needs in directing continuing education and learning activities.*
- *Includes strategies for lifelong learning and professional and career development.*
- *Includes mechanisms to foster mentorship activities.*
- *Includes knowledge of clinical research methods and analysis.*

I. Physical Setting

The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

*The physical setting:*

- *Meets all applicable legal requirements for health and safety.*
- *Meets space needs appropriate for the number and type of patients/clients served.*

*The equipment:*

- *Meets all applicable legal requirements for health and safety.*
- *Is inspected routinely.*

J. Collaboration

The physical therapy service collaborates with all disciplines as appropriate.

*The collaboration when appropriate:*

- *Uses a team approach to the care of patients/clients.*
- *Provides instruction of patients/clients and families.*
- *Ensures professional development and continuing education.*

III. Patient/Client Management

A. Physical Therapist of Record

The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

B. Patient/Client Collaboration

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.

### C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention visits/encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

*The physical therapist examination:*

- *Is documented, dated, and appropriately authenticated by the physical therapist who performed it.*
- *Identifies the physical therapy needs of the patient/client.*
- *Incorporates appropriate tests and measures to facilitate outcome measurement.*
- *Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care.*
- *May result in recommendations for additional services to meet the needs of the patient/client.*

### D. Plan of Care

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapist involves the patient/client and appropriate others in the planning, anticipated goals and expected outcomes, proposed frequency and duration, and implementation of the plan of care.

*The plan of care:*

- *Is based on the examination, evaluation, diagnosis, and prognosis.*
- *Identifies goals and outcomes.*
- *Describes the proposed intervention, including frequency and duration.*
- *Includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan of care.*

### E. Intervention

The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care. The physical therapy intervention may be provided in an episode of care, or in a single visit/encounter such as for a wellness and prevention visit/encounter or a specialty consultation or for a follow-up visit/encounter after episodes of care, or may be provided intermittently over longer periods of time in cases of managing chronic conditions.

An *episode of care* is the managed care provided for a specific problem or condition during a set time period and can be given either for a short period or on a continuous basis, or it may consist of a series of intervals marked by 1 or more brief separations from care.

*The intervention:*

- *Is based on the examination, evaluation, diagnosis, prognosis, and plan of care.*
- *Is provided under the ongoing direction and supervision of the physical therapist.*
- *Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist assistant.*
- *Is altered in accordance with changes in response or status.*
- *Is provided at a level that is consistent with current physical therapy practice.*
- *Is interdisciplinary when necessary to meet the needs of the patient/client.*
- *Documentation of the intervention is consistent with the Guidelines: Physical Therapy Documentation of Patient/Client Management.*
- *Is dated and appropriately authenticated by the physical therapist or, when permissible by law, by the physical therapist assistant.*

### F. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care, during follow-up visits/encounters after an episode of care, or periodically in the case of chronic care management, to evaluate progress or change in patient/client status. The physical therapist modifies the plan of care accordingly or concludes the episode of care.

*The physical therapist reexamination:*

- *Is documented, dated, and appropriately authenticated by the physical therapist who performs it.*
- *Includes modifications to the plan of care.*

#### G. Conclusion of Episode of Care

The physical therapist concludes an episode of care when the anticipated goals or expected outcomes for the patient/client have been achieved, when the patient/client is unable to continue to progress toward goals, or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

*Conclusion of care documentation:*

- *Includes the status of the patient/client at the conclusion of care and the goals and outcomes attained.*
- *Is dated and appropriately authenticated by the physical therapist who concluded the episode of care.*
- *Includes, when a patient/client is discharged prior to attainment of goals and outcomes, the status of the patient/client and the rationale for discontinuation.*

#### H. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient/client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for "hand off" communication.

*Physical therapist documentation:*

- *Is dated and appropriately authenticated by the physical therapist who performed the examination and established the plan of care.*
- *Is dated and appropriately authenticated by the physical therapist who performed the intervention or, when allowable by law or regulations, by the physical therapist assistant who performed specific components of the intervention as selected by the supervising physical therapist.*
- *Is dated and appropriately authenticated by the physical therapist who performed the reexamination, and includes modifications to the plan of care.*
- *Is dated and appropriately authenticated by the physical therapist who performed the episode of care summary and includes the status of the patient/client and the goals and outcomes achieved.*
- *Includes, when a patient's/client's care is concluded prior to achievement of goals and outcomes, the status of the patient/client and the rationale for conclusion of care.*
- *As appropriate, records patient data using a method that allows collective analysis.*

#### IV. Education

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of students.

The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.

The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

*The physical therapist:*

- *Educates and provides consultation to consumers and the general public regarding the roles of the physical therapist, the physical therapist assistant, and other support personnel.*

#### V. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

*The physical therapist:*

- *Ensures that their knowledge of research literature related to practice is current.*
- *Ensures that the rights of research subjects are protected, and the integrity of research is maintained.*
- *Participates in the research process as appropriate to individual education, experience, and expertise.*
- *Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about the outcomes of physical therapist practice.*

## VI. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

*The physical therapist:*

- *Participates in community and community agency activities.*
- *Educates the public, including prevention, education, and health promotion.*
- *Helps formulate public policy.*
- *Provides pro bono physical therapy services.*

(See also Board of Directors standard Criteria for Standards of Practice)

(Clinical Practice Department, ext 3176)

### **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