



STANDARDS OF PRACTICE FOR PHYSICAL THERAPY HOD S06-10-09-07 [Amended 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's commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association 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 provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the *Code of Ethics* of the American Physical Therapy Association.

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

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 assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, and Goals

The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/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.

C. Policies and Procedures

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the Association's standards, policies, positions, guidelines, and *Code of Ethics*.

D. Administration

A physical therapist is responsible for the direction of the physical therapy service.

E. Fiscal Management

The director of the physical therapy service, 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.

- 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.
- G. Staffing
The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.
- H. Staff Development
The physical therapy service has a written plan that provides for appropriate and ongoing staff development.
- I. Physical Setting
The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.
- J. Collaboration
The physical therapy service collaborates with all disciplines as appropriate.

III. Patient/Client Management

- A. Physical Therapist of Record
The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.
- B. Patient/Client Collaboration
Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.
- C. Initial Examination/Evaluation/Diagnosis/Prognosis
The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.
- D. Plan of Care
The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapists involve the patient/client and appropriate others in the planning, implementation, and assessment of the plan of care.

The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.
- E. Intervention
The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.
- F. Reexamination
The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.

G. Discharge/Discontinuation of Intervention

The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

H. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, interventions, response to interventions, changes in patient/client status relative to the interventions, reexamination, and discharge/discontinuation of intervention and other patient/client management activities. The physical therapist of record is responsible for "hand off" communication.

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 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. Research

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

VI. Community Responsibility

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

(See also Board of Directors standard [Criteria for Standards of Practice](#))

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

[Document updated: 02/03/2011]

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