



COLLEGE OF  
**PHYSICAL  
THERAPISTS**  
OF ALBERTA

# position statement

## SUPERVISION AND DELEGATION

The College of Physical Therapists of Alberta regulates the practice of physical therapists<sup>1</sup> in Alberta through the administration of the *Physical Therapy Profession Act* and Regulations. The Act protects the use of the physical therapist/physiotherapist titles for the exclusive use by registered physical therapists. The Act also protects the service title physical therapy/physiotherapy. All physical therapy titles have been 'officially marked' through the Federal Trade Mark program for use by registered physical therapists only. This means that physical therapy is ONLY available from registered physical therapists or those physical therapists on a temporary register preparing to re-enter the workforce or complete the Physiotherapy Competency Exam, physical therapy students or physical therapist assistants/aides<sup>2</sup>.

### SUPERVISION

- ▶ Physical therapists who need a period of supervised clinical practice to ensure competence prior to re-entering the workforce and those preparing for the Physiotherapy Competency Exam work under varying degrees of supervision.
- ▶ The amount of supervision for physical therapy students completing their university physical therapy education varies (ie. during clinical placements, students will move from working under direct supervision to an independent model where guidance and advice is sought from the supervising physical therapist).
- ▶ Supervision encompasses all activities performed by physical therapists to ensure patient safety and the competent application of delegated<sup>3</sup> physical therapy programs.
- ▶ The physical therapist assigning the task(s) must supervise the individual performing the task.
- ▶ The nature of the supervisory relationship may be direct or indirect, or a combination of the two.
- ▶ In determining the amount, form, quality and type of supervision required, the physical therapist must take into account several factors:
  - i) The key determinants for appropriate supervision include practice setting and type, the nature of the task, the acuity of the patient's condition, the complexity of the patient's needs and the degree of judgment and decision making required for modification of treatment based on the patient's response. These factors must be considered in context with education, training, skills, job experience, personal attributes, abilities and competence of the individual being supervised.
  - ii) Physical therapists exercise their best clinical judgment to provide the appropriate mix of direct and indirect supervision as required.
- ▶ In situations where indirect supervision is used, it is reasonable and expected that the supervising physical therapist be readily available for consultation (by pager, telephone, etc.) or in the same physical area as the individual under their supervision.

<sup>1</sup> 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.

<sup>2</sup> Only those facilities that employ/contract the services of a registered physical therapist may employ physical therapist assistants/aides.

<sup>3</sup> Delegation, assignment of task or transfer of function is the assignment of a physical therapy treatment plan, or part of a plan, or task to an individual who is not a registered physical therapist.



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- ▶ The physical therapist remains responsible, accountable and liable for the quality of physical therapy provided therefore it is essential that the supervising physical therapist evaluate the standard of work performed by individuals under their supervision.
- ▶ Physical therapists review chart entries made by individuals working under their supervision to ensure the physical therapy treatment plan is carried out appropriately and does not need changes. The physical therapist provides follow-up instruction when the physical therapy treatment plan/clinical diagnosis needs changing.
- ▶ Physical therapists establish a process, structure and mechanisms to ensure ongoing, collaborative communication exists between the various parties.

### **DELEGATION, ASSIGNMENT OF TASKS OR TRANSFER OF FUNCTION<sup>3</sup>**

- ▶ Delegation, assignment of tasks or transfer of function occurs when the physical therapist has determined the treatment plan is suitable for implementation by an individual who is not a registered physical therapist and the individual has the competence to carry out the plan under supervision. The individual implements the prescribed treatment plan under supervision.
- ▶ *The responsibility for the care and safety of the patient cannot be delegated or transferred and it remains with the physical therapist. The physical therapist is accountable for the physical therapy care the patient receives.*
- ▶ The delegation, assignment of tasks or transfer of function always includes the informed consent (agreement) of the patient.
- ▶ It is the physical therapist's responsibility to ensure individuals under their supervision are able to competently carry out the physical therapy functions delegated. Physical therapists do not delegate or assign treatment plans to individuals they have not observed performing similar tasks competently.
- ▶ Individuals carrying out delegated tasks will recognize changes in patient status and report these to the supervising physical therapist.
- ▶ Reassessment of the patient by the physical therapist and subsequent changes to the treatment plan occurs as frequently as necessary to maximize expected outcomes.
- ▶ Physical therapists communicate to individuals working under supervision:
  - i) relevant assessment findings, goals, interventions planned, acceptable range of treatments and the expected response;
  - ii) potential changes in the patient's condition expected with the treatment delivered;
  - iii) the patient's actual response to treatment;
  - iv) observed changes in the patient's health status during or as a result of the physical therapy intervention; and
  - v) changes in the treatment plan and goals.
- ▶ Tasks that may be delegated/assigned to physical therapy assistants/aides include:
  - i) participating in the collection of qualitative and quantitative patient data related to the patient's physical status and functional ability;
  - ii) performing selected objective measures/tests/procedures;



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- iii. implementing therapeutic interventions as assigned, which may include thermal, electrical and mechanical modalities or providing physical assistance (supporting or enhancing in nature) to patients;
  - iv. reinforcing the physical therapist's explanation and providing verbal instructions to the patient regarding the intervention plan;
  - v. assisting the physical therapist in evaluating the effectiveness of specific interventions in relation to identified patient outcomes;
  - vi. documenting work and collection of workload measurement statistics; and
  - vii. performing any task that contributes to the creation of a safe and effective practice environment.
- ▶ The types of tasks that **are not** assigned to a physical therapist assistant/aide are of an evaluative nature and include:
- i. interpretation of referrals, diagnosis or prognosis;
  - ii. interpretation of assessment findings, treatment procedures and goals of treatment;
  - iii. planning or modification of treatment program;
  - iv. discussion of treatment rationale, clinical findings and prognosis with the patient/family;
  - v. documentation that should be completed by a physical therapist;
  - vi. discharge planning;
  - vii. any task or procedure that requires continuous clinical judgement eg. any intervention that has an evaluative component that immediately influences the treatment program; and
  - viii. mobilizations/manipulations.

### GLOSSARY

**Competent:** the ability/capacity to perform the task correctly.

**Direct supervision:** the supervising physical therapist is present when the delegated task is carried out.

**Indirect Supervision:** the supervising physical therapist is not present when the task is carried out, but is readily available by phone/fax.

**Supervision:** the provision of adequate guidance, including periodic review, to ensure physical therapy services provided are safe and effective, and communication, both written and verbal, is appropriate.

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