



MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT GRADUATES AT ENTRY-LEVEL BOD G11-08-09-18 [Guideline]

Background

In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTAs).

Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
- (2) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
- (3) To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
- (4) The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
- (5) Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline.

Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all physical therapist assistant academic program directors, PTA Academic Coordinators/Directors of Clinical Education, and PTA faculties, physical therapists and PTAs serving on CAPTE panels, component leaders, the PTA Caucus, Advisory Panel of PTAs, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.

The final “vote” was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employers and CAPTE. The final document that follows defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.

PTA Skill Category	Description of Minimum Skills for PTA
<p>Plan of Care Review</p> <ul style="list-style-type: none"> ▪ Review of physical therapy documents ▪ Review of medical record ▪ Identification of pertinent information ▪ Identification of indications, contraindications, precautions, safety considerations, and expected outcomes ▪ Access to related literature ▪ Match patient goals to selected interventions ▪ Identification of role in patient care ▪ Identification of items to be communicated to the physical therapist 	<ol style="list-style-type: none"> 1. Read all physical therapy documentation, including initial examination and plan of care. <ol style="list-style-type: none"> A. Note indications, contraindications, precautions and safety considerations for the patient. B. Note goals and expected outcomes. C. Seek clarification from physical therapist, as needed. 2. Review information in the medical record at each visit, including: <ol style="list-style-type: none"> A. Monitor medical record for changes in medical status and/or medical procedures. B. Collect data on patient’s current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met. C. Seek clarification from appropriate health professions’ staff for unfamiliar or ambiguous information. 3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA. 4. Communicate to the physical therapist when there are significant changes in the patient’s medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA. 5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.
<p>Provision of Procedural Interventions</p> <ul style="list-style-type: none"> • Compliance with policies, procedures, ethical standards, etc. • Risk management strategies • Protection of patient privacy, rights, and dignity • Competent provision of interventions, including: <ul style="list-style-type: none"> • Therapeutic exercise • Functional training • Manual therapy techniques • Application and 	<ol style="list-style-type: none"> 1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (eg, Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures. 2. Assure safety of patient and self throughout patient care. <ol style="list-style-type: none"> A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised. B. Utilize risk management strategies (eg, universal precautions, body mechanics). 3. Assure patient privacy, rights, and dignity. <ol style="list-style-type: none"> A. Follow HIPAA requirements and observe Patient Bill of Rights. B. Position/drape to protect patient modesty. 4. Provide competent provision of physical therapy interventions,

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<p>adjustment of devices and equipment*</p> <ul style="list-style-type: none"> • Airway clearance techniques • Integumentary repair and protection techniques • Electrotherapeutic modalities* • Physical agents and mechanical modalities* • Assessment of patient response • Clinical problem solving • Ability to modify techniques 	<p>including:</p> <p><u>Therapeutic exercise</u></p> <ul style="list-style-type: none"> A. Aerobic Capacity/Endurance Conditioning or Reconditioning <ul style="list-style-type: none"> 1. Increase workload over time 2. Movement efficiency and energy conservation training 3. Walking/wheelchair propulsion programs B. Balance, coordination, and agility training <ul style="list-style-type: none"> 1. Developmental activities training 2. Neuromuscular education or reeducation 3. Postural awareness training 4. Standardized, programmatic, complementary exercise approaches (protocols) 5. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching) C. Body mechanics and postural stabilization <ul style="list-style-type: none"> 1. Body mechanics training 2. Postural stabilization activities 3. Postural awareness training D. Flexibility exercises <ul style="list-style-type: none"> 1. Range of motion 2. Stretching (eg, Passive, Active, Mechanical) E. Gait and locomotion training <ul style="list-style-type: none"> 1. Developmental activities training 2. Gait training (with and without devices) 3. Standardized, programmatic, complementary exercise approaches 4. Wheelchair propulsion and safety F. Neuromotor development training <ul style="list-style-type: none"> 1. Developmental activities training 2. Movement pattern training 3. Neuromuscular education or reeducation G. Relaxation <ul style="list-style-type: none"> 1. Breathing strategies (with respect to delivery of an intervention) 2. Relaxation techniques (with respect to delivery of an intervention) H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles <ul style="list-style-type: none"> 1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (eg, kicking a ball, throwing a ball) <p><u>Functional training in self-care and home management</u></p> <ul style="list-style-type: none"> A. Activities of daily living (ADL) training <ul style="list-style-type: none"> 1. Bed mobility and transfer training 2. Activity specific performance training B. Device and equipment use and training <ul style="list-style-type: none"> 1. Assistive and adaptive device or equipment training during ADL C. Injury Prevention or reduction

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	<ol style="list-style-type: none"> 1. Injury prevention education during self-care and home management 2. Injury prevention or reduction with use of devices and equipment 3. Safety awareness training during self-care and home management <p><u>Manual therapy techniques</u></p> <ol style="list-style-type: none"> A. Therapeutic Massage B. Soft Tissue mobilization C. Passive range of motion <p><u>Application and adjustment of devices and equipment</u></p> <ol style="list-style-type: none"> A. Adaptive devices <ol style="list-style-type: none"> 1. Hospital Beds 2. Raised Toilet Seats B. Assistive devices <ol style="list-style-type: none"> 1. Canes 2. Crutches 3. Long-handled reachers 4. Walkers 5. Wheelchairs C. Orthotic and prosthetic devices <ol style="list-style-type: none"> 1. Braces D. Protective devices <ol style="list-style-type: none"> 1. Braces E. Supportive devices, such as: <ol style="list-style-type: none"> 1. Compression garments 2. Elastic wraps 3. Soft neck collars 4. Slings 5. Supplemental oxygen <p><u>Breathing strategies/oxygenation</u></p> <ol style="list-style-type: none"> 1. Identify patient in respiratory distress 2. Reposition patient to improve respiratory function 3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.) 4. Administration of prescribed oxygen during interventions. <p><u>Integumentary protection</u></p> <ol style="list-style-type: none"> 1. Recognize interruptions in integumentary integrity 2. Repositioning 3. Patient education 4. Edema management <p><u>Electrotherapeutic modalities, such as:</u></p> <ol style="list-style-type: none"> 1. Electrotherapeutic delivery of medications 2. Electrical muscle stimulation 3. Electrical stimulation for tissue repair 4. Functional electrical stimulation 5. High-voltage pulsed current

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	<p>6. Neuromuscular electrical stimulation 7. Transcutaneous electrical nerve stimulation</p> <p><u>Physical agents</u></p> <ol style="list-style-type: none"> 1. Cryotherapy (eg, cold pack, ice massage, vapocoolant spray, hydrotherapy) 2. Ultrasound 3. Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy) <p><u>Mechanical modalities</u></p> <ol style="list-style-type: none"> 1. Compression therapies 2. Mechanical motion devices 3. Traction devices <p>5. Determine patient's response to the intervention:</p> <ol style="list-style-type: none"> A. Interview patient and accurately interpret verbal and nonverbal responses B. Identify secondary effects or complications caused by the intervention C. Determine outcome of intervention (positive or negative), including data collection and functional measures <p>6. Use clinical problem solving skills in patient care.</p> <ol style="list-style-type: none"> A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met C. Determine if modifications to the interventions are needed to improve patient response <p>7. Modify interventions to improve patient response.</p> <ol style="list-style-type: none"> A. Determine modifications that can be made to the intervention within the plan of care B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA C. Select and implement modification D. Determine patient outcomes from the modification
<p>Patient Instruction</p> <ul style="list-style-type: none"> • Application of principles of learning • Use of variety of teaching strategies • Methods to enhance compliance 	<ol style="list-style-type: none"> 1. Apply principles of learning using a variety of teaching strategies during patient instruction. 2. Provide clear instructions (eg, verbal, visual). 3. Apply methods to enhance compliance (eg, handouts, reporting forms).

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<ul style="list-style-type: none"> • Clarity in instructions • Assessment of patient response 	<p>4. Determine patient response/understanding of instruction.</p>
<p>Patient Progression</p> <ul style="list-style-type: none"> • Competent patient progression • Communication of pertinent information • Relationship of psychosocial factors to progress • Clinical problem solving 	<ol style="list-style-type: none"> 1. Implement competent patient progression. <ol style="list-style-type: none"> A. Identify the need to progress via data collection. B. Determine what progression can be made within the plan of care. C. Identify possible progressions that will continue to advance patient response. D. Select and implement the progression of the intervention. E. Determine outcomes of the intervention. 2. Communicate pertinent information. <ol style="list-style-type: none"> A. Identify changes in patient response due to intervention. B. Describe adjustments to intervention within plan of care. C. Describe response to change in intervention. 3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient's progression with the intervention. 4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.
<p>Data Collection</p> <ul style="list-style-type: none"> • Competent data collection • Interview skills • Accurate and timely • Clinical problem solving • Ability to modify techniques • Documentation and communication 	<ol style="list-style-type: none"> 1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient's medical status and/or progress within the intervention as indicated in the following categories: <ul style="list-style-type: none"> <u>Anthropometric characteristics</u> <ol style="list-style-type: none"> 1. Measure body dimensions (eg, height, weight, girth, limb length). <u>Arousal, attention, and cognition</u> <ol style="list-style-type: none"> 1. Determine level of orientation to situation, time, place, and person. 2. Determine patient's ability to process commands. 3. Determine level of arousal (lethargic, alert, agitated). 4. Test patient's recall ability (eg, short term and long term memory). <u>Assistive and adaptive devices</u> <ol style="list-style-type: none"> 1. Measure for assistive or adaptive devices and equipment. 2. Determine components, alignments and fit of device and equipment. 3. Determine patient's safety while using the device. 4. Monitor patient's response to the use of the

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	<p>device.</p> <ol style="list-style-type: none"> 5. Check patient or caregiver's ability to care for device and equipment (maintenance, adjustment, cleaning). <p><u>Body mechanics</u></p> <ol style="list-style-type: none"> 1. Determine patient's ability to use proper body mechanics during functional activity. <p><u>Environmental barriers, self-care, and home management</u></p> <ol style="list-style-type: none"> 1. Identify potential safety barriers. 2. Identify potential environmental barriers. 3. Identify potential physical barriers. 4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management. <p><u>Gait, locomotion, and balance</u></p> <ol style="list-style-type: none"> 1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility. 2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests. 3. Describes gait deviations and their effect on gait and locomotion. <p><u>Integumentary integrity</u></p> <ol style="list-style-type: none"> 1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin. 2. Identify devices and equipment that may produce or relieve trauma to the skin. 3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor). 4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc. 5. Test for skin sensation and describe absent or altered sensation. <p><u>Muscle function</u></p> <ol style="list-style-type: none"> 1. Perform manual muscle testing. 2. Observe the presence or absence of muscle mass. 3. Describe changes in muscle tone. <p><u>Neuromotor function</u></p> <ol style="list-style-type: none"> 1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone. 2. Identify performance of gross and fine motor skills.

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	<p><u>Orthotic and prosthetic devices and equipment</u></p> <ol style="list-style-type: none"> 1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints. 2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities. 3. Determine patient/caregiver's ability to don/doff orthotic, device, brace, and/or splint. 4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (eg, maintenance, adjustments, and cleaning). <p><u>Pain</u></p> <ol style="list-style-type: none"> 1. Define location and intensity of pain. <p><u>Posture</u></p> <ol style="list-style-type: none"> 1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline). <p><u>Range of motion</u></p> <ol style="list-style-type: none"> 1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure). 2. Describe functional range of motion. <p><u>Sensory response</u></p> <ol style="list-style-type: none"> 1. Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration). 2. Check peripheral nerve integrity (sensation, strength). <p><u>Vital Signs</u></p> <ol style="list-style-type: none"> 1. Monitor and determine cardiovascular function. (eg, peripheral pulses, blood pressure, heart rate) 2. Monitor and determine physiological responses to position change (eg, orthostatic hypotension, skin color, blood pressure, and heart rate). 3. Monitor and determine respiratory status (eg, pulse oximetry, rate, and rhythm, pattern). <ol style="list-style-type: none"> 2. Provide timely communication to the physical therapist regarding findings of data collection techniques. 3. Recognize when intervention should not be provided or should be modified due to change in patient status.
<p>Documentation</p> <ul style="list-style-type: none"> • Select relevant information 	<ol style="list-style-type: none"> 1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with

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<ul style="list-style-type: none"> • Accuracy • Ability to adapt 	<p>institutional, legal, and billing requirements.</p> <ol style="list-style-type: none"> 2. Use appropriate grammar, syntax, and punctuation in communication. 3. Use appropriate terminology and institutionally approved abbreviations. 4. Use an organized and logical framework to document care. 5. Identify and communicate with the physical therapist when further documentation is required.
<p>Safety, CPR, and Emergency Procedures</p> <ul style="list-style-type: none"> • Safety • Initiate emergency response system • CPR 	<ol style="list-style-type: none"> 1. Ensure safety of self and others in the provision of care in all situations. 2. Initiate and/or participate in emergency life support procedures (simulated or actual). 3. Initiate and/or participate in emergency response system (simulated or actual). 4. Maintain competency in CPR. 5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).
<p>Healthcare Literature</p>	<ol style="list-style-type: none"> 1. Reads and understands the healthcare literature.

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<p>Education</p> <ul style="list-style-type: none"> a. Colleagues b. Aides, volunteers, peers, coworkers c. Students d. Community 	<ol style="list-style-type: none"> 1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.
<p>Resource Management</p> <ul style="list-style-type: none"> • Human • Fiscal • Systems 	<ol style="list-style-type: none"> 1. Follow legal and ethical requirements for direction and supervision of other support personnel. 2. Select appropriate non-patient care activities to be directed to support personnel. 3. Identify and eliminate obstacles to completing patient related duties. 4. Demonstrate efficient time management. 5. Provide accurate and timely information for billing and reimbursement purposes. 6. Adhere to legal/ethical requirements, including billing. 7. Maintain and use physical therapy equipment effectively.
<p>Behavioral Expectations:</p> <ul style="list-style-type: none"> a. Accountability b. Altruism c. Compassion and Caring d. Cultural Competence e. Duty f. Integrity g. Social Responsibility 	<p><u>Accountability</u></p> <ol style="list-style-type: none"> 1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal management. 2. Act in a manner consistent with the <i>Standards of Ethical Conduct for the Physical Therapist Assistant</i> and <i>Guide for Conduct of the Physical Therapist Assistant</i>. 3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant's actions. <p><u>Altruism</u></p> <ol style="list-style-type: none"> 1. Place the patient's/client's needs above the physical therapist assistant's self-interests. <p><u>Compassion and caring</u></p> <ol style="list-style-type: none"> 1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care. <p><u>Cultural competence</u></p> <ol style="list-style-type: none"> 1. Identify, respect, and act with consideration for the patient's

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	<p>differences, values, preferences, and expressed needs in all physical therapy activities.</p> <p><u>Duty</u></p> <ol style="list-style-type: none"> 1. Describe and respect the physical therapists' and other team members' expertise, background, knowledge, and values. 2. Demonstrate reliability in meeting normal job responsibilities (eg, attendance, punctuality, following direction). 3. Preserve the safety, security, privacy, and confidentiality of individuals. 4. Recognize and report when signs of abuse/neglect are present. 5. Actively promote physical therapy. <p><u>Integrity</u></p> <ol style="list-style-type: none"> 1. Demonstrate integrity in all interactions. 2. Maintain professional relationships with all persons. <p><u>Social Responsibility</u></p> <ol style="list-style-type: none"> 1. Analyze work performance and behaviors and seek assistance for improvement as needed.
Communication	<p><u>Interpersonal Communication</u></p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others to promote confidence. 2. Actively listen and display sensitivity to the needs of others. 3. Ask questions in a manner that elicits needed responses. 4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 5. Demonstrate congruence between verbal and non-verbal messages. 6. Recognize when communication with the physical therapist is indicated. 7. Initiate and complete verbal and written communication with the physical therapist in a timely manner. 8. Ensure ongoing communication with the physical therapist for optimal patient care. 9. Recognize role and participate appropriately in communicating patient status and progress within the health care team. <p><u>Conflict Management/Negotiation</u></p>

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	<ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary.
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Demonstrate health promoting behaviors. 2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist. 3. Educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.). 4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.
Career Development	<ol style="list-style-type: none"> 1. Engage in self-assessment. 2. Identify individual learning needs to enhance role in the profession. 3. Identify and obtain resources to increase knowledge and skill. 4. Engage in learning activities (eg, clinical experience, mentoring, skill development). 5. Incorporate new knowledge and skill into clinical performance.

Relationship to Vision 2020:
(Academic/Clinical Education Affairs Department, ext 3203)

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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