



COLLEGE OF
**PHYSICAL
THERAPISTS**
OF ALBERTA

Practice Standards for Physical Therapists

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Public Confidence
In Physical Therapists

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The College of Physical Therapists of Alberta has articulated these practice standards for physical therapists and members of the public who obtain physical therapy.

The standards apply at all times to all physical therapists and are used as the reference for reasonable, competent practice. The standards provide guidance in clinical decision making and outline practice expectations. The public's confidence in physical therapy will be maintained as expectations regarding physical therapy are made clear.

The practice standards reflect the minimum level of quality service provided by a physical therapist. These practice standards are used to measure a physical therapist's skill of practice and professional conduct.

Introduction to Practice Standards

Physical therapists¹ are required to perform within the scope of practice², and meet the practice standards of the profession in Alberta as articulated by the College of Physical Therapists of Alberta. Physical therapists must be able to demonstrate the competencies described in these standards. Physical therapists are responsible for maintaining their competence to practice. They maintain the standard for the physical therapy services delivered, either alone or in collaboration with a healthcare team, and for any physical therapy rendered under their direction and supervision.

Physical therapists present their professional qualifications honestly, demonstrate a commitment to ongoing professional growth and improvement in practice and practice within the scope of personal abilities making referral to other health providers when the services required are beyond their individual competence.

Assumptions Behind the Practice Standards

The standards are based on the following principles and reflect beliefs and values intrinsic to the physical therapy profession:

- ▶ physical therapists are bound by a code of ethics and understand their professional obligations as self-regulated practitioners;
- ▶ physical therapists are committed to providing patient-centered services informed by current evidence;
- ▶ physical therapists maintain competence by building on their unique body of knowledge;
- ▶ physical therapists exercise specialized problem-solving skills;
- ▶ physical therapists act as public advocates in identifying and addressing issues related to the delivery of rehabilitation services generally and physical therapy services specifically; and
- ▶ physical therapists always act in the best interest of the patients they treat.

¹ Physical therapist, physiotherapist, physical therapy, physiotherapy, physiotherapie, physiotherapeute, PT and pht are official marks used with permission. The terms physical therapist and physical therapy are synonyms for physiotherapist and physiotherapy respectively.

² Physical therapy is the assessment of physical function, the treatment of dysfunction caused by pain, injury, disease or a condition, to develop, maintain and maximize independence and prevent dysfunction. Physical therapy is provided by a registered physical therapist.

The standards are explained under 6 major areas of responsibility:

1. Professional Accountability and the Maintenance of Competence
2. Assessment
3. Physical Therapy Diagnosis and Intervention Planning
4. Implementation and Evaluation
5. Communication
6. Organization and Delivery of Service

There are 12 standards:

1. Respect the Autonomy of the Patient
2. Understand the Fiduciary Responsibility and Maintain Professional Integrity
3. Ensure Patient Safety
4. Conduct an Appropriate Physical Therapy Assessment
5. Establish a Physical Therapy Diagnosis
6. Establish the Intervention Plan
7. Explain the Expected Outcome
8. Implement the Intervention Plan
9. Evaluate the Response to Intervention and the Outcome
10. Respect the Confidential Nature of Health Information
11. Communicate Effectively
12. Deliver Effective Evidence-Based Services

There are several performance indicators related to each standard. The performance indicators (or cues) are outlined in detail. Evidence to demonstrate the standard has been met is in the cues. Some cues require mandatory attention eg. obtain informed consent prior to the application of any physical therapy procedure. Others, such as work with agencies, organizations and governments for the patient's benefit, may be optional depending on the practice setting.

Professional Accountability and the Maintenance of Competence

Physical therapists are accountable for their professional behavior. The patient's health service needs, expectations and goals are the first priority and physical therapists act in the best interest of the patient. Professional integrity is assured and physical therapists demonstrate commitment to patients by maintaining competence.

The first three standards relate to professional accountability and the maintenance of competence.

Standard 1: Respect the Autonomy of the Patient

Performance Indicators

- a. obtain informed consent prior to the application of any physical therapy procedure
- b. share decision making with the patient whenever possible
- c. actively involve a patient, and when appropriate, their family and caregivers in establishing treatment goals
- d. respect the decisions made by patients
- e. protect a patient's right and desire for privacy

Standard 2: Understand the Fiduciary Responsibility and Maintain Professional Integrity

Performance Indicators

- a. provide the necessary amount of treatment at the correct frequency for the condition being treated
- b. use available evidence in clinical decision-making
- c. use professional judgment in the patient's best interest
- d. respect personal boundaries
- e. charge justifiable fees and explain fees prior to service initiation
- f. use cost-effective services
- g. fully disclose a potential for conflict of interest when services/products³ are recommended
- h. respect each patient's rights, dignity and unique mix of characteristics, ensuring the patient is treated with respect
- i. apply an ethical framework for decision-making

³ The scope of physical therapy practice does not include the recommendation of nor the selling of nutritional or dietary supplements or over the counter medications. If products are sold from a physical therapy practice, the physical therapist must ensure the patients are fully aware that the products are NOT part of physical therapy practice.

- j. comply with physical therapy legislation, professional obligations and work in compliance with other existing legislation that impacts practice and conduct
- k. facilitate the continuity of physical therapy service
- l. participate in continuing competence activities
- m. participate in the mentoring and supervision of physical therapy students and new entrants to the profession

Standard 3: Ensure Patient Safety

Performance Indicators

- a. provide services in a safe, clean, accessible area
- b. orient patients to the practice setting
- c. follow appropriate infection control procedures
- d. delegate physical therapy functions to students and physical therapist assistants/aides and supervise students and assistants/aides as appropriate considering the care plan and the level of competence of the student and assistant/aide
- e. delegate restricted activities only to authorized personnel who act within established guidelines and provide appropriate supervision/monitoring
- f. ensure, on an ongoing basis, that equipment is in proper safe working order and use the equipment safely and effectively
- g. use proper disposal techniques for sharps and other hazardous waste
- h. conduct a detailed⁴ subjective history in order to select the safest and most appropriate procedures for assessments, tests, examinations
- i. perform screening tests or examinations as appropriate
- j. perform appropriate safety tests prior to the application of any electrophysical agents or other treatments and record the results of these tests
- k. educate patients about safe techniques related to home programs, warning signs to watch for and what action to take if signs occur
- l. explain relevant precautions to patients and identify the precautions in the written plan
- m. when left unsupervised, ensure patients know when, why and how to alert the treating physical therapist or auxiliary staff member

⁴ Checklists of all known symptoms/conditions may be needed.

Assessment

Physical therapists understand what constitutes an appropriate assessment. When a patient requests physical therapy, or is referred to a physical therapist for consultation, assessment or treatment, the physical therapist always obtains consent prior to the assessment and informed consent prior to any intervention. The physical therapist will ensure the patient, and where appropriate, the family is informed about the nature and purpose of the assessment as well as any personal financial costs associated with the assessment. The patient is asked to report any significant changes in their physical status during the course of the assessment.

There is one standard related to assessment.

Standard 4: Conduct an Appropriate Physical Therapy Assessment

Performance Indicators

- a. explain the assessment procedure(s) to the patient prior to the start of the assessment and obtain the patient's consent to conduct the assessment
- b. collect relevant data by interviewing the patient to obtain detailed subjective information, or in the case of a healthcare team, review the clinical record
- c. perform a thorough clinical examination as determined by the nature of the presenting disease, impairment, and/or ability and select and use the most appropriate standardized assessment tests/tools available
- d. assess the patient's perceptions of their functional status and quality of life
- e. identify the patient's demonstrated abilities and the impact of the impairment, disability or disease on health, function, and physical performance
- f. identify the associated health factors affecting physical and occupational performance (eg. using patient interviews, physical assessment, functional analysis, consultation with others, site visits, community and occupational assessment to identify social, cultural, organizational, geographic, physical, economic and legal condition as needed)
- g. monitor the patient's health status for significant changes during the course of the assessment
- h. document the health history, the nature of the current complaint and data collected about previous health management strategies
- i. record key observations, test results, modalities used and dosages applied, measurements, and an analysis of the data in the clinical record

Physical Therapy Diagnosis and Treatment Planning

Physical therapists collect all the necessary medical history/information about the patient prior to formulating a physical therapy diagnosis and treatment plan.

The outcome of an assessment is a physical therapy diagnosis. Once the physical therapy diagnosis is established and the patient's expectations and needs understood, intervention planning begins.

There are three standards related to physical therapy diagnosis and treatment planning.

Standard 5: Establish a Physical Therapy Diagnosis

Performance Indicators

- a. communicate the diagnosis to the patient
- b. explain the nature of the problem and prognosis and provide rationale for any recommended consultation with other health professionals
- c. document the physical therapy diagnosis
- d. communicate the physical therapy diagnosis to other members of the health service delivery team

Standard 6: Establish the Treatment Plan

Performance Indicators

- a. use available evidence to develop the plan, taking into consideration patient preferences, resource constraints and individual patient factors (eg. age, abilities, potential for change, previous health history) that may alter expected outcomes
- b. incorporate the use of restricted activities only when authorized to do so
- c. establish goals with the patient that are specific, measurable, attainable, results-oriented and time-specific
- d. establish and communicate baseline outcome measures
- e. collaborate with other members of the patient's health care team to co ordinate plans, support comprehensive service delivery and avoid service duplication
- f. determine whether concurrent treatment with another health professional is occurring and discuss potential conflicts/outcomes with the patient
- g. recommend the duration and frequency of service based on best available evidence and establish the patient's desired level of participation

Performance Indicators

- h. ensure informed decisions are made by the patient prior to finalizing the treatment plan
- i. identify the level and type of human resources needed for the interventions (eg. the use of students, physical therapy assistants/aide, volunteers)
- j. identify the supplies, equipment and physical environment required to meet the patient's needs
- k. obtain necessary service and financial approval prior to implementing the plan

Standard 7:**Explain the Expected Outcome****Performance Indicators**

- a. promote informed decision making by helping the patient and/or family understand the relevant intervention information
- b. outline the patient's and the patient's family's responsibilities relative to the plan, the purpose and effect of specific interventions, potential risks, alternate intervention options, anticipated frequency and duration of treatment
- c. inform the patient and/or family about the plan and expected outcomes and obtain the patient's consent to follow the plan

Implementation and Evaluation

Physical therapists implement the physical therapy treatment plan. The physical therapist will have informed consent for the intervention(s) to be used, which will include consent to use students, assistants/aides or volunteers for service delivery if appropriate.

There are two standards related to implementation and evaluation of the physical therapy treatment plan plan.

Standard 8: Implement the Physical Therapy Treatment Plan

Performance Indicators

- a. minimize the risk of an adverse reaction by performing appropriate testing before an intervention, by adjusting or discontinuing the intervention and by treating within an agreed upon range of physical tolerance and by following universal precautions (routine practices) at all times
- b. discontinue specific interventions when requested to do so by the patient or when the intervention is no longer effective
- c. perform only those interventions for which informed consent has been given
- d. refer the patient to another physical therapist when a specific intervention is beyond the physical therapist's level of competence
- e. provide the patient and/or family with information about self management, health promotion and disease prevention
- f. maintain continuity in service delivery by communicating effectively with physical therapists and other health professionals who share responsibility for service delivery and by arranging for necessary substitute care, where possible, prior to extended absences from practice
- g. ensure tasks assigned to students, physical therapy assistants/aide and volunteers are appropriate and supervised in accordance with regulations and practice standards

Standard 9: Evaluate the Response to the Treatment and the Outcome**Performance Indicators**

- a. review and modify the treatment plan on an ongoing basis to maximize progress in accordance with the needs and expected outcomes of the patient and/or family, the significance of the clinical benefit(s) achieved and resource constraints
- b. evaluate and update the treatment plan where there has been no clinical improvement, deterioration in functional status and/or the onset of new symptoms
- c. recommend discharge or discharge the patient when physical therapy services are no longer indicated; prepare a discharge report
- d. recommend options for ongoing care from other health professionals as appropriate
- e. use standardized measures to compare discharge status with the baseline values recorded during the initial assessment
- f. participate in available program evaluation and clinical effectiveness studies to support the development of outcomes research
- g. encourage participation in health promotion/injury and disease prevention initiatives

Communication

Physical therapists understand the importance of patient confidentiality while at the same time demonstrate an ability to communicate effectively and in a timely fashion with the patient, the patient's family and members of the patient's healthcare team. Effective communication is found in both verbal and written communication. Physical therapists maintain a complete and accurate clinical record on each patient and evaluate the outcome of the physical therapy services provided. The complete clinical record includes a record of assessment results, treatment plan, goals set, interventions used, outcomes achieved, errors made and dates of all visits. Chart entries are completed in a timely fashion to clearly outline changes in the patient's status.

There are two standards related to communication.

Standard 10: Respect the Confidential Nature of Personal Health Information

Performance Indicators

- a. comply with legislation for the collection, use, storage and disclosure of personal and health information of patients
- b. comply with policies which protect against unauthorized access to the patient's personal and health information
- c. provide automatic back up and recovery of electronic files and protect against loss of/damage to information
- d. tell patients who may access their personal and health information (eg. healthcare team, audit team, etc.) and document that patients have been advised
- e. communicate the results of the assessment and intervention(s) in a timely fashion, verbally or in writing, with the patient and members of the patient's healthcare team
- f. document consent/informed consent related to information sharing

Standard 11: Communicate Effectively

Performance Indicators

- a. answer patient's questions and address patient's concerns about any aspect of the physical therapy care
- b. respond to requests for reports about the physical therapy care provided in a timely/comprehensive manner
- c. maintain a complete, legible clinical record⁵ keeping it secure at all times and in compliance with provincial privacy requirements, ensure the patient's full name and identifier appears on each page of the record and document the type/location of intervention used
- d. document information about, and the patient's response to, interventions
- e. review, update and maintain the healthcare team notes keeping the physical therapist's entries identifiable in the record
- f. co-sign, as needed, entries made by physical therapists licensed to work under supervision, physical therapy students or physical therapy assistants/aides involved in the delivery of the physical therapy program, having read the entry to ensure the physical therapy treatment plan is being carried out appropriately and that the plan does not need to be altered based on reported findings; further, provide the needed follow-up to the author of the notation when the clinical diagnosis/physical therapy treatment plan requires changing
- g. sign all entries and maintain them in chronological order [note: where initials are used, the physical therapist's signature will appear at least once in the record]
- h. document relevant verbal information received from other health providers
- i. maintain, in the record, copies of all referrals/correspondence received from or issued to third parties
- j. document any errors or adverse reactions to an intervention
- k. maintain an audit trail by recording the date of each entry and subsequent change, preserve the original content when changes are made and identify the person making the entry and rendering the service
- l. where applicable, keep a financial record for each patient
- m. retain patient records for at least 10 years after the date of the last entry in the record and in the case of minors, 10 years past the patient's 18th birthday

⁵ The clinical record will include assessment results, treatment plan, goals set, interventions used, outcomes achieved, errors made (if any), and dates of each visit.

Organization and Delivery of Services

Physical therapists assist in the identification of individuals who would benefit from physical therapy services and in the organization/delivery of those services. Physical therapists encourage and, where possible, support research for the benefit of current and future patients of physical therapy

There is one standard related to the organization and delivery of physical therapy services.

Standard 12: Deliver Effective Evidence-Based Services

Performance Indicators

- a. demonstrate an understanding of the overall system in which services are provided and act to improve the practice environment where possible
- b. ensure the most effective use of physical and financial resources
- c. promote effective team work
- d. ensure concurrent treatment⁶ is in the best interest of the patient
- e. reflect on outcomes of service and where necessary modify practice to enhance outcomes
- f. encourage the continuing development skills of care givers involved in the delivery of physical therapy services
- g. access and maintain information and resources to support the most effective service delivery
- h. work with agencies, organizations and governments for the patient's benefit
- i. encourage/participate in outcome-based research when possible

⁶ Concurrent treatment is not appropriate when the treatment approaches of the health care providers are dissimilar, have conflicting objectives or when service is duplicated. It is the physical therapist's responsibility to communicate effectively with other health care providers.

Glossary of Terms

Assessment and Analysis:

The process of obtaining a patient's health history; completing an examination using specific tests and measures; and interpreting and analyzing findings to classify the patient's problems and determine the patient's needs and prognosis.

Competence:

The extent to which a physical therapist translates knowledge, attitudes and judgments into a service which makes a valued difference to customers in a given environment. (*Summary Report: National Competency Forum for Physiotherapy*, Canadian Alliance of Physiotherapy Regulatory Boards, Canadian Council of Physiotherapy Academic Programs, Canadian Physiotherapy Association, May 1995)

Competencies:

The key elements (knowledge, skills, attitudes, judgment) and processes (assessment, planning, implementation, evaluation) intrinsic to the effective practice of physiotherapy (see "competence").

Disability:

A restriction or inability to perform an activity in the manner or within the range considered normal for a human being, mostly resulting from impairment. (World Health Organization 2001)

Impairment:

Any temporary or permanent loss or abnormality of a body structure or function, whether physiological or psychological. (World Health Organization, 2001)

Implementation:

The performance of necessary and appropriate interventions to achieve the desired benefit for the patient with minimal risk.

Intervention:

A physical therapy intervention may be either direct (eg. manual techniques and exercise programs) or indirect (supportive) (eg. injury prevention education and the prescription of assistive devices).

Outcome Measure:

A measurement tool (eg. instrument, questionnaire, rating form) used to document change in one or more patient characteristics over time. (Cole et al. *Physical Rehabilitation Outcome Measures*, Canadian Physiotherapy Association, 1994)

Patient:

A person, their legally authorized representative(s) or a group who requests, uses or receives professional services, products or information.

Planning

The process of developing and updating, in consultation with the patient, an appropriate physical therapy management strategy based on assessment findings, the patient's goals and desired outcomes and the patient's anticipated response to service.

Standard:

A desired and achievable level of performance against which actual performance can be compared. (Canadian Council for Health Services Accreditation, 1995)

Standardized Measure:

A published measurement tool, designed for a specific purpose in a given population, with detailed instructions provided as to when and how it is to be administered and scored, interpretation of the scores, and the results of investigations of reliability and validity. (Cole et al, *Physical Rehabilitation Outcome Measures*, Canadian Physiotherapy Association, 1994)



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