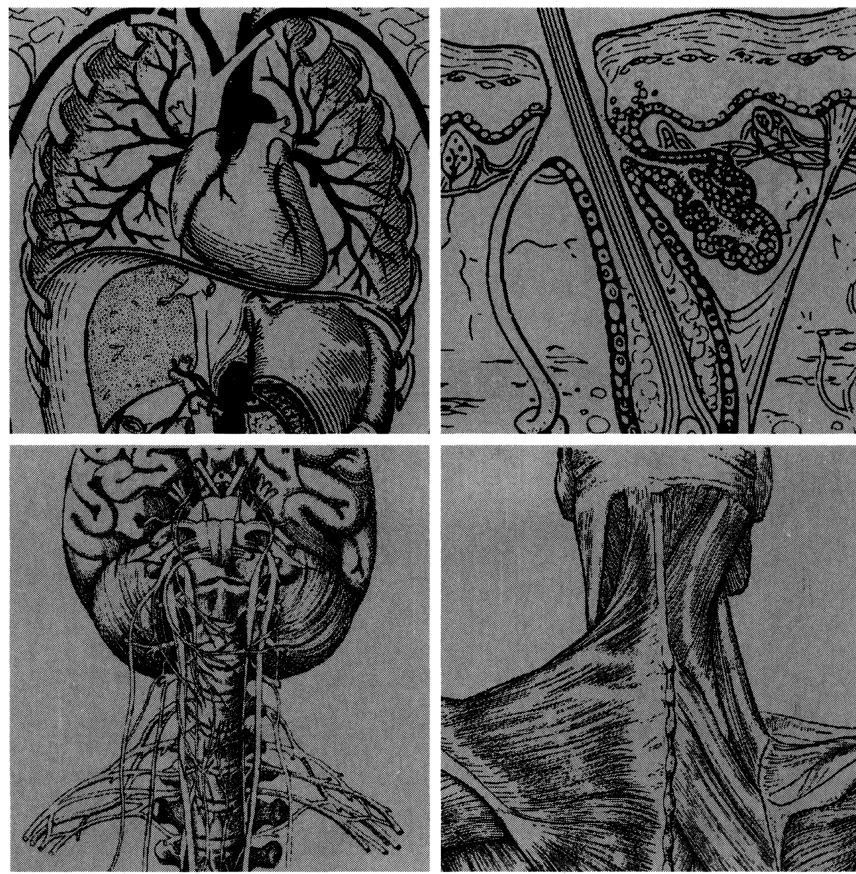


Guide to Physical Therapist Practice



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Guide to Physical Therapist Practice

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Foreword

Guide to *Physical Therapist Practice*, Parts One and Two, represents years of dedicated, collaborative effort on the part of American Physical Therapy Association (APTA) leaders and grass-roots members. Two APTA task forces, four panels, a project advisory group, a board of directors oversight committee, and more than 600 reviewers participated in this landmark process. The Guide truly is the foundation of the profession, a consensus document developed by expert physical therapist clinicians. The Association thanks all of the contributors for their hard work and their commitment to the project.

The Guide is an evolving document that will be revised based on research evidence and on changes in examination and intervention strategies. The next step in the Guide's evolution will be shaped in part by its users. APTA encourages you to contact the Association with comments, suggestions for revisions, or questions.

Jan K Richardson, PhD, PT, OCS
President
American Physical Therapy Association

To comment, make suggestions, or ask questions about *Guide to Physical Therapist Practice*, you can fill out the reader response postcard inserted in this document, send an e-mail message to guide@apta.org, or write to: GUIDE, Department of Practice, APTA, 1111 North Fairfax Street, Alexandria, VA 22314-1488.

How to use the Guide:

The American Physical Therapy Association (APTA) recommends that users read "Part One: A Description of Patient/Client Management" first. Part One describes the elements of patient/client management and explains the tests and measures and interventions found in "Part Two: Preferred Practice Patterns."

Part Two provides information about common management strategies for specific patient/client diagnostic groups. To reflect physical therapist practice, each pattern is intended both to stand alone and to be used in conjunction with other patterns. An individual patient/client may belong to one or more of the groups or patterns. Unless otherwise noted, every attempt was made to order lists alphabetically.

Experienced physical therapists can compare their own practice with that described in the patterns to challenge long-held assumptions, refine approaches to patient/client management, or evaluate the appropriateness of new interventions. Newly graduated physical therapists or physical therapists who are encountering a particular type of patient for the first time can use the patterns as a guide for developing comprehensive plans of care.

The patterns are not specific protocols for treatments, nor are they to be construed or applied as clinical guidelines. The patterns describe the boundaries within which physical therapists may select any of a number of clinical paths, based on consideration of a wide variety of factors, such as individual patient/client needs; the profession's code of ethics and standards of practice; and patient/client age, culture, gender roles, race, sex, sexual orientation, and socioeconomic status.

The Guide answers these questions:

- Who are physical therapists, and what are their roles in health care?
- What are the generally accepted elements of patient/client management provided by physical therapists?
- What types of tests and measures do physical therapists use as part of the examination for specific patient/client diagnostic groups?
- What types of interventions do physical therapists provide, and what are the anticipated goals of those interventions?
- What are the desired outcomes of patient/client management provided by physical therapists?

Preface

All health care professions are accountable to the various publics that they serve. The American Physical Therapy Association (APTA) has developed *Guide to Physical Therapist Practice* (“the Guide”) to help physical therapists analyze their patient/client management and describe the scope of their practice. The Guide is necessary not only to daily practice but to preparation of students. It was used as a primary resource by the Commission on Accreditation in Physical Therapy Education (CAPTE) during its revision of evaluative criteria for physical therapist professional education programs and is an essential companion document to *The Normative Model of Physical Therapist Professional Education, Version 97*.

Specifically, the Guide is designed to help physical therapists (1) enhance quality of care, (2) improve patient/client satisfaction, (3) promote appropriate utilization of health care services, (4) increase efficiency and reduce unwarranted variation in the provision of services, and (5) promote cost reduction through prevention and wellness initiatives. The Guide also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research.

Groups other than physical therapists are important users of the Guide. Health care policymakers and administrators can use the Guide in making informed decisions about health care service delivery. Third-party payers and managed care providers can use the Guide in making informed decisions about reasonableness of care and appropriate reimbursement. Health care and other professionals can use the Guide to coordinate care with physical therapist colleagues more efficiently.

As the Guide is disseminated throughout the profession and to other groups, the process of revision and refinement will begin. We thank our colleagues who helped us make the Guide a reality.

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(APTA President, 1991-1997)
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Introduction

Physical therapy is a dynamic profession with an established theoretical base and widespread clinical applications in the preservation, development, and restoration of optimal physical function. Every day, physical therapists in the United States help approximately 1 million people

- Alleviate pain
- Prevent the onset and progression of impairment, functional limitation, disability, or changes in physical function and health status resulting from injury, disease, or other causes
- Restore, maintain, and promote overall fitness, health, and optimal quality of life

As essential participants in the health care delivery system, physical therapists assume leadership roles in rehabilitation services, prevention and health maintenance programs, and professional and community organizations. They also play important roles in developing health care policy and appropriate standards for the various elements of physical therapist practice to ensure availability, accessibility, and excellence in the delivery of physical therapy services. The positive impact of physical therapists' rehabilitation, prevention, and health promotion services on health-related quality of life is well accepted. Physical therapy is covered by almost all federal, state, and private insurance plans.

As clinicians, physical therapists engage in an examination process that includes taking the history, conducting a systems review, and administering tests and measures to identify potential and existing problems. To establish *diagnoses* and *prognoses*, physical therapists perform *evaluations* that synthesize the examination data. Physical therapists provide *interventions* (the interactions and procedures used in treating and instructing patients/clients), conduct reexaminations, modify interventions as necessary to achieve anticipated goals and desired outcomes, and develop and implement discharge plans. Physical therapy includes not only the services provided by physical therapists but those rendered under physical therapist direction and supervision.

The American Physical Therapy Association (APTA), the national organization representing the profession of physical therapy, believes it is critically important for those outside the profession to understand the role of physical therapists in the health care delivery system and the unique services that physical therapists provide. APTA is committed to informing consumers, other health care professionals, federal and state governments, and third-party payers about the benefits of physical therapy—and, more specifically, about the relationship between postintervention health status and the services provided by physical therapists. APTA actively supports outcomes research and strongly endorses all efforts to develop appropriate systems to measure the results of the patient/client management that is provided by physical therapists.

Purposes of the Guide

A Guide to Physical Therapist Practice (“the Guide”) is a reference not only for physical therapist practitioners, educators, and students, but for health care policymakers, administrators, managed care providers, third-party payers, and other professionals. The Guide serves two purposes:

1. To describe generally accepted physical therapist practice and to standardize terminology
2. To delineate preferred practice patterns that will help physical therapists (a) enhance quality of care, (b) improve patient/client satisfaction, (c) promote appropriate utilization of health care services, (d) increase efficiency and reduce unwarranted variation in the provision of services, and (e) promote cost reduction through prevention and wellness initiatives

The Guide does *not* provide specific protocols for treatments, nor is it intended to serve as clinical guidelines, which are defined by the Institute of Medicine as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for *specific clinical circumstances* [emphasis added].”^{2,3} Clinical guidelines usually are based on a comprehensive search of peer-reviewed literature. The Guide represents expert consensus and contains preferred practice patterns describing common sets of management strategies used by physical therapists for selected patient/client diagnostic groups. As such, the Guide is a first step toward the development of clinical guidelines, in that it classifies patients/clients and identifies the range of current options for care. The Guide is not intended to set forth the standard of care for which a physical therapist may be legally responsible in any specific case.

Based on expert opinion, the preferred practice patterns contained in the Guide describe the boundaries within which the physical therapist may select any of a number of clinical paths, based on consideration of a wide variety of factors, including individual patient/client needs; the profession’s code of ethics and standards of practice; and patient/client age, culture, gender roles, race, sex, sexual orientation, and socioeconomic status.

APTA recommends that federal and state government agencies and other third-party payers require physical therapy to be provided only by, or under the direction and the supervision, of a physical therapist. An examination, evaluation, or intervention—unless provided by a physical therapist or under the direction and supervision of a physical therapist—is *not physical therapy*, nor should it be represented or reimbursed as such.

Contents of the Guide

“Part One: A Description of Patient/Client Management” is an overview of physical therapists as health care professionals and their approach to patient/client management, including:

- Physical therapist qualifications, roles, and practice settings
- The elements of patient/client management provided by physical therapists
- Tests and measures that physical therapists frequently use, clinical indications that may prompt the use of the tests and measures, and types of data that may be generated
- Interventions that physical therapists frequently provide, with clinical indications and expected benefits

“Part Two: Preferred Practice Patterns” contains preferred practice patterns for selected patient/client diagnostic groups. The patterns are grouped under four categories of conditions: musculoskeletal, neuromuscular, cardiopulmonary, and integumentary. An individual may belong to one or more diagnostic groups or patterns.

Each practice pattern describes the following:

- Patient/client diagnostic group
- Examination (history, systems review, and tests and measures)
- Evaluation
- Diagnosis and prognosis (including expected range of visits)
- Interventions, based on anticipated goals
- Reexamination
- Outcomes (which relate to remediation of functional limitation and disability, primary or secondary prevention, and optimization of patient/client satisfaction)
- Criteria for discharge
- Primary prevention strategies, when applicable

In addition, each pattern lists relevant ICD-9-CM codes.⁴ (These lists are intended as general information and are not for use in coding.)

Appendix 1 contains a glossary of terms used in the Guide. Appendixes 2 through 7 contain the APTA core documents on which physical therapist practice is based: *Code of Ethics*, *Guide for Professional Conduct*, *Standards of Ethical Conduct for the Physical Therapist Assistant*, *Guide for Conduct of the Affiliate Member*, *Standards of Practice for Physical Therapy and the Criteria*, and *Guidelines for Physical Therapy Documentation*.

Development of the Guide

In 1992, APTA's House of Delegates charged the Board of Directors to develop a document that would delineate physical therapist practice both for members of the physical therapy profession and for health care policymakers and third-party payers. Building on groundwork laid by APTA's Task Force on Practice Parameters, the Task Force to Review Practice Parameters and Taxonomy produced *A Guide to Physical Therapist Practice, Volume I: A Description of Patient Management*,⁵ approved in March 1995 by the Board of Directors. In June 1995, the House of Delegates approved the conceptual framework on which *Volume I* was based and endorsed the Board of Directors' plan to develop *Volume II* using a process of expert consensus. *Volume II* was to be "composed of descriptions of preferred physical therapist practice for patient groupings defined by common physical therapist management." [Report to the 1997 House of Delegates, Processes to Describe Physical Therapy Care for Specific Patient Conditions, RC 32-95]

A Board-appointed Project Advisory Group and a Board Oversight Committee were created to lead the project. The members of the Project Advisory Group were chosen on the basis of the following criteria: broad knowledge of physical therapy, understanding of clinical policy development, familiarity with research in physical therapy, and recognized decision-making abilities.

In June 1995, the Project Advisory Group and the Board Oversight Committee met to refine project design; in September, the Committee selected 24 physical therapists to serve on one of four panels: musculoskeletal, neuromuscular, cardiopulmonary, and integumentary. Each Project Advisory Group member was assigned as a liaison to a panel. At least one member of each panel was to have expertise in issues related to women's health. Criteria for selection of panel members included the following:

- Experience in the subject area
- Knowledge of physical therapy literature
- Understanding of research and the use of data
- Expertise in documentation
- Experience in peer review
- Knowledge of broad areas of physical therapy
- Recognized ability to work with groups and to reach a consensus
- Openness to a variety of treatment philosophies
- Willingness to commit to the entire project

Consideration was given to creating panels whose collective clinical experience would represent a wide range of patient/client age groups and practice settings.

Between October 1995 and September 1996, the panels developed preferred practice patterns that were reviewed by more than 200 select reviewers. In addition, each pattern was reviewed by APTA's Risk Management Committee, physical therapists with reim-

bursement expertise, APTA's Reimbursement Department, and APTA's legal counsel. In December 1996, revised drafts of the patterns were sent for broad-based review to more than 600 reviewers and to APTA chapter and section presidents, APTA members with risk management and reimbursement expertise, and other select reviewers. Input from the general membership was obtained during open forums at APTA Annual Conferences and Combined Sections Meetings throughout 1996 and 1997.

In early 1997, *Volume I* and *Volume II* were combined as Part One and Part Two of a single document. Revisions were made to Part One to reflect Part Two. In March 1997, the Board of Directors approved the draft of Part Two; in June, the House of Delegates approved the conceptual framework on which Part Two is based.

Guide to Physical Therapist Practice is an evolving document that will be systematically revised as the physical therapy profession's knowledge base, scientific literature, and outcomes research develop and as examination and intervention strategies change.

Concepts on Which the Guide Is Based

The Guide is based on two main concepts: (1) the process of disablement as a framework for understanding and organizing practice and for optimizing function and (2) the integration of prevention and wellness strategies into physical therapist intervention.

The Process of Disablement

The Guide is based on a framework that rejects the medical model of disease (which emphasizes "treating the diagnosis") and that focuses instead on the process of disablement—that is, on the impact of conditions on function.^{6,7} For the purposes of the Guide, *function* refers to those activities identified by an individual as essential to support physical, social, and psychological well-being and to create a personal sense of meaningful living.

The framework adopted for use in the Guide is consistent with those adopted by other professional bodies, such as the National Center for Medical Rehabilitation Research⁸ and the Institute of Medicine.⁹ In the context of this framework, physical therapists provide services to patients/clients with impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes. *Impairment* is defined as loss or abnormality of physiological, psychological, or anatomical structure or function. *Functional limitation* is defined as restriction of the ability to perform—at the level of the whole person—a physical action, activity, or task in an efficient, typically expected, or competent manner. *Disability* is defined as the inability to engage in age-specific, gender-specific, or sex-specific roles in a particular social context and physical environment.^{6,7}

The disablement framework used in the Guide represents a continuum of care; however, it also acknowledges the disparity that physical therapists often observe among severity of impairment, extent of functional limitation, and degree of disability. That is, the presence of an impairment does not necessarily mean that a functional activity or task will be performed in an atypical manner. Similarly, functional limitations do not necessarily prevent performance of specific role functions, such as those of worker, student, or spouse. Impairments, functional limitations, and disabilities do not follow each other in lockstep. Through examination, evaluation, and diagnosis, the physical therapist determines the interrelationships among impairments, functional limitations, and disabilities for a specific patient/client in a given diagnostic group.

Prevention and Wellness Strategies

Progression to pathology—or from pathology or impairment to disability—does not have to be inevitable. The physical therapist can prevent impairment, functional limitation, or disability by identifying disablement risk factors and by buffering the disablement process. The patient/client management described in the Guide includes three types of prevention:

- *Primary prevention* - Preventing disease in a susceptible or potentially susceptible population through specific measures such as general health promotion efforts
- *Secondary prevention* - Decreasing duration of illness, severity of disease, and sequelae through early diagnosis and prompt intervention
- *Tertiary prevention* - Limiting the degree of disability and promoting rehabilitation and restoration of function in patients with chronic and irreversible diseases

“Part One: A Description of Patient/Client Management” further explains the framework, format, and terms used in the Guide. An understanding of Part One is essential to obtain the most benefit from “Part Two: Preferred Practice Patterns.”

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