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Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)

**STANDARDS OF PRACTICE FOR PHYSICAL THERAPY HOD S06-19-29-50** [Amended: HOD S06-13-22-15; HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial: HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

Preamble

The physical therapy profession is committed to transforming society by optimizing movement to improve the human experience. Physical therapists pursue excellence in a professional scope of practice that includes optimizing physical function, health, quality of life, and well-being across the lifespan, and they work to improve population health in the communities where they practice. The American Physical Therapy Association (APTA) 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 APTA *Code of Ethics for the Physical Therapist*.

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

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, Goals, Objectives, and Scope of Services

The physical therapy service has a statement of mission, purposes, goals, objectives, and scope of services that is reviewed annually and reflects the needs and interests of the patients and clients served, the physical therapy personnel affiliated with the service, and the community.

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 a physical therapist provides the clinical direction of physical therapist services;
- Defines supervisory structures within the service; and
- Reflects current personnel functions.

C. Policies and Procedures

The physical therapy service has written policies and procedures that are reviewed regularly and revised as necessary; reflect the operation, mission, purposes, goals, objectives, and scope of the service; are legally compliant with federal and state law; and are guided by the association's positions, standards, guidelines, policies, and procedures.

D. Administration

Guided and informed by APTA positions, standards, guidelines, policies, and procedures, the physical therapist responsible for the clinical direction of physical therapist services ensures:

- Compliance with local, state, and federal requirements;
- Services are provided in accordance with established policies and procedures;
- The process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and clients and meets the needs of the patients and clients; and
- Continuing competence of physical therapists and physical therapist assistants by providing training consistent with their respective roles.

E. Fiscal Management

The physical therapist responsible for physical therapist services, 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;
- Allows for cost-effective utilization of resources;
- Follows billing processes that are consistent with federal regulations and payer policies, charge reasonable fees for physical therapist services, and encourage physical therapists to be knowledgeable of service fee schedules, contractual relationships, and payment methodologies; and
- Considers options for 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 services; and
- Provides a mechanism for documenting improvement in quality of care and performance and 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, goals, objectives, and scope of the service.

The physical therapy service:

- Ensures that the level of expertise within the service is appropriate to the needs of the patients and clients served, and consistent with the scope of the services provided; and
- Provides appropriate professional and support personnel to meet the needs of the patient and 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 strategies for lifelong learning and professional and career development that include self-assessment, individual goal setting, and organizational needs;
- Includes mechanisms to foster mentorship activities;
- Includes information regarding evidence-based practice and relevant clinical practice guidelines; and
- Includes education regarding use of clinical practice guidelines, reflective reasoning, clinical reasoning, metacognition, and the value of mentoring.

## I. Physical Setting

The physical setting, where applicable, is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, goals, objectives, and scope of the physical therapy service. It is appropriate for the number and type of patients and clients served. The equipment is safe and sufficient to achieve the purposes and goals of the physical therapy service.

## J. Coordination

Physical therapy personnel collaborate with all health services providers and with patients, clients, caregivers, and others as appropriate; and use a team and person-centered approach in coordinating and providing physical therapist services.

## III. Patient and Client Management

Physical therapist practice incorporates all components of evidence-based practice, integrating best available research evidence, clinical expertise, and an individual's values and circumstances to make decisions regarding services for patients and clients, practice management, and health policy.

### A. Physical Therapist of Record

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

### B. Patient and Client Collaboration

Within the patient and client management process, the physical therapist, the individual, and their caregiver(s) establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services and can extend over the lifespan.

### 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 or encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions. Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

- Is documented and dated by the physical therapist who performed it;
- Identifies the physical therapy and as indicated other health needs of the patient or client;
- Incorporates appropriate diagnostic procedures, 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 or client; and
- Includes, when appropriate and available, results from imaging, laboratory testing, and neurologic testing, to assist with clinical decision-making.

#### D. Plan of Care

The plan of care consists of statements that specify the goals, predicted level of optimal improvement, interventions to be used, proposed duration and frequency of the interventions that are required to reach the goals and outcomes, and plans as appropriate for referral, consultation, or co-management with other providers.

The physical therapist involves the patient or client and appropriate others in the planning, goals and outcomes, proposed frequency and duration, and implementation of the plan of care. Consideration is given to clinical practice guidelines when they are in alignment with the patient or client diagnosis and/or prognosis.

Prevention and wellness interactions, particularly at a community level, may not require a plan of care.

#### E. Intervention

The physical therapist provides or directs and supervises intervention consistent with results of the examination, evaluation, diagnosis, prognosis, and plan of care. Intervention is focused on optimizing functional independence, emphasizes patient or client instruction, and promotes proactive, wellness-oriented lifestyles. It may be provided in an episode of care, or in a single visit or encounter such as for wellness and/or prevention, specialty consultation, or follow-up after an episode of care. Services also may be provided intermittently over longer periods of time in cases of managing chronic conditions or as needed in the case of a lifelong patient or client relationship with the physical therapist.

An *episode of care* is the managed care provided for a specific problem or condition during a set time period. The episode 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 provided at a level that is consistent with best available evidence and current physical therapist practice;
- Is in direct alignment with the patient's or client's desired outcomes and goals;
- Is altered in accordance with changes in response or status; and
- Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and legal limitations of the physical therapist assistant.

#### F. Lifelong and Long-Term Patient and Client Relationships

Physical therapists foster and encourage lifelong and long-term patient and client relationships. Where feasible, physical therapists, as entry-point providers, provide services within the community that are available to patients or clients over a lifetime. Efforts are made to address movement system disorders and to maintain optimal health and wellness through physical therapist intervention as needed.

Lifelong and long-term patient and client relationships:

- Foster continuity of service over patients' and clients' lifespans by addressing changes in the movement system, health status, or disabilities as they arise;
- Empower patients and clients to advocate for their own health;
- Empower the physical therapist to advocate on behalf of patients and clients within the health services system; and
- Foster identification by patients and clients that they have their own physical therapist among various health professions.

#### G. Reexamination

The physical therapist reexamines the patient or client as necessary to evaluate progress or change in status. Reexamination may occur during an episode of care, during follow-up visits or encounters after an episode of care, or periodically in the case of chronic care management or lifelong and long-term relationships with patients and clients. During reexamination the physical therapist modifies the plan of care accordingly, refers

the patient or client to another health services provider for consultation, or concludes the episode of care.

#### H. Conclusion of an Episode of Care

The physical therapist concludes an episode of care when the goals and outcomes for the patient or client have been achieved, when the patient or client is unable to continue to progress toward goals, or when the physical therapist determines that the patient or client will no longer benefit from physical therapy. Conclusion of a single episode of care may not, in many settings or circumstances, signal the end of a patient or client provider relationship.

#### I. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient and client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient or client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for “handoff” communication and follows “handoff” procedures developed by the physical therapy service. As appropriate, patient records and data are recorded using a method that allows for collective analysis.

#### J. Co-management/Consultation/Referral

At any point in an episode of care, or in a long-term or lifelong physical therapist-patient or client relationship, a physical therapist may engage in 1 or more of the following actions related to involvement of other providers in the management process. Other providers may be those in other professions and also may be physical therapist colleagues, some with advanced practice credentials or board certification in a clinical specialty.

- Co-management: The physical therapist shares responsibility for the individual with another professional who is also managing that individual.
- Consultation: In some cases, the physical therapist renders professional expert opinion or advice by applying highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time on behalf of an individual. In other cases, the physical therapist seeks consultative services from another provider to inform the physical therapist plan of care and/or to obtain services for the individual that are beyond the professional or personal scope of practice of the physical therapist. In these cases, the physical therapist shares responsibility for the individual with the consultant.
- Referral: The physical therapist may:
  - Refer an individual to another provider and either conclude care or not develop a plan of care;
  - Refer an individual to another provider and continue the plan of care at the same time;
  - Receive an individual referred from another provider who chooses not to continue services for the individual; or
  - Receive an individual from another provider who continues to provide services to the individual (if the physical therapy episode of care is ongoing, the physical therapist shares responsibility for the individual).

#### 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 peers, other health services providers, and 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.

## V. Advocacy

The physical therapist and the physical therapist assistant will participate in advocacy for patients' and clients' rights with respect to:

- Physical therapy being an entry-point for patients into the health services system;
- Physical therapists serving in primary care roles;
- Appropriate access to needed health services including physical therapist services; and
- Communities creating safe and accessible built environments, where population health is a priority.

## VI. Research

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

The physical therapist:

- Remains current in their knowledge of literature related to practice;
- Protects the rights of research subjects and maintains the integrity of research;
- Participates in research as appropriate to individual education, experience, and expertise;
- Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about new evidence from research and the outcomes of physical therapist practice; and
- Accesses and translates knowledge in support of clinical decisions, and uses literature based on its quality and appropriateness.

## VII. Community Responsibility

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

### **Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/**month**/**year**/**page**/**vote** in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure