THE FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

STANDARDS OF COMPETENCE

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INTRODUCTION

WHY IS THE FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY DEVELOPING STANDARDS OF COMPETENCE?

The Federation of State Boards of Physical Therapy (Federation) is committed to the development of a national framework that jurisdiction licensing authorities may use to assess continuing competence of physical therapy practitioners. As part of that commitment, it is important to develop "standards" that articulate a measurable degree of required performance. The standards chosen will be used to determine the level of performance to which licensees will be held accountable for ongoing practice.

While "standards" are not new and currently exist for students and entry to practice, standards for continuing competence have not been articulated for physical therapy.

The Federation recognizes that the standards must be dynamic and reflect the evolving nature of physical therapy practice. Therefore, this document should be considered as a work in progress and will be updated and refined over time.

The Federation has developed models for measuring and demonstrating ongoing competence based on these standards. It will be up to each jurisdiction to determine if they will require licensees to demonstrate their continued competence based on the model(s).

WHAT ARE THE ASSUMPTIONS BEHIND THE STANDARDS?

Assumptions underlying these standards include:

- Physical therapists are bound by a code of ethics.
- Physical therapists are self-regulating
- Physical therapists maintain currency by participating in lifelong-learning. Lifelong-learning includes development of knowledge, skills and abilities in order to meet current standards of practice.
- Physical therapists are committed to delivering quality patient care services.
- Physical therapists are an integral part of the health care delivery team.
- Physical therapists are responsible for all aspects of physical therapy services including those provided by assistive personnel under the direction of the physical therapist.

WHY HAVE STANDARDS NOT BEEN DEVELOPED FOR THE PHYSICAL THERAPIST ASSISTANT?

While many jurisdictions regulate physical therapist assistants, standards have not been developed for the physical therapist assistant. Since all jurisdictions require the PTA to work under the supervision of the physical therapist, it is recognized that the supervising physical therapist has the responsibility and obligation to determine a PTA's competence. It is also the responsibility of the physical therapist to direct the physical therapist assistant towards appropriate training and skill development to maintain and improve the knowledge and skills of

the physical therapist assistant. This responsibility of the supervising physical therapist is included within these standards of competence.

CONTINUING COMPETENCE

It is the position of the Federation of State Boards of Physical Therapy that it is a regulatory board's responsibility, in meeting its mission of protecting the public, to develop standards and measures for assuring entry level and continuing competence to practice physical therapy, and to also require remediation for those who do not meet the established standards.

HOW WERE THESE STANDARDS DEVELOPED?

The standards in this document were developed following a review by a committee of the literature and accepted professional documents (see REFERENCE DOCUMENTS). These standards went through an extensive review process first by the licensing jurisdictions and then clinicians from a wide variety of regions and practice settings. Finally the Federation of State Boards of Physical Therapy called for a final 60-day comment period.

HOW ARE THE STANDARDS PRESENTED?

The standards are divided into two domains including:

- Professional Practice
- Patient/Client Management

These domains should be familiar to physical therapists as they follow the educational model used in the United States. Each is considered equally important due to the rapidly changing health care environment in which physical therapists practice, the overall impact of attributes and behaviors beyond clinical performance and the importance of practice setting management on overall physical therapy practice.

TO WHOM DO THESE STANDARDS APPLY?

These standards apply to those practicing physical therapy, which is defined by the Model Practice Act (MPA) as meaning “The care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].”

These standards apply to those claiming the title of physical therapist which is defined by MPA as meaning a “A person who is licensed pursuant to this [act] to practice physical therapy. The term “physiotherapist” shall be synonymous with “physical therapist” pursuant to this [act].” These standards apply to those involved in the “Practice of physical therapy” which is defined by the MPA as meaning:

“1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.

2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, and therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, including debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.
3. Reducing the risk of injury, impairment, functional limitation and disability, including the promotion and maintenance of fitness, health and wellness in populations of all ages.
4. Engaging in administration, consultation, education and research."

HOW DO THE STANDARDS APPLY TO PHYSICAL THERAPISTS WORKING IN NON-TRADITIONAL ROLES OR IN NON-CLINICAL PRACTICE?

Physical therapists in the United States practice in diverse settings and areas of practice. The Standards of Competence are intended to apply to the performance of all physical therapists regardless of practice setting. Some of the performance requirements will fit some areas of practice better than others. Although physical therapists are licensed to practice across the broad spectrum of physical therapy, they are expected to demonstrate continuing competence within the context of their practice environment and role description.

STANDARDS OF COMPETENCE

DOMAIN 1-PROFESSIONAL PRACTICE

PROFESSIONAL ACCOUNTABILITY

The physical therapist:

- Practices in a safe manner that minimizes risk to patients, self and others.
- Completes documentation related to physical therapy practice in an appropriate, legible, and timely manner that is consistent with all applicable laws and regulatory requirements.
- Supervises assistive personnel and students in a manner that assures safe and efficient care.
- Consistently and critically evaluates sources of information related to physical therapy practice, outcomes research and education and applies knowledge from these sources in a scientific manner and to appropriate populations.
- Selects and utilizes outcomes measures to assess the results of interventions administered to individual and groups of patients.
- Communicates effectively with clients, caregivers and professional colleagues.

PROFESSIONAL BEHAVIOR

The physical therapist:

- Conducts critical self-assessment in order to practice to the fullest extent of knowledge, skills and abilities and takes responsibility to make accommodations as necessary.

- Demonstrates an understanding of and compliance with all laws and regulations governing the practice of physical therapy in his/her jurisdiction.
  - Forms a professional relationship with patients/clients, colleagues and other members of the health care team in an effort to maximize patient/client outcomes.
  - Avoids potential conflict of interest situations and circumstances that could be construed as harassment or abuse of patients, colleagues, associates or employees.
  - Demonstrates sensitivity to individual and cultural differences when engaged in physical therapy practice
  - Demonstrates knowledge and works to accommodate health disparities for individuals and the community at large.

PROFESSIONAL DEVELOPMENT

The physical therapist:

- Demonstrates lifelong learning to identify, acquire and apply knowledge, skills and abilities required for current physical therapy practice.
- Develops the knowledge, skills and abilities to communicate, manage knowledge, mitigate error and support decision-making utilizing information technology (informatics).

DOMAIN 2-PATIENT/CLIENT MANAGEMENT

EXAMINATION, EVALUATION AND DIAGNOSIS

The physical therapist:

- Consistently integrates the best evidence for practice from all sources of information and utilizes clinical judgment to determine the best care for a patient.
- Safely examines a patient/client using valid and reliable measures whenever available.
- Establishes a diagnosis and prognosis for physical therapy, identifies risks of care, and makes appropriate clinical decisions based upon the examination and evaluation, including history, screening and differential diagnosis, and current available evidence.
- Identifies and considers patient/client goals and expected outcomes.
- Discusses findings with and obtains consent from the patient/client prior to commencing any physical therapy intervention.
- When appropriate, refers the patient/client to colleagues or other members of the health care team.

PLAN OF CARE

The physical therapist:

- Establishes and monitors a plan of care in consultation, cooperation and collaboration with the patient/client and other involved health care team members to insure that care is continuous and reliable.
- Evaluates and updates the plan of care as indicated based on the patient\client status**,** results of psychometrically valid outcomes measures when available, and applicable laws and regulations.

- Incorporates appropriate, timely and efficient use of resources (environmental, equipment, care-giver support and financial) when establishing a plan of care.

IMPLEMENTATION

The physical therapist:

- Delivers, evaluates and adjusts the physical therapy intervention.
- Takes appropriate action in any emergency situation.
- Utilizes assistive personnel in accordance with legal requirements.

EDUCATION

The physical therapist:

- Educates patients/clients, family, and caregivers, using relevant and effective teaching methods to assure optimal patient care outcomes.

DISCHARGE

The physical therapist:

- Plans for discharge in consultation with the patient/client and care givers.
- Discharges the patient/client after expected outcomes have been achieved or documents rationale for discharge when outcomes have not been achieved.
- Assists in the coordination of ongoing care if required.

GLOSSARY OF TERMS

Competence	The application of professional knowledge, skill and abilities, which relate to performance objectives of an individual's (PT) role within the context of public health, welfare and safety (adapted form Parry, 1996).
Continuing Competence	Ongoing application of professional knowledge, skills and abilities which relate to occupational performance objectives in the range of possible encounters that is defined by that individual's scope of practice and practice setting.
Culture	The thoughts, communications, actions, customs, beliefs, values and institutions or racial, ethnic, religious or social groups.[1]
Diagnosis	Diagnosis is a label encompassing a cluster of signs and symptoms, syndromes, or categories. It is the decision reached as a result of the diagnostic process, which includes evaluating the information obtained during the examination; organizing it into clusters, syndromes, or categories; and interpreting it.1
Evaluation	A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. [1]
Evidence Based Medicine	The use of current best evidence in making decisions about the care of individual patients.[2]
Examination	The process of obtaining a history, performing relevant systems reviews and selecting and administering specific tests and measures. [1]
Informatics	The communication and management of knowledge in order to mitigate error and support decision making by the use of information technology.[3]
Intervention	The purposeful and skilled interaction of the physical, therapist with the patient/client and when appropriate, with other individuals involved in care, using various methods and techniques to produce changes in the condition. [1]
Outcome	Are the results of patient/client management. They relate to redemption of functional limitation and disability, primary or secondary prevention, and optimization of patient/client satisfaction. [1]
Outcome analysis	A Systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis of practice, and other processes. [1]
Reflective Practice	Reflective practice is the process of looking back at an experience or situation to analyze what was learned. [7]
Standards of Competence	A desired, achievable and documented level of performance against which actual performance and outcomes can be compared and are essential for the practice of physical therapy.

[1] U.S. Department of Health and Human Services Office of Minority Health.
[2] Evidence-Based Practice: Beliefs, Attitudes, Knowledge, and Behaviors of Physical Therapists. Physical Therapy Volume 83, Number 9. September 2003.
[3] Health Professions Education A Bridge to Quality Executive Report Institute of Medicine Executive Report

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