



THE PT/PTA RELATIONSHIP: 4 THINGS TO KNOW

PT/PTA teams can be a well-oiled machine, or they can be clunky and in need of serious repair. Learn how to keep your team in peak condition.

By Janet Crosier, PT, DPT, MEd



Imagine this scenario: Addison is a physical therapist (PT) who has just started her first job in a new state. Jamie, the physical therapy manager, has recently changed patient management systems after a thorough review of the facility's productivity and safety record. Patients are no longer randomly assigned to staff PTs and physical therapist assistants (PTAs) but are now assigned to PT/PTA teams. The goal is to increase communication and accountability between PTs and the PTAs they direct and supervise. Addison has been assigned to work with Cash, a PTA with 15 years of experience at the facility and a favorite among patients.

Cash is familiar with the facility and quick to obtain the needed resources/equipment for each patient without direction from Addison. Patients are comfortable working with Cash and often ask him

to provide their physical therapy. Additionally, he is accustomed to the facility's electronic documentation system and completes his paperwork efficiently, allowing him to consistently leave before Addison at the end of the day.

Addison is quick to learn the facility's procedures and is becoming more efficient with the new electronic documentation system daily. Typically, she likes to gather all the pertinent information about her patients and plan the day first thing in the morning. Cash, on the other hand, is comfortable launching into the day and taking things as they come. It doesn't take long for Addison to feel like Cash has taken control of their patient schedule, including determining who will provide the interventions. Within a short time, Addison starts to wonder if she is failing her responsibility to direct and supervise Cash.

During a conversation with Jamie, Addison mentions that she would prefer to work with Chris, a relatively new PTA that she thinks would be better suited to her work and management style. As Addison explores the situation with Jamie, she begins to realize how little she knows about directing and supervising a PTA, a skill she never had the opportunity to develop as part of her education program. She also is surprised to learn that Cash had reported to Jamie that Addison was "slow and indecisive—a typical rookie." Jamie recommends that Addison learn more about PTAs and how to work within and lead a PT/PTA team.

Does This Really Happen?

These types of situations can and do occur. The example provided intentionally involves a new PT graduate and a PTA with years of experience to highlight the gap that can occur when PTs and PTAs don't practice working as a team. Several realities of physical therapy education probably contribute to this gap in knowledge of how to work as a PT/PTA team for both PT and PTA students. First, until 2007, PT programs were not required to include content on directing and supervising PTAs in the curriculum. As a result, many PT students and graduates have had little or no education or practice directing and supervising PTAs during their clinical education experiences.

At the same time, PTA students learn to provide patient interventions in the lab in the presence of an instructor, which is different from working with a supervising PT. This may lead to false expectations about working with a PT, especially for PTA students whose clinical instructor is a PTA with years of experience.

When the PT has limited knowledge and experience in supervising and directing PTAs, the PT may

be more apt to provide all of the patient/client intervention or to inadvertently use PTAs like aides.

To work as a PT/PTA team in a legal, ethical, and effective manner, the PT and PTA need to be familiar with the following 4 areas:

1 State Physical Therapy Practice Act: The laws governing the practice of physical therapy are determined by each state and are often contained in state practice acts and/or administrative rules. The Federation of State Boards of Physical Therapy, www.fsbpt.org, provides links to each state's practice act and Web site. These laws vary considerably from state to state, so it is important for PTs and PTAs to be familiar with the laws in their state.

2 Professional and ethical documents: The revised "Code of Ethics for Physical Therapists" and the "Standards of Ethical Conduct for the Physical Therapist Assistant" became effective in July 2010. If you haven't already read and incorporated these documents, you can find them at www.apta.org/ethics. Additionally, read "Professionalism: Core Values of the Profession" and "Value-Based Behaviors for the PTA" at this site for further information on the expected conduct of PTs and PTAs at work and in society.

3 PTA education and scope of work: APTA has been working to increase the resources available to educators and clinicians to clarify the role of the PT/PTA team and thus reduce the unwarranted variation in PT practice in this area. The following resources are available at www.apta.org/pta:

- *PTA Direction and Supervision Algorithms:* These two algorithms help PTs determine when direction of patient/client interventions by a PTA are appropriate and provide guidance on supervising PTAs.
- *Minimum Required Skills of the Physical Therapist Assistant Graduate at Entry-Level:* This document contains inclusive lists of skills that new PTA graduates are expected to be competent to perform on patients/clients.
- *PTA Clinical Problem-Solving Algorithm:* This algorithm outlines the expected problem-solving processes employed by PTAs prior to and during interventions.
- *PT/PTA Teamwork: Models in Delivering Patient Care:* This document consists of scenarios describing the roles and function of the PT/PTA team in the most common practice areas in

accordance with APTA's positions on PTA utilization, direction, and supervision.

- *PT/PTA Teamwork: A Learning Module:* This self-contained online learning module provides PTs with all the information they need to have a thorough understanding of a PTA's education and skill, additional guidance about developing a plan of care that is informative, details on providing direction and supervision, and more. This new tool is expected to be released by the APTA Learning Center in mid 2011.

4 Payer regulations related to PTAs: Payer regulations relative to PTA direction and supervision vary and also change, so it is important that all PTs and PTAs have a system in place to obtain updates on these regulations as they change. In general, the team needs to be familiar with the following potential scenarios:

Payers' requirements related to supervision vary, even within a single payer. For example, Medicare has a variety of supervision requirements that are dependent on the setting where physical therapy is provided and are also dependent on the beneficiary's plan (eg, Part A vs Part B coverage).

Payers may specify what interventions and tasks may or may not be directed to a PTA. For example, Medicare specifically indicates that tasks that require ongoing evaluation must be provided by the PT, which is also consistent with APTA positions.

Although most payers do not specify whether patient/client interventions must be provided by a PT and pay the same amount whether the hands-on intervention is provided by a PT or PTA, other payers may have payment differentials according to who is providing the intervention. Some payers may permit PTAs to work with their beneficiaries but will not pay for services provided by a PTA. Others have indicated that they will make partial payment for services provided by a PTA.

The following holds true in all practice settings:

- PTs maintain control of and responsibility for patient/client management.
- PTs are legally and ethically responsible for the PTAs under their direction and supervision.
- In patient/client management, PTAs assist with the intervention component only. Examination, evaluation, diagnosis, prognosis, and outcomes are the sole responsibility of the PT.
- PTAs are responsible for following the plan of care established by the PT, including ensuring patient/client comfort and safety during the intervention and related data collection.

Let's take another look at our earlier scenario with these 4 new areas in mind. After reviewing these documents, Addison has a much better understanding of her role as the PT and Cash's role as the PTA in their team. She determines that she needs to clarify these roles with Cash so they have a clear understanding and maximize their effectiveness as a team. She also realizes she can benefit greatly from Cash's knowledge and skill, which exceed that of an entry-level PTA because of his continuing education and experience but is still within the area of interventions.

PTs and PTAs have successfully been providing patient/client care for more than 40 years. To ensure the best patient/client outcomes while increasing efficiency and reducing risk, the PT needs to be educated about the PTA's education and scope of work. Both the PT and PTA benefit when roles are clear and communication is open and ongoing. ♦

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Know an Outstanding Team?

APTA recognizes the importance of the PT/PTA team and provides an annual award for teams that have demonstrated excellence in the provision of patient/client care—the Outstanding PT/PTA Team of the Year Award. If you work with an outstanding PT/PTA team, nominate the team for this award by visiting www.apta.org/honorsawards





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