

OBJECTIVES

After studying Chapter 2, the reader will be able to:

- Discuss the supervisory role of the physical therapist on the health care team.
- Describe the differences in role, function, and supervisory relationships of the physical therapist, physical therapist assistant, and other health care personnel.
- Identify the use of the *Guide to Physical Therapist Practice*.
- List the events taking place in the collaborative path between physical therapist and physical therapist assistant.
- Compare and contrast the types of health care teams.
- Identify the members of the rehabilitation team and their responsibilities.
- Describe the five elements of patient and client management in physical therapy practice.
- List employment settings for physical therapists and physical therapist assistants.
- Compare and contrast the three types of skilled nursing facilities.
- Discuss employment and physical therapy clinical practice issues such as interviews, policy and procedure manuals, meetings, budgets, quality assurance, and risk management.

The Physical Therapist Assistant As a Member of the Health Care Team

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

Definition of the PTA

The American Physical Therapy Association (APTA) defines a physical therapist assistant as “an educated individual who works under the direction and supervision of a physical therapist.”¹¹ A physical therapist assistant is considered by the association as the only individual who assists the physical therapist in the delivery of selected physical therapy interventions. A physical therapist assistant is also a graduate of a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Levels of Supervision

As per the APTA, a physical therapist assistant delivering selected physical therapy intervention is under a level of supervision called *general supervision*. This means that the physical therapist is not required to be physically present on-site for direction and supervision of the physical therapist assistant, but must be available by telecommunications at all times. However, some states require that the physical therapist assistant delivers selected physical therapy interventions only under the *direct personal supervision* of the physical therapist. Direct personal supervision means that the physical therapist must be physically present and immediately available on-site at all times to direct and supervise tasks that are related to patient and client management. The direction and supervision is continuous throughout the time these tasks are performed.

Use of PTA

The practice of physical therapy is conducted by the physical therapist. The direction and supervision of physical therapist assistants and other personnel by the physical therapist are necessary in the provision of quality physical therapy services. Many factors are involved to assure quality in the physical therapy clinical settings. These factors are the physical therapist and physical therapist assistant's education, experience, responsibilities, along with the organizational structure in which the physical therapy services are provided. As per the APTA, the physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management.¹¹

The APTA's description of PTA duties include the following:¹¹

- Perform selected physical therapy interventions under the direction and at least general supervision of the physical therapist. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist.
- Make modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.
- Document patient's/client's progress.
- Perform routine operational functions including direct personal supervision, where allowable by law, of the physical therapy aide and the physical therapist assistant student, and other personnel.

The physical therapist assistant can not evaluate, develop, or change the plan of care or the treatment plan, and cannot write a discharge plan or a summary. In addition, the physical therapist assistant cannot perform joint mobilization techniques and sharp debridement wound therapy. However, states' physical therapy practice acts differ.

PT's Responsibilities While Supervising the PTA

Regardless of the setting in which the services are provided, while supervising the physical therapist assistant, the physical therapist has the following responsibilities:¹¹

- Referral interpretation
- Initial examination, evaluation, diagnosis, and prognosis
- Development or modification of a plan of care (POC) based on the initial examination and reexamination; the plan of care includes the physical therapy goals and outcomes
- Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally administer physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist must determine the most appropriate use of the physical therapist assistant in order to provide safe, effective, and efficient physical therapy services
- Reexamination of the patient/client considering of patient's/client's goals and revision of the plan of care
- Establishment of the discharge plan and documentation of discharge summary/status
- Oversight of all documentation for physical therapy services rendered to each patient/client

Ultimately, the physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions. When determining the appropriate extent of assistance from the physical therapist assistant, the physical therapist must consider the following:¹¹

- The PTA's education, training, experience, and skill level
- Patient/client stability, criticality, acuity, and complexity
- The predictability of the consequences
- The type of setting in which physical therapy services are provided
- Liability and risk management concerns
- Federal and state statutes
- The mission of physical therapy services for that specific clinical setting
- The needed frequency of reexamination

APTA's requirements¹¹ in the use and supervision of PTAs in off-site settings include the following:

- A physical therapist must be accessible by telecommunications to the physical therapist

assistant at all times while the physical therapist assistant is treating patients/clients. This requirement is dependent on the jurisdiction of the clinical site. Some jurisdictions require general supervision while some require direct supervision.

- There must be regularly scheduled and documented conferences between the physical therapist and the physical therapist assistant regarding patients/clients. The frequency of these conferences must be determined by the needs of the patient/client and the needs of the physical therapist assistant.
- In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made for the following reasons:
 - a. Upon the physical therapist assistant's request for a patient's reexamination
 - b. When a change in the plan of care is needed
 - c. Prior to any planned discharge
 - d. In response to a change in the patient's/client's medical status
 - e. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client
 - f. A supervisory visit should include the following: an on-site reexamination of the patient/client; an on-site review of the plan of care with appropriate revision or termination, and an evaluation of need and recommendation for use of outside resources.

- The mission of physical therapy services for that specific clinical setting
- The needed frequency of reexamination

Differences in PTA Supervision Among the States

As of February 2001, there were 29 states where the physical therapist assistant can practice with general supervision, 14 states where the physical therapist assistant needs periodic on-site supervision, and 9 states with on-site continuous supervision. The states with general supervision were:

Alabama	Arkansas
Colorado	Connecticut
Florida	Hawaii
Idaho	Indiana
Iowa	Kentucky
Maine	Michigan
Mississippi	Missouri
Montana	Nebraska
New Hampshire	New Mexico
North Carolina	Ohio
Oklahoma	Oregon
South Carolina	Tennessee
Texas	Virginia
Washington	Wisconsin
Wyoming	

The states with periodic on-site supervision were:

Alaska	California
Delaware	Georgia
Illinois	Kansas
Louisiana	Maryland
Massachusetts	Minnesota
Rhode Island	South Dakota
Utah	Vermont

In addition, states differ in the required frequency of periodic on-site supervision. Some require every 14 days or once every six treatments, and others are dependent on the physical therapist's determination of frequency.

The states with on-site continuous supervision were:

Arizona	Delaware
Nebraska	Nevada
New Jersey	New York
North Dakota	Pennsylvania
West Virginia	

PTA's Considerations in Clinical Setting

In the clinical setting, while performing selected interventions, the physical therapist assistant must consider the following:

- The complexity, criticality, acuity, and stability of the patient/client
- The accessibility to the physical therapist
- The type of setting where services are provided
- Federal and state statutes
- The available physical therapist supervision in the event of an emergency

Collaboration Path Between the PT and the PTA

The physical therapist and the physical therapist assistant collaborate with each other. The collaborative aspect of physical therapy is extremely important in the patient's success during rehabilitation and for the patient and therapist's satisfaction. In the collaborative path between the physical therapist and the physical therapist assistant, the following events occur:

- The physical therapist performs the initial examination and the initial evaluation of the patient and establishes the goals or outcomes to be accomplished by the plan of care and the treatment plan.
- Although *the physical therapist assistant cannot perform the initial examination and evaluation*, he or she may take notes and help gather some data as requested by the physical therapist. Taking notes should not compromise the decision-making process of the physical therapist, the integrity of the evaluation, or the establishment of the plan of care. The physical therapist assistant is responsible for accepting the delegated tasks within the limits of his or her capabilities and considering legal, regulatory, and ethical guidelines.
- The physical therapist interprets the results of the data collected by him or herself and the physical therapist assistant, making a judgment about data value. This is called evaluating. *The physical therapist assistant does not interpret the initial examination/evaluation data.*
- The physical therapist performs the patient's interventions. The physical therapist assistant also performs selected interventions as directed by the physical therapist.
- The physical therapist assistant may perform data collection during the course of a patient's interventions to record the patient's progress or lack of progress since the initial examination or evaluation. After performing the data collection, the physical therapist assistant may ask the physical therapist for a reexamination.
- The physical therapist performs the reexamination and establishes new outcomes and a new treatment plan.
- The physical therapist performs the new patient's interventions. The physical therapist assistant performs the new selected interventions as directed by the physical therapist.
- *The physical therapist performs a discharge examination and evaluation of the patient.*

The preferred collaborative relationship between the physical therapist and the physical therapist assistant is characterized by trust, mutual respect, and respect and appreciation for individual and cultural differences. In this relationship, the physical therapist assistant's role is to offer suggestions to the physical therapist, provide feedback to the physical therapist, carry out agreed-upon delegated activities, and to freely express concerns about clinical or other limitations. The physical therapist and the physical therapist assistant modify communication to effectively treat patients, collaborate as team members, ensure a continuum of care in all settings, and educate patients, families, caregivers, other health care providers and payers. Elements of and mechanisms for effective communication and feedback of patient care issues between the physical therapist and the physical therapist assistant include the following:

- Discussion of the goals and expectations for the patient
- Frequent and open communication
- Information on response to patient care
- Recommendations for discharge planning
- Discussion of modifications of a plan of care established by the physical therapist
- Recommendations from other disciplines
- Considerations of precautions, contraindications, or other special problems included in the interventions

The physical therapist is the administrator and supervisor of the clinical services. However, the physical therapist may delegate administrative tasks to the physical therapist assistant. Under certain circumstances, where the physical therapist assistant possesses and demonstrates knowledge and experience beyond the entry level, the physical therapist assistant can serve as an administrator of a department, or serve as a consultant (if it does not involve patient examination, evaluation, and intervention planning). Nevertheless, in any of the above situations, the physical therapist still retains the responsibility for supervision of direct patient care provided by physical therapists and physical therapist assistants.

THE HEALTH CARE TEAM AND THE REHABILITATION TEAM

Health Care Team

The health care team is a group of equally important individuals with a common interest, collaborating to develop common goals and building trusting relationships

to achieve these goals. Members of the health care team are the patient/client, family member(s), caregiver(s), health care professionals, and insurance companies. The patient/client, the patient's family, and the caregiver(s) are extremely important in the team. To work effectively as a team, the members of the health care team must be committed to the goals of the team and of the patient. They must address all the patient's medical needs. Team members must communicate effectively with each other sharing a common language. Each member must show leadership skills.

There are three types of health care teams: intradisciplinary, interdisciplinary and multidisciplinary. *Intradisciplinary team* members work together within the same discipline. Other disciplines are not involved. An example of such a team is the physical therapist and the physical therapist assistant working in a home care situation when other services are not necessary. Although the members collaborate effectively, the team is not the most efficient because only one discipline is involved. Contrary to intradisciplinary team that has only one discipline, the *interdisciplinary team* members work together within all disciplines to set goals relevant to a patient's individual case. The members collaborate in decision making; however, the evaluations and interventions are done independently. An example of such a team is in a skilled nursing facility (SNF). Members from different disciplines meet, exchange information, and understand each other's discipline. The outcomes and the goals are team directed, not bound to a specific discipline. This team is the most efficient. *Multidisciplinary team* members work separately and independently in different disciplines. Members' allegiance is toward their particular discipline, and competition between members may develop. An example of such a team may be different medical specialties trying to evaluate a patient for a specific pathology, with very little communication between the members of the team. The patient's final diagnosis may be controversial because of the team's competitive approach and limited communication. This is not the most effective team approach.

Rehabilitation Team

The rehabilitation team may include the physical therapist, the physical therapist assistant, the occupational therapist, the certified occupational therapist assistant, the speech and language pathologist, the certified orthotist and prosthetist, the primary care physician, the physician assistant, the registered nurse, the social worker, and the athletic trainer. It may also include the physical

therapy aide, the physical therapy volunteer, the physical therapist or the physical therapist assistant student, and the home health aide.

Physical Therapy Director

The rehabilitation team also includes the *physical therapy director* (who may also be called the *physical therapy manager* or *physical therapy supervisor*). The physical therapy director may be an experienced physical therapist or physical therapist assistant (with knowledge and experience beyond entry level) who manages and supervises a physical therapy department. He or she is in charge of the function of the department, the responsibilities of all members of the department, and the relationships of all personnel in the department. The physical therapy director has to make sure that the policies and procedures are applied efficiently and that goals and strategic planning are set for the department. The director also has clinical knowledge and skills plus abilities in administrative, educational, leadership, and other areas. He or she has the responsibility to motivate subordinates, communicate effectively with supervisors, impartially evaluate staff and give feedback, educate all employees, interview new personnel and help their development of skills, and delegate tasks to appropriate staff.

Physical Therapist

As a member of the rehabilitation team, the physical therapist (PT) clinician is a skilled health care professional with a minimum of a baccalaureate degree, or as the current educational standards require, with a postbaccalaureate degree (master's or doctorate). The APTA considers attainment of a postbaccalaureate as the minimum professional education qualification for physical therapists who graduated from a CAPTE-accredited program after 2003. Following successful performance on the National Physical Therapy Examination, every physical therapist is licensed (or registered) by each state or jurisdiction where he or she practices. As members of the rehabilitation team, physical therapists are responsible for patient's/client's screening, evaluation, diagnosis, prognosis, intervention, education, prevention, coordination of care, and referral to other providers in order to prevent or decrease impairments, functional limitations, and disabilities and to achieve cost-effective clinical outcomes.

Physical therapists provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and

promote overall fitness and health. Physical therapists examine patients' medical histories and then test and measure the patients' strength, range of motion, balance and coordination, posture, muscle performance, respiration, and motor function. They also determine patients' abilities to be independent and reintegrate into the community or workplace after injury or illness. Physical therapists develop treatment plans describing a treatment strategy, its purpose, and its anticipated outcome. In regard to treatments, physical therapists encourage patients to use their own muscles to increase their flexibility and range of motion before finally advancing to other exercises that improve strength, balance, coordination, and endurance. The treatment goal is to improve how an individual functions at work and at home. Physical therapists also use electrical stimulation, hot packs or cold compresses, and ultrasound to relieve pain and reduce swelling. They may use traction or deep-tissue massage to relieve pain. Physical therapists also teach patients to use assistive and adaptive devices, such as crutches, prostheses, and wheelchairs. They also may show patients exercises to do at home to expedite their recovery. As treatment continues, physical therapists document the patient's progress, conduct periodic examinations, and modify treatments when necessary.

As per the United States Department of Labor, Bureau of Statistics, employment of physical therapists is expected to grow through 2012 at a rate of 36%.¹² Over the long run, the demand for physical therapists should continue to rise as the increase in the number of individuals with disabilities or limited function spurs demand for therapy services. The growing elderly population is particularly vulnerable to chronic and debilitating conditions that require therapeutic services. Also, the baby boom generation is entering the prime age for heart attacks and strokes, increasing the demand for cardiac and physical rehabilitation. Young people will need physical therapy as technological advances save the lives of a larger proportion of newborns with severe birth defects. Future medical developments also should permit a higher percentage of trauma victims to survive, creating additional demand for rehabilitative care. Employment growth in physical therapy field may also result from advances in medical technology that would permit the treatment of more disabling conditions. In addition, widespread interest in health promotion should increase demand for physical therapy services. A growing number of employers are using physical therapists to evaluate worksites, develop exercise programs, and teach safe work habits to employees in the hope of reducing injuries.

Physical Therapist Assistant

The physical therapist assistant is a technically educated health care provider who assists the PT in the provision of physical therapy. The PTA is a graduate of a PTA educational program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The PTA can have an associate in science (AS) degree or an associate in applied science (AAS) degree from a community college (or a university). Following successful performance on the National Physical Therapy Examination (NPTE), administered by the Federation of State Boards of Physical Therapy (FSBPT), every PTA is licensed by each state or jurisdiction where he or she practices.

The physical therapist assistant is an important member of the rehabilitation team. The PT is directly responsible for the actions of the PTA related to patient/client management. The PTA may perform selected physical therapy interventions under the direction and at least general supervision of the PT. The PT can determine the most appropriate use of the PTA to provide delivery of services in a safe, effective, and efficient manner. Physical therapist assistants perform a variety of tasks. These treatment procedures performed by PTAs, under the direction and supervision of physical therapists, involve among others, exercises, massages, electrical stimulation, paraffin baths, hot and cold packs, traction, and ultrasound. Physical therapist assistants also record the patient's responses to treatment, and report the outcome of each treatment to the physical therapist.

As per the United States Department of Labor, Bureau of Statistics, employment of physical therapist assistants is expected to grow through 2012 (the same as the physical therapists) at a rate of 36%.¹² The reasons for growth are (similar to the physical therapists) the increase in the number of individuals with disabilities or limited function, the growing elderly population vulnerable to chronic and debilitating conditions that require therapeutic services, and the large baby boom generation in need of rehabilitation. In addition, future medical developments would also create demand for physical therapy services.

Other Members of the Rehabilitation Team

Occupational Therapist

The licensed (or registered) occupational therapist (OTR/L) is a skilled health care professional having a minimum of a baccalaureate degree. However, beginning in 2007, a master's degree or higher will be required. All states, Puerto Rico, and the District of Columbia regulate the

practice of occupational therapy. To obtain a license, applicants must graduate from an accredited educational program and pass a national certification examination. The occupational therapists who pass the exam are awarded the title occupational therapist registered (OTR) or occupational therapist licensed (OTL).”

Occupational therapists (OTs) help people improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help these individuals to develop, recover, or maintain daily living and work skills. Occupational therapists help patients and clients not only to improve their basic motor functions and reasoning abilities, but also to compensate for permanent loss of function. The OTR/L's areas of expertise include the following:

- Patient education and training in activities of daily living (ADLs)
- Development and fabrication of orthoses (splints)
- Training, recommendation, and selection of adaptive equipment (such as a long arm shoe horn)
- Therapeutic activities for patient's functional, cognitive, or perceptual abilities
- Consultation in adaptation of the environment to a physically challenged patient/client

Occupational therapists also use computer programs to help patients/clients improve decision-making, abstract-reasoning, problem-solving, and perceptual skills, as well as memory, sequencing, and coordination. All of these skills are important for independent living. Occupational therapists instruct those with permanent disabilities, such as spinal cord injuries, cerebral palsy, or muscular dystrophy, in the use of adaptive equipment, including wheelchairs, splints, and aids for eating and dressing. They also design or make special equipment needed at home or at work. Some occupational therapists treat individuals whose ability to function in a work environment has been impaired. These practitioners arrange employment, evaluate the work environment, plan work activities, and assess the client's progress. Occupational therapists also may collaborate with the client and the employer to modify the work environment so that the client's work can be successfully completed. Occupational therapists may work exclusively with individuals in a particular age group or with particular disabilities. In schools, for example, they evaluate children's abilities, recommend and provide therapy, modify classroom equipment, and help chil-

dren participate as fully as possible in school programs and activities. Occupational therapists in mental health settings treat individuals who are mentally ill, mentally retarded, or emotionally disturbed. Occupational therapists also may work with individuals who are dealing with alcoholism, drug abuse, depression, eating disorders, or stress-related disorders. Assessing and recording a client's activities and progress is an important part of an occupational therapist's job. Accurate records are essential for evaluating patients and clients, for billing, and for reporting to physicians and other health care providers.

As per the United States Department of Labor, Bureau of Statistics, the largest number of occupational therapists' jobs has been in hospitals.¹² Other major employers are offices of other health practitioners (which include offices of occupational therapists), public and private educational services, and nursing care facilities. Some occupational therapists are employed by home health care services, outpatient care centers, offices of physicians, individual and family services, community care facilities for the elderly, and government agencies. A small number of occupational therapists are self-employed in private practice. Similar to physical therapy, employment of occupational therapists is expected to increase faster than the average for all occupations through 2012. The baby boom generation's movement into middle age and the growth in the population 75 years and older will increase the demand for occupational therapy services. Hospitals will continue to employ a large number of occupational therapists to provide therapy services to acutely ill inpatients. Hospitals also will need occupational therapists to staff their outpatient rehabilitation programs. Employment growth in schools will result from the expansion of the school-age population and extended services for disabled students. Occupational therapists will be needed to help children with disabilities prepare to enter special education programs.

Occupational Therapist Assistant

Occupational therapist assistants generally must complete an associate degree or a certificate program from an accredited community college or technical school. Occupational therapist assistants are regulated in most states and must pass a national certification examination after they graduate. Those who pass the test are awarded the title of certified occupational therapist assistant (COTA). The COTA's duties do not include patient evaluation and establishing or revision of a plan of care. The COTA's areas of practice are in patient's functional

deficits of dressing, grooming, personal hygiene, and housekeeping. The supervisory relationship of OTR/L and COTA follow similar guidelines to the supervisory relationship between the PT and the PTA. Occupational therapist assistants work under the direction of occupational therapists to provide rehabilitative services to persons with mental, physical, emotional, or developmental impairments. The ultimate goal is to improve patients' or clients' quality of life and ability to perform daily activities. For example, occupational therapist assistants help injured workers reenter the labor force by teaching them how to compensate for lost motor skills; COTAs also help individuals with learning disabilities increase their independence. Occupational therapist assistants help patients/clients with rehabilitative activities and exercises outlined in a treatment plan developed in collaboration with an occupational therapist. Activities range from teaching the proper method of moving from a bed into a wheelchair to the best way to stretch and limber the muscles of the hand. Occupational therapist assistants monitor an individual's activities to make sure that they are performed correctly and to provide encouragement. They also record their patient's/client's progress for the occupational therapist. In addition, occupational therapist assistants document the billing of the client's health insurance provider.

As per the United States Department of Labor, Bureau of Statistics, occupational therapist assistants work in hospitals, offices of other health practitioners (which includes offices of occupational therapists), and nursing care facilities.¹² Some occupational therapist assistants work in community care facilities for the elderly, home health care services, individual and family services, and state government agencies. Employment of occupational therapist assistants is expected to grow much faster than the average for all occupations through 2012. The demand for occupational therapist assistants will continue to rise, due to growth in the number of individuals with disabilities or limited function. Job growth will result from an aging population, including the baby boom generation, which will need more occupational therapy services. Third-party payers, concerned with rising health care costs, are expected to encourage occupational therapists to delegate more hands-on therapy work to occupational therapist assistants.

Speech and Language Pathologist

The speech-language pathologist (SLP) or speech therapist is a skilled health care professional having a master's

degree in speech pathology (including nine months to one year of clinical experience). The SLP needs to pass a national examination to obtain the certification of clinical competence to practice speech and language pathology. The national examination on speech-language pathology is offered through the Praxis Series of the Educational Testing Service. Medicaid, Medicare, and private health insurers generally require a speech-language pathologist practitioner to be licensed to qualify for reimbursement. Speech-language pathologists can acquire the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) offered by the American Speech-Language-Hearing Association. To earn a CCC, a person must have a graduate degree and 375 hours of supervised clinical experience, complete a 36-week postgraduate clinical fellowship, and pass the Praxis Series examination in speech-language pathology administered by the Educational Testing Service (ETS). Speech-language pathologists assess, diagnose, treat, and help to prevent speech, language, cognitive, communication, voice, swallowing, fluency, and other related disorders. The SLP's general area of practice is to restore or improve communication of patients with language and speech impairments. In the rehabilitation team, the SLP works closely with the PT, PTA, OTR/L, and COTA to correct a patient's swallowing and cognitive deficits. Speech-language pathologists work with people who cannot make speech sounds, or cannot make them clearly; those with speech rhythm and fluency problems, such as stuttering; people with voice quality problems, such as inappropriate pitch or harsh voice; those with problems understanding and producing language; those who wish to improve their communication skills by modifying an accent; those with cognitive communication impairments, such as attention, memory, and problem-solving disorders; and those with hearing loss who use hearing aids or cochlear implants in order to develop auditory skills and improve communication. Speech-language pathologists use written and oral tests, as well as special instruments, to diagnose the nature and extent of impairment and to record and analyze speech, language, and swallowing irregularities. Speech-language pathologists develop an individualized plan of care tailored to each patient's needs. For individuals with little or no speech capability, speech-language pathologists may select augmentative or alternative communication methods, including automated devices and sign language, and teach their use. They teach these individuals how to make sounds, improve their voices, or increase their language skills to communicate more effectively.

Speech-language pathologists help patients develop, or recover, reliable communication skills so patients can fulfill their educational, vocational, and social roles. Most speech-language pathologists provide direct clinical services to individuals with communication or swallowing disorders. In speech and language clinics, they may independently develop and carry out treatment programs. Speech-language pathologists in schools develop individual or group programs, counsel parents, and may assist teachers with classroom activities. Speech-language pathologists keep records on the initial evaluation, progress, and discharge of clients. This helps pinpoint problems, tracks client progress, and justifies the cost of treatment when applying for reimbursement. They counsel individuals and their families concerning communication disorders and how to cope with the stress and misunderstanding that often accompany them. They also work with family members to recognize and change behavior patterns that impede communication and treatment and show them communication-enhancing techniques to use at home. Some speech-language pathologists conduct research on how people communicate. Others design and develop equipment or techniques for diagnosing and treating speech problems.

As per the United States Department of Labor, Bureau of Statistics, speech-language pathologists work in educational services, including preschools, elementary and secondary schools, and colleges and universities.¹² Others work in hospitals; offices of other health practitioners, including speech-language pathologists; nursing care facilities; home health care services; individual and family services; outpatient care centers; child day care services; or other facilities. A few speech-language pathologists are self-employed in private practice. They contract to provide services in schools, offices of physicians, hospitals, or nursing care facilities, or work as consultants to industry. Employment of speech-language pathologists is expected to grow faster than the average for all occupations through the year 2012. The reasons for this growth may be: the members of the baby boom having problems associated with speech, language, swallowing, and hearing impairments; and high survival rate of premature infants and trauma and stroke victims, whose speech or language may need assessment and possible treatment. Many states now require that all newborns be screened for hearing loss and receive appropriate early intervention services. Employment of speech-language pathologists in educational services will increase along with growth in elementary and secondary school enrollments, including enrollment of special education students.

Orthotist and Prosthetist

Both orthotists and prosthetists are important members of the rehabilitation team. They work closely with orthopedic surgeons, physicians from many disciplines, and physical and occupational therapy practitioners. Orthotists and prosthetists must complete an accredited bachelor degree program (and one year of residency program) in prosthetics and orthotics. Certification as orthotists or prosthetists is available through the American Board for Certification in Orthotics and Prosthetics. The certified orthotist designs, fabricates, and fits patients with orthoses prescribed by the physician. The orthoses can be braces, splints, cervical collars and corsets. The certified prosthetist designs, fabricates, and fits prostheses for patients with partial or total loss of limb(s). Both prosthetists and orthotists are responsible for making any modifications and alignments of the prosthetic limbs and orthotic braces, evaluating the patients' progress, keeping accurate records on each patient, and teaching the patients how to care for their prosthetic or orthotic devices. Prosthetists and orthotists work in private practice laboratories, hospitals, or government agencies.

Primary Care Physicians

The primary care physician (PCP) is a medical doctor (MD) or an osteopathic doctor (DO). The PCP provides primary care services and manages routine health care needs. Although both MDs and DOs may use all accepted methods of treatment, including drugs and surgery, DOs place special emphasis on the body's musculoskeletal system, preventive medicine, and holistic patient care. DOs are more likely than MDs to be primary care specialists although they can be found in all specialties. About half of DOs practice general or family medicine, general internal medicine, or general pediatrics. The PCP acts as the "gatekeeper" for patients covered under managed health care systems (such as an HMO), authorizing referrals to other specialties or services including physical therapy. In general, physicians diagnose illnesses and prescribe and administer treatment for people suffering from injury or disease. They examine patients, obtain medical histories, and order, perform, and interpret diagnostic tests. They counsel patients on diet, hygiene, and preventive health care. It takes many years of education and training to become a physician: four years of undergraduate school, four years of medical school, and three to eight years of internship and residency, depending on the specialty selected. A few medical schools offer

combined undergraduate and medical school programs that last six rather than the customary eight years. The minimum educational requirement for entry into a medical school is three years of college; most applicants, however, have at least a bachelor degree, and many have advanced degrees. Acceptance to medical school is highly competitive. Applicants must submit transcripts, scores from the Medical College Admission Test, and letters of recommendation. Schools also consider applicants' character, personality, leadership qualities, and participation in extracurricular activities. Most schools require an interview with members of the admissions committee. Following medical school, almost all MDs enter a residency. Residency is a graduate medical education in a specialty that takes the form of paid on-the-job training, usually in a hospital. Most DOs serve a 12-month rotating internship after graduation and before entering a residency, which may last two to six years. All states, the District of Columbia, and US territories license physicians. To be licensed, physicians must graduate from an accredited medical school, pass a licensing examination, and complete one to seven years of graduate medical education. Although physicians licensed in one state usually can get a license to practice in another without further examination, some states limit reciprocity. Graduates of foreign medical schools generally can qualify for licensure after passing an examination and completing a US residency. MDs and DOs seeking board certification in a specialty may spend up to seven years in residency training, depending on the specialty. A final examination immediately after residency or after one or two years of practice also is necessary for certification by the American Board of Medical Specialists or the American Osteopathic Association. There are 24 specialty boards, ranging from allergy and immunology to urology.

In the rehabilitation team, there are five distinct physicians' specialties that PTs and PTAs may interact with them the most. They are: family and general practitioners, physiatrists, orthopedic surgeons, neurologists, and pediatricians. *Family and general practitioners* are often the first point of contact for people seeking health care, acting as the traditional family doctor. They assess and treat a wide range of conditions, ailments, and injuries, from sinus and respiratory infections to broken bones and scrapes. Family and general practitioners typically have a patient base of regular, long-term visitors. Patients with more serious conditions are referred to specialists or other health care facilities for more intensive care. The *physiatrist* is a physician specializing in physical medicine and rehabilitation. Physiatrists treat a wide range of problems

from sore shoulders to spinal cord injuries. They see patients in all age groups and treat problems that touch upon all the major systems in the body. These specialists focus on restoring function to people. They care for patients with acute and chronic pain and musculoskeletal problems such as back and neck pain, tendonitis, pinched nerves, and fibromyalgia. They also treat people who have experienced catastrophic events resulting in paraplegia, quadriplegia, or traumatic brain injury; and individuals who have had strokes, orthopedic injuries, or neurologic disorders such as multiple sclerosis, polio, or amyotrophic lateral sclerosis (ALS). Physiatrists practice in rehabilitation centers, hospitals, and in private offices. They often have broad practices, but some concentrate on one area such as pediatrics, sports medicine, geriatric medicine, brain injury, or many other special interests.

Orthopedic surgeons are highly trained physicians who diagnose, treat, give medical advice, and perform surgery on people with bone and joint disorders including nerve impingement conditions of the spine and hip and knee injuries. Not only do they have a wide expertise in treating back and neck injuries, they are often called upon to perform spinal surgeries such as the removal of a disk. Orthopedic surgeons have one of the longest training periods. *Neurologists* are physicians skilled in the diagnosis and treatment of diseases of the nervous system including the brain. These doctors do not perform surgery. However, neurologists are often used in helping determine whether a patient is a surgical candidate. They are known to employ a wide variety of diagnostic tests such as nerve conduction studies and are often called upon to make cognitive assessments and offer medical advice.

Providing care from birth to early adulthood, *Pediatricians* are concerned with the health of infants, children, and teenagers. They specialize in the diagnosis and treatment of a variety of ailments specific to young people and track their patients' growth to adulthood. Most of the work of pediatricians involves treating day-to-day illnesses that are common to children such as minor injuries, infectious diseases, and immunizations. Some pediatricians specialize in serious medical conditions and pediatric surgery, treating autoimmune disorders or serious chronic ailments.

Physician's Assistants

The physician's assistant (PA) is a skilled health care professional graduate with a baccalaureate degree or a post-baccalaureate degree from an accredited program. The PA is required to have one year of direct patient contact

and to pass a national certification examination. All states and the District of Columbia have legislation governing the qualifications or practice of physician assistants. All jurisdictions require physician assistants to pass the Physician Assistants National Certifying Examination, administered by the National Commission on Certification of Physician Assistants (NCCPA) and open to graduates of accredited PA education programs. Only those successfully completing the examination may use the credential “Physician Assistant-Certified.” The PA’s responsibilities include therapeutic, preventative, and health maintenance services in settings where physicians practice. The PA works under the supervision and direction of a physician. In most states, the PA is allowed to prescribe medications and to refer patients to medical and rehabilitation services including physical therapy. PAs are formally trained to provide diagnostic, therapeutic, and preventive health care services, as delegated by a physician. Working as members of the health care team, they take medical histories, examine and treat patients, order and interpret laboratory tests and X-rays, make diagnoses, and prescribe medications. They also treat minor injuries by suturing, splinting, and casting. PAs record progress notes, instruct and counsel patients, and order or carry out therapy. In 47 states and the District of Columbia, physician assistants may prescribe medications. PAs also may have managerial duties. Some order medical and laboratory supplies and equipment and may supervise technicians and assistants. In rural or inner city clinics, PAs may be the principal care providers. The physician is typically present in such clinics for only 1 or 2 days each week. The duties of physician assistants are determined by the supervising physician and by state law. Many PAs work in primary care specialties, such as general internal medicine, pediatrics, and family medicine. Others specialty areas include general and thoracic surgery, emergency medicine, orthopedics, and geriatrics. PAs specializing in surgery provide preoperative and postoperative care and may work as first or second assistants during major surgery.

Registered Nurse

The registered nurse (RN) is a skilled health care professional who has graduated from an accredited program and is licensed by a state board (after successful completion of a licensure examination). In all states and the District of Columbia, nursing students must graduate from an approved nursing program and pass a national licensing examination in order to obtain a nursing license. Nurses may be licensed in more than one state, either by

examination, by the endorsement of a license issued by another state, or through a multistate licensing agreement. All states require periodic renewal of licenses, which may involve continuing education. There are three major educational paths to registered nursing: a bachelor of science degree in nursing (BSN), an associate degree in nursing (ADN), and a diploma program. Most of the nursing educational programs offer degrees at the bachelor level that take about four years to complete. ADN programs, offered by community and junior colleges, take about two to three years to complete. Diploma programs, administered in hospitals, last about three years. Only a small and declining number of programs offer diplomas. Generally, licensed nursing graduates of any of the three types of educational programs qualify for entry-level positions as staff nurses. Registered nurses (RNs) work to promote health, prevent disease, and help patients cope with illness. They are also advocates and health educators for patients, families, and communities. When providing direct patient care, they observe, assess, and record symptoms, reactions, and progress in patients; assist physicians during surgeries, treatments, and examinations; administer medications; and assist in convalescence and rehabilitation. RNs also develop and manage nursing care plans, instruct patients and their families in proper care, and help individuals and groups take steps to improve or maintain their health.

Although state laws govern the tasks that RNs may perform, it is usually the work setting that determines their daily job duties. There are several types of nurses: hospital nurses, office nurses, nursing care facility nurses, home health nurses, public health nurses, occupational health nurses (also called industrial nurses), head nurses (or nurse supervisors), nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives. *Hospital nurses* form the largest group of nurses. Most are staff nurses, who provide bedside nursing care and carry out medical regimens. *Office nurses* care for outpatients in physicians’ offices, clinics, ambulatory surgical centers, and emergency medical centers. They prepare patients for, and assist with, examinations; administer injections and medications; dress wounds and incisions; assist with minor surgery; and maintain records. Some also perform routine laboratory and office work.

Nursing care facility nurses manage care for residents with conditions ranging from a fracture to Alzheimer’s disease. Although they often spend much of their time on administrative and supervisory tasks, nursing care facility nurses also assess residents’ health, develop

treatment plans, supervise licensed practical nurses and nursing aides, and perform invasive procedures, such as starting intravenous fluids. They also work in specialty-care departments, such as long-term rehabilitation units for patients with strokes and head injuries. *Home health nurses* provide nursing services to patients at home. Home health nurses assess patients' home environments and instruct patients and their families. Home health nurses care for a broad range of patients, such as those recovering from illnesses and accidents, cancer, and childbirth. They must be able to work independently and may supervise home health aides.

Public health nurses work in government and private agencies, including clinics, schools, retirement communities, and other community settings. They focus on populations, working with individuals, groups, and families to improve the overall health of communities. They also work with communities to help plan and implement programs. *Occupational health nurses*, also called industrial nurses, provide nursing care at worksites to employees, customers, and others with injuries and illnesses. They give emergency care, prepare accident reports, and arrange for further care if necessary. They also offer health counseling, conduct health examinations and inoculations, and assess work environments to identify potential or actual health problems.

Head nurses or nurse supervisors direct nursing activities, primarily in hospitals. They plan work schedules and assign duties to nurses and aides, provide or arrange for training, and visit patients to observe nurses and to ensure that the patients receive proper care. They also may ensure that records are maintained and equipment and supplies are ordered. At the advanced level, *nurse practitioners* provide basic, primary health care. They diagnose and treat common acute illnesses and injuries. Nurse practitioners also can prescribe medications. However, certification and licensing requirements vary by state. Other advanced practice nurses include *clinical nurse specialists*, *certified registered nurse anesthetists*, and *certified nurse-midwives*. Advanced practice nurses must meet educational and clinical practice requirements beyond the basic nursing education and licensing required of all RNs.

In the rehabilitation team, the RN is the primary liaison between the patient and the physician. The RN communicates to the physician changes in the patient's social and medical status, makes patient's referral (under the physician's direction) to other services, educates the patient and patient's family, and performs functional training such as ambulation or transfers with patients (after

instruction from PT or PTA). The RN also supervises other levels of nursing care such as the licensed practical nurses (LPNs), certified nursing assistants (CNAs), and home health aides. As per the United States Department of Labor, Bureau of Statistics, job opportunities for RNs are expected to be very good.¹² Employment of registered nurses is expected to grow faster than the average for all occupations through 2012, and because the occupation is very large, many new jobs will result. In fact, more new jobs are expected to be created for RNs than for any other occupation in the health field. Thousands of job openings also will result from the need to replace experienced nurses who leave the occupation, especially as the median age of the registered nurse population continues to rise. Faster-than-average growth will be driven by technological advances in patient care, which permit a greater number of medical problems to be treated and an increasing emphasis on preventive care. In addition, the number of older people, who are much more likely than younger people to need nursing care, is projected to grow rapidly. Employers in some parts of the country are reporting difficulty in attracting and retaining an adequate number of RNs, due primarily to an aging RN workforce and insufficient nursing school enrollments. Imbalances between the supply of, and demand for, qualified workers should spur efforts to attract and retain qualified RNs.

Social Worker

In general, a social worker needs a bachelor degree in social work (BSW) to qualify for a job. Although a bachelor degree is sufficient for entry into the field, a master's degree in social work (MSW) or a related field has become the standard for many positions. An MSW is typically required for positions in health settings and for clinical work. Some social work jobs in public and private agencies also may require an advanced degree, such as a master's degree in social services policy or administration. All states and the District of Columbia have licensing, certification, or registration requirements regarding social work practice and the use of professional titles. Although standards for licensing vary by state, a growing number of states are placing greater emphasis on communications skills, professional ethics, and sensitivity to cultural diversity issues. Additionally, the National Association of Social Workers (NASW) offers voluntary credentials. Social workers with an MSW may be eligible for the Academy of Certified Social Workers (ACSW), the Qualified Clinical Social Worker (QCSW), or the Diplomate in Clinical Social

Work (DCSW) credential based on their professional experience. Credentials are particularly important for social workers in private practice. Some health insurance providers require social workers to have credentials in order to be reimbursed for services.

Social workers help people function the best way they can in their environment, deal with their relationships, and solve personal and family problems. Social workers often see clients who face a life-threatening disease or a social problem. These problems may include inadequate housing, unemployment, serious illness, disability, or substance abuse. Social workers also assist families that have serious domestic conflicts, including those involving child or spousal abuse. Social workers often provide social services in health-related settings that now are governed by managed care organizations. To contain costs, these organizations are emphasizing short-term intervention, ambulatory and community-based care, and greater decentralization of services. Most social workers specialize. Although some conduct research or are involved in planning or policy development, most social workers prefer an area of practice in which they interact with clients. There are three classifications of social workers: child, family, and school social workers; medical and public social workers; and mental health and substance abuse social workers.

Child, family, and school social workers provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the family well-being and academic functioning of children. They also advise teachers on how to cope with problem students. Some child, family, and school social workers may specialize in services for senior citizens. Child, family, and school social workers typically work in individual and family services agencies, schools, or state or local governments. *Medical and public health social workers* provide persons, families, or vulnerable populations with the psychosocial support needed to cope with chronic, acute, or terminal illnesses, such as Alzheimer's disease, cancer, or AIDS. They also advise family caregivers, counsel patients, and help plan for patients' needs after discharge by arranging for at-home services. These services range from meals-on-wheels to oxygen equipment. Medical and public health social workers may work for hospitals, nursing and personal care facilities, individual and family services agencies, or local governments. *Mental health and substance abuse social workers* assess and treat individuals with mental illness, or substance abuse problems, including abuse of alcohol, tobacco, or other drugs. Such services

include individual and group therapy, outreach, crisis intervention, social rehabilitation, and training in skills of everyday living. Mental health and substance abuse social workers are likely to work in hospitals, substance abuse treatment centers, individual and family services agencies, or local governments. These social workers may be known as clinical social workers.

As per the United States Department of Labor, Bureau of Statistics, social workers usually spend most of their time in an office or residential facility, but also may travel locally to visit clients, meet with service providers, or attend meetings.¹² To tend to patient care or client needs, many hospitals and long-term care facilities are employing social workers on teams with a broad mix of occupations, including clinical specialists, registered nurses, physical/occupational therapists, PTAs, COTAs, and health aides. Competition for social worker jobs is stronger in cities, where demand for services often is highest and training programs for social workers are prevalent. However, opportunities should be good in rural areas, which often find it difficult to attract and retain qualified staff. By specialty, job prospects may be best for those social workers with a background in gerontology and substance abuse treatment. Employment of social workers is expected to grow faster than the average for all occupations through 2012. The growth of social workers jobs will be in home health care services, nursing homes, long-term care facilities, hospices, assisted living communities, and senior communities. This projection is because of the expanding elderly population. Also, the employment of substance abuse social workers will grow rapidly over the 2002–2012 projection period. Substance abusers are increasingly being placed into treatment programs instead of being sentenced to prison. As this trend grows, demand will increase for treatment programs and social workers to assist abusers on the road to recovery.

Athletic Trainer

The certified athletic trainer (ATC) is a health care professional with a minimum of a baccalaureate degree who works mainly with sports injuries. Athletic trainers can become certified by the National Athletic Trainer's Association Board of Certification (NATABOC). The certification examination administered by NATABOC consists of a written portion with multiple choice questions, an oral/practical section that evaluates the skill components of the domains within athletic training, and a written simulation test, consisting of athletic training-related situations designed to

approximate real-life decision making. When the athletic trainers pass the certification exam, they can use the designation “Certified Athletic Trainer” (ATC). Usually, the ATC works under the supervision of a physician providing to the patient injury prevention, treatment, and rehabilitation after the injury. The ATC can also be working in colleges and universities, secondary schools, private or hospital base rehabilitation clinics, and professional athletic associations.

Physical Therapy Aide

The physical therapy aide is a nonlicensed worker specifically trained under the direction of a physical therapist, or when allowable by law, under a physical therapist assistant. The aide can function only if he or she is supervised directly (on-site) and continuously by the PT, or when permissible by law by the PTA. Direct personal supervision requires that the PT, or where allowable by law, the PTA, be physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. The physical therapy aide can perform routine designated tasks related to the operation of physical therapy services such as patient transportation, equipment cleaning and maintenance, secretarial, or housekeeping duties. A physical therapy aide cannot perform tasks that require the clinical decision making of the PT or the clinical problem solving of the PTA.

The APTA opposes certification or credentialing of physical therapy aides and does not endorse or recognize certification programs for physical therapy aides.

Physical Therapy Volunteer

The physical therapy volunteer is a member of the community interested in assisting physical therapy personnel with departmental activities. He or she may take telephone calls and messages, transport patients from patients’ room to the rehabilitation department in acute care hospital settings, and file patients’ charts. The volunteer cannot provide direct patient care.

Physical Therapist and Physical Therapist Assistant Students

PT and PTA students perform duties commensurate with their level of education. *The PT or the PTA clinical instructor (CI) is responsible for all actions and duties of the PT or the PTA student.* The CI is a PT or PTA at the clinical

site who directly instructs and supervises students during their clinical learning experiences. The CIs are responsible for facilitating clinical learning experiences and assessing students’ entry-level performances. *All students’ documentation must be cosigned by the CI.* The PTA cannot be a CI for a PT student. The PTA can be a CI for a PTA student. Patients must be informed that they will be treated by a student and have the right to refuse treatment.

Home Health Aide

The home health aide (HHA) is a nonlicensed worker who provides personal care and home management services. Some HHAs are certified in their jurisdictions. The HHA assists the patient in his or her home setting with bathing, grooming, light housework, shopping, and cooking. After receiving instruction and supervision from the PT or the PTA, the HHA may provide supervision or assistance to the patient to perform a home exercise program (HEP).

EMPLOYMENT SETTINGS FOR PHYSICAL THERAPIST ASSISTANTS

Acute Care Facilities

Physical therapists (PTs) and physical therapist assistants (PTAs) work together in the same facilities. These facilities range from acute care to extended care in skilled nursing facilities (SNFs) and private practices. Acute care physical therapy is practiced in hospitals, where usually patients remain for a short period of time. The average length of stay for a patient is less than 30 days. Acute care physical therapy practices are very demanding for PTs and PTAs because of the wide variety of patients having different and sometimes critical pathophysiological deficits. For example, in acute care hospitals, the PTAs may need to provide, after the PTs consultation, physical therapy treatments for patients who had major surgical procedures such as heart or liver transplants. Highly specialized physicians and surgeons in technologically based hospitals perform these major surgeries. In addition, in acute care, a fast discharge of patients increases the role of the PT and the PTA as a patient and patient’s family educator. The health care providers functioning in acute care besides PTs and PTAs are, physicians (MDs or DOs), physician assistants (PAs), nurses (RNs, LPNs), occupational therapists (OTs), social workers (SWs), and speech and language pathologists (SLPs).

Primary Care Facilities

Primary care is another type of health care practice provided by a primary care physician (PCP), where PTs and PTAs work on an outpatient physical therapy basis. The primary care physicians can be family practice physicians, or specialists such as pediatricians, internists, or obstetric/gynecologists (OB/GYN). These physicians provide basic or first-level health care. The PTs support the physicians as the primary care team supplying the patient's examination, evaluation, physical therapy diagnosis, and prognosis. The PTAs support the PTs on the primary care team implementing the treatment plan. The treatment plan is usually implemented after the PT has established a plan of care (POC).

Subacute Care Facilities

Subacute care is an intermediate level of care for medically fragile patients too ill to be cared for at home. Subacute care is offered within a subacute hospital or a skilled nursing facility (SNF). Typically, SNFs offer rehabilitation services on a daily basis. There are three types of skilled nursing facilities:

- SNFs providing subacute care (a higher level of care than in extended care)
- SNFs providing transitional care (hospital-based SNFs)
- SNFs providing extended care

Patients who received health care in the transitional care SNFs are often discharged to home, assisted living facilities (ALFs), or extended care SNFs. Extended care SNFs are free-standing or may be part of a hospital. They provide health care services on a daily basis, seven days per week. In these facilities, rehabilitation services are offered five days per week. In extended care SNFs, patients are not in an acute phase of illness, but they require skilled interventions on an inpatient basis. Extended care SNFs need to be certified by Medicare. To comply with Medicare certification, extended care SNFs have to offer 24-hour nursing care coverage, as well as physical, occupational, and speech therapy. In these facilities, the PTAs work within the rehabilitation team that includes PTs, OTs, SLPs, certified occupational therapist assistants (COTAs), social workers (SWs), and nurses. The PTAs deliver skilled interventions to patients after the supervising PT establishes the plan of care. The PTAs also may be involved in delegation and supervision (when allowed by the individual facility or state practice) of nonskilled tasks performed by the rehabilitation aides.

Outpatient Care Facilities

A large area of employment for PTs and PTAs includes outpatient care centers (or ambulatory care). These facilities provide outpatient preventative services, diagnostic services, and treatment services. Outpatient care centers are located in medical offices, surgery centers, and outpatient clinics. The health care providers are MDs, PAs, nurse practitioners, PTs, OTs, PTAs, and other rehabilitation personnel. The services in outpatient centers are less costly than in inpatient centers and are favored by managed care insurance companies. The PTAs implement the treatment programs after the PTs complete the plan of care.

Rehabilitation Hospitals

Rehabilitation hospitals are facilities that provide rehabilitation, social, and vocational services to patients who have a disability facilitating their return to maximal functional capacity. Rehabilitation hospitals offer a wide array of services including medical, rehabilitation, social, educational, and vocational. The PTAs implement all of the physical therapy plan of care or part of the physical therapy plan of care as delegated by the PTs. The PTAs work as a team with other health care providers participating in team meetings, and when necessary perform patient and family education.

Chronic Care Facilities

Chronic care facilities or long-term facilities provide services to patients who need to stay 60 days or longer. Medical services are offered to patients who have permanent or residual disabilities caused by a nonreversible pathological health condition. The rehabilitation services in these facilities may need to be specialized considering the type of patient's pathology involved. The PTAs deliver skilled physical therapy interventions to meet the patient's daily living needs. The interventions needed are not necessarily only to maintain patient's function, but to improve patient's function.

Hospice Care Facilities

Hospice care facility is a health care facility that offers care for patients who are terminally ill and dying. The care is offered in an inpatient setting or at home. The health care team includes nurses, social workers, chaplains, physicians, and volunteers. Rehabilitation services are optional.

Medicare and Medicaid insurance provider companies require that most of the health care (80%) is to be provided in the patient's home.

Home Health Care

Home health care is typically provided to patients and patients' families in their home environments. Home health care can be financially sponsored by the government, private insurance, volunteer organizations, or by non-profit or for-profit organizations. To be eligible, the patient has to be homebound, meaning that he or she requires physical assistance to leave home. Also, eligibility for home health has to require skilled interventions from at least one of the following disciplines: nursing, physical therapy, occupational therapy, or speech therapy. In addition, a physician has to certify that skilled interventions are necessary. If physical therapy is needed, the PT has to reevaluate the patient every three to six weeks or periodically, dependent on the patient's rehabilitation needs. Every visit and reevaluation needs to be documented by the PT or the PTA.

The patient's safety is the main concern for home health care physical therapy. An ongoing patient's environmental assessment takes place during the PT's or the PTA's visits. The PT or the PTA must report any information in regard to substance abuse by the patient or physical abuse to the patient. In home care physical therapy, the PTA provides skilled interventions in the areas of patient's bed mobility training, transfer training, gait training, and implementation of a home exercise program (HEP). State regulations differ in the use of the PTA in home health care. Some states require one year of experience as a PTA, and some do not allow a PTA to practice at all in home care environments. If the PTA is allowed to practice home health, the PT needs to examine and evaluate the patient, develop a plan of care, establish treatment goals, and discuss the patient's program with the PTA before the PTA's first visit. The PT should always be accessible to the PTA by way of telecommunications. Ongoing conferences between the PT and the PTA must occur on a weekly or biweekly basis, and supervisory visits by the PT have to be made every four to six weeks or sooner (at the PTA's request).

School System

School system physical therapy takes place in the school setting. The PTA works in collaboration with the PT and with teachers and teacher aides in improving the student's function in school. The PT develops the individual education plan (IEP) for the student who has a disability.

The IEP focuses on increasing the student's function in school and in the classroom. The PTA provides the necessary interventions for the goals to be achieved and whenever delegated by the PT. Examples of physical therapy recommendations for a student would be to help the student's functional mobility by having the student use a computer or improving a student's mobility in the school building by use of an assistive device (such as a walker).

Private Practice Facilities

Private practice physical therapy is provided in a privately owned physical therapy facility. The private practices can be offered in outpatient services or in contract services for SNFs, schools, or home care agencies. Insurance reimbursement is allowed with a provider number. The provider needs to be a PT. The PTA works with the PT to provide physical therapy services under the PT's supervision (as allowed by the state practice acts). The PT needs to examine and evaluate the patient and provide a plan of care. Documentation describing the treatment must take place every visit, and a complete reevaluation by the PT is necessary every 30 days.

PATIENT AND CLIENT MANAGEMENT IN CLINICAL PRACTICE

The Guide to Physical Therapist Practice

In 1997, the American Physical Therapy Association (APTA) introduced as clinical guidelines for physical therapists the first edition of the *Guide to Physical Therapist Practice*. The Guide represented five years of combined efforts by the APTA's leaders and grassroots members. The development of the Guide started in 1992, was approved by the board of directors in 1995, was reviewed between 1995 and 1996 by over 200 selected reviewers, and was combined as a single document of Volume I and Volume II in 1997. Two APTA task forces, four panels, a project advisory board, a board of directors oversight committee, and more than 600 reviewers participated in the process of creating the Guide.

The Purposes of the Guide

The Guide to Physical Therapist Practice has multiple purposes. However, the most significant ones are:¹²

- To be a reference not only for physical therapist practitioners, educators, and students, but also for administrators, health care policy makers,

managed care providers, third-party payers, and other professionals

- To describe accepted physical therapist practice and to standardize terminology
- To help physical therapists enhance quality of care, improve patient satisfaction, promote appropriate use of health care services, increase efficiency and reduce variation in the provision of services, and promote cost reduction through prevention and wellness initiatives.

Over the years the *Guide to Physical Therapist Practice* was revised based on research evidence and the suggestions of the American Physical Therapy Association's (APTA's) members. In 1999 and 2001, a second edition of the Guide was published, and currently there is an interactive CD of the Guide available. The *Guide to Physical Therapist Practice*, as the result of collaboration among hundreds of physical therapists, continues to be an essential resource for both daily physical therapy practice and professional education of physical therapists and physical therapist assistants.

All physical therapist education programs utilize the Guide for the education of physical therapists. Certain physical therapist assistant programs utilize the Guide for the education of physical therapist assistants. All physical therapist assistant students should become familiar with the Guide, using it as a study book in their learning process and as a clinical guideline in physical therapy practice.

Significance of the Guide

The Guide utilizes a conceptual model in which patients are grouped together based on similar management of impairments, functional limitations, and disabilities. The clinicians can use the Guide to see if their approaches to interventions fall within the boundaries described in the Guide. In that way, the clinician can reason about his or her approach as compared to the Guide. The intervention pattern in the Guide may suggest treatments that the clinician may not have considered before.

How to use the Guide:

- Physical therapists and physical therapist assistants can use the Guide in different ways.
- For experienced clinicians, the Guide *confirms* that they are making the right choice in examination or selection of interventions.

- For less experienced clinicians, the Guide may offer other *options* to consider that are not regularly used in their day-to-day practice.
- The Guide can serve as a *framework* for clinical decision making for the experienced and the new practitioner.
- The Guide is important for the *terminology* and the *thought processes* behind examinations and interventions. These treatment patterns can be used in case studies instruction.
- For faculty and students, the Guide can be utilized as a *tool* in their teaching and learning methods.
- The Guide is an excellent instrument that *interprets* the physical therapy practice.
- The Guide can also be utilized as a *reference* to help providers and third-party payers to make informed decisions about patient care and reimbursement.
- The Guide can *explain* the appropriateness of care and number of visits, and justify specific physical therapy interventions. Within each pattern in the Guide, there is an "Expected Range of Number of Visits Per Episode of Care," representing the lower and upper limits of the number of physical therapist visits required to achieve the expected goals and outcomes.
- The Guide can *educate* the patients about long-term outcomes and specific interventions necessary to achieve these outcomes.
- For the legislators making health care policies, the Guide *illustrates and allows answers* to the legislators' questions about various types of conditions and the needed treatments in context of current physical therapy practice.
- The Guide *promotes research* by establishing consistent terminology and structuring physical therapy practice into answerable research questions about physical therapy interventions. The Guide's guidelines as preferred practice patterns can be validated by evidence-based research.

Elements of Patient and Client Management Included in the Guide

The Guide uses a modification of the Nagi disablement model to describe the progression from pathology or

disease to disability. The components of this model are pathology, impairment, functional limitation, and disability. The disablement model helps physical therapists to make physical therapy diagnoses and to direct interventions. The disablement model was expanded in the Guide including interactions between the individual, environmental factors, prevention, and promotion of health, wellness, and fitness. Also the relationships between disablement, health-related quality of life, and overall quality of life are also investigated. In addition, the Guide emphasizes that prevention services programs for promoting health, wellness, and fitness and programs for maintaining function are extremely significant to current physical therapy practice.

Part One of the Guide describes how the process of disablement relates to each element of patient/client management. In clinical practice, the physical therapist puts together five elements of patient/client management.¹² These five elements of patient/client management consist of *examination*, *evaluation*, *diagnosis*, *prognosis*, and *intervention*. Based on these elements, the physical therapist establishes a plan of care that identifies goals and outcomes and describes the proposed intervention, including frequency and duration.

Terminology Used in the Guide

In regard to patient and client management, the Guide to Physical Therapist Practice uses the following terminology:

- A *patient* is an individual who receives health care services including physical therapy direct intervention.
- A *client* is an individual who is not necessarily sick or injured but who can benefit from a physical therapist's consultation, professional advice, or services. Examples of a client can be a student found at a school system or an employee found at a business.
- The *examination* is the process for gathering subjective and objective data about the patient/client. It is also a comprehensive screening and specific testing process leading to diagnostic classification or, as appropriate, to a referral to another practitioner. Physical therapy examination has three components: the patient/client history, the systems review, and tests and measures.
- The *evaluation* is a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.¹² The

evaluation results in the determination of the diagnosis, prognosis, and interventions. The evaluation reflects the severity of the current problem, the presence of preexisting conditions, the possibility of more than one site involvement, and the stability of the condition.

- *Interventions* are skilled techniques and activities that make up the treatment plan.
- *Discharge* is defined as the process of discontinuing interventions in a single episode of care.¹³

Components of Physical Therapy Examination and Evaluation Used in the Guide

In regard to physical therapy examination and evaluation, the Guide to Physical Therapist Practice uses the following terminology:

- The *patient/client history* is an account of the patient/client's past and current health status. The history is obtained through gathering the data from the patient/client, immediate family, caregivers, other members of the patient/client's family, and other interested persons such as an employer or a rehabilitation counselor.
- The *systems review* is a short examination providing additional information about the general health of the patient/client. The systems review can be the cardiopulmonary status, musculoskeletal status, or communication abilities.
- *Tests and measures* are selected by the physical therapist to be able to acquire additional information about the patient's condition, the physical therapy diagnosis, and the necessary therapeutic interventions. Sometimes tests and measures are not necessary, and at other times, are extensively required. Examples of tests and measures are body mechanics, gait, balance, pain, orthotic devices, prosthetic requirements, range of motion, reflex integrity, or motor function.
- *Diagnosis* or physical therapy diagnostic process includes the following: obtaining relevant patient's/client's history, performing systems review, selecting and administering specific tests and measures, and organizing and interpreting all data. Physical therapy diagnosis identifies problems associated with faulty biomechanical or neuromuscular actions con-

sisting of *impairments and functional limitations*.

- *Impairments* are abnormalities or dysfunctions of the bones, joints, ligaments, tendons, muscles, nerves, skin, or problems with movement resulting from pathology in the brain, spinal cord, cardiovascular, or pulmonary systems. Examples of impairments can be muscle weakness, inflammation of the tendon or ligament, muscle spasms, and edema.
- *Functional limitations* are inability of a patient to function adequately in his or her environment. Examples of functional limitations can be inability to ambulate or inability to perform activities of daily living (ADLs) such as brushing the hair, washing the face, and dressing. Besides impairments and functional limitations, the physical therapist takes into consideration in the examination and evaluation process the patient's or the client's disability.
- *Disability* is the inability to perform or participate in activities or tasks related to a person's work, home, or community. Disability affects individual and societal functioning. Examples of disability are occupational tasks, school-related tasks, home management (that can be a disability for a homemaker), caring for dependents, community responsibilities, and service.
- *Prognosis* is a judgment of the physical therapist about the level of optimal improvement the patient/client may achieve and the amount of time needed to reach that level.
- *Interventions* are defined by the Guide as the purposeful and skilled interaction of the physical therapist with the patient/client and when appropriate, with other individuals involved in patient/client care to produce changes in the condition consistent with the diagnosis and prognosis.¹² Besides the physical therapist, the other individual also involved in patient/client care is the physical therapist assistant. The interventions are provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist assistant. The interventions are altered in accordance with changes in response or status of the patient/client. The interventions are provided at a level that is consistent with current physical therapy practice.

Physical Therapy Diagnosis Vs. Medical Diagnosis

The physical therapy diagnosis is different than the medical diagnosis.

Definition of medical diagnosis:

Medical diagnosis, determined by a physician (medical doctor [MD]) or a (doctor of osteopathy [DO]) identifies an illness or disorder in a patient through an interview, physical examination, medical tests, and other procedures.¹³ Thus, the medical diagnosis recognizes a disease and finds out its cause and its nature of pathologic conditions.

Definition of physical therapy diagnosis:

Physical therapy diagnosis is determined by the physical therapist. Physical therapy diagnosis is defined as the end result of evaluating information obtained from the examination, which the physical therapist then organizes into defined clusters, syndromes, or categories to help determine the most appropriate intervention strategies.¹³

This definition of physical therapy diagnosis means that prior to making a patient/client management decision, physical therapists utilize the diagnostic process in order to establish a diagnosis for the specific conditions in need of the physical therapist's attention. The purpose of the physical therapy diagnosis is to guide the physical therapist in determining the most appropriate intervention strategy for each patient/client. In the event the diagnostic process does not yield an identifiable cluster, disorder, syndrome, or category, intervention may be directed toward the alleviation of symptoms and remediation of impairment, functional limitation, or disability. In performing the diagnostic process, the American Physical Therapy Association requires that physical therapists obtain additional information including diagnostic labels from other health professionals.¹⁴ As the diagnostic process continues, physical therapists may identify findings that should be shared with other health professionals (including referral sources) to ensure optimal patient/client care. When the patient/client is referred with a previously established diagnosis, the physical therapists

should determine that the clinical findings are consistent with that diagnosis. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist should refer the patient/client to an appropriate practitioner.

Physical Therapy Intervention in the Guide

Physical therapy intervention has three large components: coordination, communication, and documentation; patient/client-related instruction; and direct interventions. Coordination, communication, and documentation and patient/client-related instruction are provided for all patients/clients, and may include the following:

- Case management
- Coordination of care with the patient/client, family, or other professionals
- Computer-assisted instruction
- Periodic reexamination and reassessment of the home program
- Demonstration and modeling for teaching, verbal instruction, and written or pictorial instruction

Direct interventions are based on the following elements:

- Examination and evaluation of data
- The diagnosis and the prognosis
- The anticipated goals and expected outcomes for a particular patient in a specific patient/client diagnostic group¹³

Through these three elements, the physical therapist ensures appropriate, coordinated, comprehensive, and cost-effective services between admission and discharge and patient/client integration in home, community, and work. 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.

Discharge from Physical Therapy in the Guide

The *Guide to Physical Therapist Practice* defines discharge as the process of discontinuing interventions in a single

episode of care.¹³ Discharge is based on the physical therapist's analysis between the achievement of anticipated goals and the achievement of expected outcomes.

Indications for patient's/client's discharge include the following:

- The patient/client's desire to stop treatment
- The patient/client's inability to progress toward goals because of medical or psychosocial complications
- The physical therapist's decision that the patient/client will no longer benefit from physical therapy

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. When the patient/client is discharged prior to the achievement of expected outcomes, patient/client status and the rationale for discontinuation of physical therapy are documented.

Part Two of the Guide

Part Two of the Guide contains the preferred practice patterns including musculoskeletal, neuromuscular, cardiopulmonary, and integumentary. The disablement model used in Part One of the Guide is included in Part Two for the "Patient/Client Diagnostic Classification." The inclusion of patients/clients in a particular practice pattern is based in part on examination findings that include the consequences of pathology/pathophysiology and the types of impairments, functional limitations, or disabilities that the patient/client has. The "Anticipated Goals and Expected Outcomes" of the Guide in Part Two utilizes the same disablement system of pathology/pathophysiology, impairments, functional limitations, and disability to describe interventions.

PHYSICAL THERAPY EMPLOYMENT AND CLINICAL PRACTICE TOPICS

Interview

When completing physical therapist assistant programs and passing the licensure examination, physical therapist assistants (PTAs) are ready to enter physical therapy work force. Although interviewing as a selection tool is

generally considered unsuccessful in picking the best worker, interviews remain the main selection tool in the health care industry. Research showed that the best selection was based on a person's credentials and not the interview.¹⁵

The requirements that some health care managers look for in a job applicant include the following:

- Neat and clean appearance
- Showing a pleasant personality
- Exhibiting a desire to work and work ethics
- Describing himself or herself as flexible, ambitious, and dedicated
- Having the best presentation¹⁵

Similar to health care in general, in physical therapy, employers look in an interview for decision-making style, communication skills, poise, tact, ability to work with others, leadership skills, achievement record, and a sense of personal direction. In physical therapy, interviews can be conducted by a physical therapy director (or supervisor or manager), or a member of the personnel department. The purpose of the interview is to meet with the prospective employee, exchange questions and answers, obtain enough information about the prospective employee, and make an informed decision.

How should you prepare for the interview?

- Professional preparation: education, experience, and professional activities
- Physical preparation: resume, references, dressing, and communication skills
- Mental preparation: knowing the information in the resume and the cover letter, and being able to ask and answer questions

Professional Preparation for the Interview

Professional preparation for the interview involves the PTA's education, experience, and activities. For a PTA, professional preparation starts in the physical therapist assistant program by conscientiously studying the material, applying learned information at school and in clinical settings, and joining the professional national organization (the American Physical Therapy Association) and the

state physical therapy professional organization. In addition, participating as a student and as a licensed graduate in seminars and meetings at the local chapter or national level increases the professional network, ultimately helping with the interview process.

Physical Preparation for the Interview

Physical preparation for the interview involves the PTA's resume, cover letter, follow-up correspondence, and physical appearance. The resume contains a brief written summary of personal information, educational information, professional qualifications and experience, and references.

Resume

The resume is important for being an initial contact and statement and an inclusion or elimination device.¹⁵ Its purpose is to obtain an interview. The resume facilitates the initial contact between the PTA and the prospective employer by introducing the PTA to the employer and notifying the employer about the PTA's interest in employment. As a statement, the resume must be perfect, computer typed, and printed on a good paper (such as 20-pound white bond). It should not be sloppy with spelling mistakes, be handwritten, or typewriter written.

Why do you need a resume?

- To show a desire to work and work ethics by describing that you were able to work and hold a job while in high school or during the physical therapist assistant program;
- To show flexibility by describing that you were able to work in various shifts or weekends or attended evening or weekend classes
- To express ambition by describing previous work experience or advancement in school or in a local chapter of the physical therapy professional organization
- To express dedication by describing membership in the APTA or the state professional organization or long-term employment

There are two types of resume: chronological and functional.¹⁵ A chronological resume lists experiences in reverse order with the most recent one first. It is the most common type of resume. A functional resume lists the

skills a prospective employee possesses. It is not typically utilized by health care professionals.

A chronological resume is divided into the following sections:

- **Identification:** Includes the PTA's name and address
- **Career objective:** Includes the PTA's desire for growth or to work with a special patient population such as geriatric, pediatric, or orthopedic. This section is important for a new graduate PTA who has no experience in the profession but wants to work with a certain patient population.
- **The work experience section:** Includes all fulltime positions and relevant part-time positions, education, activities, and honors
- **The education section:** Includes names and addresses of the educational institution, dates of attendance, degree earned (or anticipated to be earned), date the degree was earned, honors obtained, licensure number, special course work, and seminars. Grades and grade point averages are not typically included in the resume. Prospective employers should ask for the prospective employee's consent to obtain academic records, educational program information, and references.
- **The activities section:** Includes professional, civic, and/or volunteer activities demonstrating positive work habits, leadership, and acceptance of responsibility. For a new PTA graduate, the honors section may be omitted if all honors are academic.

References

The references can describe the PTA's clinical and professional experience (and achievements) and his or her character. References describing clinical and professional experience can be provided by faculty members, clinical instructors, clinical supervisors, and/or former employers. References describing a PTA's character can be provided by family, friends, or clergy.

Dressing and Communication Skills

Physical preparation for the interview also involves dressing professionally and using appropriate verbal and non-

verbal communication. Clothing must be clean, neat, and conservative. Typically, a business suit or a sport jacket is appropriate for men or women. Hairstyles, makeup, jewelry, and scents should be kept at a minimum.

Verbal communication should show interpersonal skills such as poise and tact. Nonverbal communication should show confidence and consistency in verbal and nonverbal cues. Some appropriate nonverbal communication signs include sitting upright with both feet on the floor and the back slightly forward, looking straight at the interviewer, using a firm handshake, and maintaining focus and interest in the interview. Signs of nervousness such as fidgeting, restlessness, chewing gum, or smoking can be detrimental to the interviewee.

Mental Preparation for the Interview

Mental preparation for the interview includes the PTA's personal information, answers to typical interview questions, and information about the prospective employer. Mental information means being prepared for the interview, knowing the information in the resume and the cover letter, and being able to answer questions. Questions are typically informational, encouraging discussions. Answers such as *yes* or *no* are not appropriate. A prospective employer should not ask questions about a person's age, religion, race, marital status, political interests, social interests, national origin, whether renting or owning a home, training not related to the job, birthplace, height and weight, native language, spouses' occupation, sexual preferences, and number of dependents. In situations when such types of questions are asked, the interviewee should use tactful answers.

Questions to ask a prospective employer (during the interview):

- Advantages and disadvantages of working for the organization
- Available benefits
- Work hours
- Vacation, sick, and personal leave time
- Salary range and description of job requirements

After a person is hired, the employer can ask questions related to insurance to obtain the following information:

- Being able to legally work in the United States
- Person's age

- Spouse's information
- Dependent information
- Citizenship information
- Membership in professional organizations (although this information must be in the resume)
- Minority status for affirmative action plans
- Religious holidays to make work accommodations

Policy and Procedure Manual

Physical therapist assistants (PTAs) who are employed in physical therapy clinical settings are required, soon after being employed in a facility, to become acquainted with the facility/departmental policy and procedure manual. The general purpose of a policy and procedure manual is to familiarize the employees with the practice's specific mission, culture, expectations, and benefits. Although the manual is not a contract, it provides a clear, common understanding of the practice's goals, benefits, and policies, as well as what is expected with regard to the employee's performance and conduct. The manual also contributes to the employee's level of comfort knowing (because it spells out) what is expected of him or her in order to comply with practice guidelines and fit in with the practice culture.

The purposes of the policy and procedure manual include the following:

- It provides extensive information on what should be done and how it should be done in a physical therapy department.
- It is required by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), and other physical therapy accrediting agencies.

A *policy* is defined as a broad statement that guides the decision-making process. A policy represents a principle, a law, or a decision that guides actions. Examples of policies in physical therapy department include the following:

- Time off, leave of absence, and sabbaticals for military service, maternity, medical, and jury duty
- Vacation according to the length of employment and seniority; vacation is paid time off from work
- Dress code required by the facility
- Probationary period

Procedures are defined as specific guides to job functions for all departmental personnel, visitors, and patients in order to standardize activities with a high level of risk. Procedures represent the sequence of steps to be followed in performing an action typically described in the policy. Procedures are also criteria for the way in which things are done. Procedures can assist the employees in dealing with situations that may arise during the daily operations of practice. Examples of procedures in a physical therapy department include the following:

- Equipment management, cleaning, maintaining, safety inspections, and training requirements
- Safety and emergency procedures
- Hazardous waste management
- Disciplinary procedures such as violation of the dress code or patient's confidentiality

Content of the Policy and Procedure Manual

The policy and procedure manual has an introduction that may include things such as the employee welcome message and introductory statement, and an employee acknowledgement form. This section is written in a friendly, conversational style designed to make the employee welcome and comfortable, as well as providing basic information about the practice and its operating philosophy. The remaining sections of the manual contain very detailed and precise language regarding the rights and obligations of both the employee and the employer.

The policy and procedure manual must be guided by various state and federal legislation, such as Equal Employment Opportunity (EEO), American with Disabilities Act (ADA), Family and Medical Leave Act (FMLA), Fair Labor Standards Act (FLSA), Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), and the Center for Medicare and Medicaid Services (CMS). As an example of federal legislation included in the policy and procedure manual is the Family and Medical Leave Act (FMLA). The FMLA requires employers with 50 or more employees to allow up to 12 workweeks of unpaid leave in any 12-month period for the birth, adoption, or foster care placement of a child, or serious health condition of the employee, spouse, parent, or child, provided the leave is taken within 12 months of such event. The

policy and procedure manual must include all the necessary information related to the FMLA. In addition, the policy and procedure manual of a physical therapy facility should be reviewed by a legal counsel to ensure compliance with federal and state laws.

Departmental Meetings

Physical therapist assistants (PTAs) participate in the facility and departmental meetings.

Types of meetings in the physical therapy department:

- **Staff/departmental meetings:** Held regularly to discuss departmental (or hospital or management) business
- **Team meetings:** Scheduled weekly and involving the interdisciplinary team members, such as the physician, nurse, PT, PTA, OT, COTA, SLP, social services, and other members of the team. Team meetings' purposes are to discuss and coordinate patient care services, set patients' goals, discuss goal achievement necessary for patients' discharge, and discuss discharge plans and continuum of care including equipment needs or home health services.
- **Supervisory meetings:** Take place regularly between the supervisor and the staff. The supervisory meetings' purpose is to discuss patient care issues. Sometimes, a supervisory meeting can be a one-on-one meeting between a staff member (such as the PTA) and the supervisor (such as the PT) to discuss the immediate needs of the staff member in regard to patient care. The goal of the supervisory meetings is to achieve positive outcomes.
- **Strategic planning meetings:** Provide an organizational/departmental planning process for the future. These meetings discuss the results of strategic planning process (that was included in the strategic plan) and make a statement about the mission and the philosophy of values of the organization/department before implementation of the strategic plan.

Strategic planning meetings also can reveal the organization/departmental strengths and weaknesses and the course of action for achieving future goals. In addition, strategic planning meetings can provide the following:

- Directions on how to achieve the organization/departmental goals
- Identification of the persons responsible for developing and carrying the strategic plan (such as staff members and/or the supervisor)
- Information to external parties (such as the accrediting agencies) about the organization/department
- Analysis of the progress toward the strategic plan goals

The strategic plan goals are time related and can be chosen for one year, two years, or five years. The analysis of the progress toward the goals is generally done quarterly by the supervisor (or director/manager) of the organization/department.

Fiscal Management of Physical Therapy Service

Budgets

Physical therapy services are fiscally managed by a budget. A budget is defined as a financial projection for a specific time period of the amount of funds allocated to cover specific aspects of operating a physical therapy department or a private practice.

Budget periods vary from one year for personnel and supplies to five years (or longer) for capital expenses (purchase expenses). When conditions in the organization/department change, the budgets need to be revised.

The purposes of a budget include the following:

- Explains in detail anticipated income and expenditures (expenses) periods in regard to personnel, buildings, equipment, supplies, and/or space
- Represents an integral aspect of the planning process
- Provides a mechanism of assessing success of practice, programs, or projects

The various types of budgets include the following:

- **Operating expense budget**—A financial projection related to the daily organization/departmental operation. Examples include salaries, benefits (such as sick days or vacation days), utilities (such as electricity, gas, or telephone), supplies (such as ultrasound gel, changing gowns, or gloves), linen, housekeeping, maintenance, and continuing education.
- **Capital expense budget**—A financial projection related to the purchase of large items for future use. Examples include physical therapy equipment to be utilized for more than a year (ultrasound machine). This budget usually lists items that cost more than \$300 per item.
- **Accounts receivable budget**—A financial projection assessing expected benefits from future operations; includes money owed to a company such as a physical therapy private practice for providing physical therapy services. An example could be money to be received from Medicare for physical therapy services provided to Medicare patients.
- **Accounts payable budget**—A financial projection assessing money owed to a creditor (that provided services or equipment to the company); it is the part of the budget where debts are listed. An example could be money to be paid to a company that regularly services physical therapy equipment.

Costs

In physical therapy, there are four different costs associated with providing physical therapy services:

- **Direct costs**—Costs directly related to provision of physical therapy services. Examples can be salaries, equipment, treatment supplies, or continuing education.
- **Indirect costs**—Costs related to provision of physical therapy services in an indirect way. Examples can be housekeeping, utilities, laundry, or marketing.
- **Variable costs**—Costs related to provision of physical therapy services that are not fixed and can vary depending on the volume of services. Examples can be linen costs (or utilities costs),

which will increase with an increase in the number of patients' visits.

- **Fixed costs**—Costs related to provision of physical therapy services that are fixed regardless of the changes on the volume of services. Examples can be rent, which will not increase regardless of an increase in the number of patients' visits.

Quality Assurance

Quality assurance (QA) is defined as activities and programs designed and implemented in a clinical facility to achieve high-quality levels of care. In physical therapy, quality assurance is responsible for the following:

- Monitoring quality of physical therapy services
- Monitoring appropriateness of patient care
- Resolving any identified problems related to quality of service and patient care

Utilization Review

Quality assurance can be implemented in a clinical facility by using the utilization review (UR). A utilization review is the evaluation of the necessity, quality effectiveness, or efficiency of medical services, procedures, and facilities. For example, in a hospital, utilization review includes the appropriateness of admission, services ordered, services provided, length of stay, and discharge practices. In physical therapy, utilization review can be implemented through a written plan for reviewing the use of resources and determining the medical necessity and cost efficiency. For example, utilization review can analyze the cost and the outcome of using interferential electrical stimulation for patients diagnosed with posterior disk impingement. If the patients' outcomes were positive, it meant that the use of interferential electrical stimulation was appropriate and the cost of the treatment was efficient.

Peer Review

Utilization review can be applied in the clinics by using peer review. As a general definition, peer review means the evaluation of the quality of work effort of an individual by his or her peers. In addition to clinical quality of medical care administered by an individual, group, or hospital, peer review is also performed for the evaluation of articles submitted for publication in different scientific journals.

In physical therapy utilization review, physical therapist assistants (PTAs) can review the work of other PTAs, and

physical therapists (PTs) can review the work of other PTs. In general peer review is not punitive but educational. The goal of peer review is to improve the quality of care and to evaluate how well physical therapy services are performed when delivering care.

Types of peer reviews in physical therapy clinical settings include the following:

Retrospective peer reviews are conducted after physical therapy services were rendered. Retrospective peer reviews are utilized to determine if physical therapy services were necessary, appropriate, and comprehensive in regard to patients' needs.

Concurrent peer reviews are conducted during physical therapy treatments. Concurrent peer reviews are utilized to immediately improve the quality of physical therapy treatments and to determine current patients' outcomes and satisfaction.

Peer review can also be performed in physical therapy clinical facilities by different accrediting agencies or third-party payers such as Medicare, Medicaid, or managed care plans. In these situations, the peer review is done by professional review organizations (PROs). An example of such organization is the Professional Standards Review Organization (PRSO) that performs peer review at the local level required by Public Law 92-603 of the United States for the services provided under the Medicare, Medicaid, and maternal and child health programs funded by the federal government. The major goals of PRSO are the following:

- To ensure that health care services are of acceptable professional quality
- To ensure appropriate use of health care facilities at the most economical level consistent with professional standards
- To identify lack of quality and overuse problems in health care and improve those conditions
- To attempt to obtain voluntary correction of inappropriate or unnecessary practitioner and facility practices, and if unable to do so, recommend sanctions against violators

Risk Management

Quality assurance can also be implemented in a clinical facility by using risk management. As a general definition, risk

management means methods utilized by health care organizations to defend their assets against the threats posed by legal liability. Risk management includes the following:

- Identification of health care delivery problems in an institution (as evidenced by previous lawsuits and patients or staff complaints)
- Development of standards and guidelines to enhance the quality of care
- Anticipation of problems that may arise in the future

For example, risk management issues found in hospital may be breaches of patients' privacy, failure to disclose risks and alternatives to treatment, intubation errors during anesthesia, or infant trauma or death during childbirth. In physical therapy, risk management can identify, evaluate, and correct against risk to staff or patients. Examples of risk management found in physical therapy may be delegating issues, such as physical therapists (PTs) delegating to physical therapist assistants (PTAs) or physical therapist assistants delegating to physical therapy aides. In such situations, the PTs and the PTAs must consult their individual state practice acts. Another risk management issue in physical therapy may be providing quality care for managed care patients or Medicaid patients. For example, if a managed care company does not provide for enough number of visits, and the patient needs the additional visits, the physical therapist may need to ask the managed care company for more visits or to ask the owner of the facility to allow free-of-charge services to the patient.

General purposes of physical therapy risk management include the following:

- To decrease risks in physical therapy practice by maintaining equipment safety and providing ongoing staff safety education in the use of equipment
- To identify potential patient or employee injuries
- To identify potential property loss or damage
- To implement procedures to properly clean the equipment and prevent contamination
- To increase patient and staff safety by reporting all incidents, documenting incidents by making reports, reviewing incident reports by a supervisor, identifying all risk factors in regard to patient care and safety, and having all staff certified (and recertified annually) in cardiopulmonary resuscitation (CPR).

SUMMARY OF PART I

Part I of this book, called “The Profession of Physical Therapy,” discussed the history of rehabilitation treatments in ancient civilizations and in the United States and the history of the physical therapy profession. The organizational structure of the APTA was included, as well as the supervisory role of the PT on the health care team. The collaborative path between PT and PTA, the health care teams, and the members of the rehabil-

itation team and their responsibilities were also discussed. The employment settings for PTs and PTAs were listed. Part I concluded with a general description of the *Guide to Physical Therapist Practice* and its use, and explanations of employment and clinical practice topics such as interview, policy and procedure manual, meetings, budgets, quality assurance, and risk management.

Laboratory Activities for Part I

The following activities are suggested to the instructor to involve students in the application of laboratory performances:

- ☐ Go online at www.apta.org/rt.cfm/About and research information about the APTA.
- ☐ Create a brochure identifying the vision, mission, and function of the APTA and the benefits of belonging to the APTA.
- ☐ Participate in a district or chapter/subchapter meeting.
- ☐ Create a class presentation about what PTAs are and what they do.
- ☐ Interview a health care professional, such as a PT, OT, SLP or SW. Create a class presentation about the function, role, and interaction of the health care professional.
- ☐ Make a list of terminology found in the Guide related to physical therapy interventions.
- ☐ Interview a classmate or be interviewed by a classmate.
- ☐ Write a resume.
- ☐ Write at least one policy and one procedure.

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