

= CHAPTER 1 =

The Profession of Physical Therapy

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*Anita is working in a long-term care
facility as a physical therapy techni-*

cian. The Chief Nursing Officer asks her to call the local community college about enrolling in the physical therapy classes. She is surprised to learn that completion of an associate degree program is required to become a physical therapist assistant.

Can anyone use the title *physical therapist*? Or *physical therapist assistant*? What does it take to become licensed? How does a physical therapist assistant fit into the profession of physical therapy?

Misconceptions persist about the academic preparation and role delineation between the physical therapist and the physical therapist assistant. Let's take a closer look at the profession of physical therapy and those working in it.

What Is Physical Therapy?

Physical therapy is the care and services that are provided under the direction and supervision of a licensed physical therapist. The physical therapy profession was founded in the belief that improved physical function makes an individual's life better.

The Bureau of Labor Statistics estimate that physical therapists held approximately 198,600 jobs in 2010, serving more than 1 million individuals each day.¹ In addition, physical therapist assistants held almost 69,810 jobs, and physical therapist aides held more than 48,700 jobs.²

How Does the Profession Define the Practice of Physical Therapy?

The opening sentence of the *Interactive Guide to Physical Therapist Practice*³ characterizes the physical therapy profession with the following definition:

Physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function.

In 2013, the American Physical Therapy Association (APTA) House of Delegates further expanded on this de-

scription with a vision statement identifying *movement* as being critical to the optimal living and quality of life of all people, related not only to their health but also to their participation and contributions to society.⁴

Physical therapists and physical therapist assistants carry out varied roles in many different types of health care, educational, and occupational settings, including hospitals and rehabilitation centers; outpatient clinics; patients' homes and schools; and professional, corporate, athletic, industrial, and community organizations.

The *Model Practice Act for Physical Therapy* (excerpted in [Appendix 1](#)) refers to 4 distinct areas of physical therapy⁵:

1. Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments; functional limitations; and disabilities or other health and movement-

related conditions to determine a diagnosis, prognosis, and plan of treatment intervention and to assess the ongoing effects of intervention.

2. Alleviating impairments, functional limitations, and disabilities by designing, implementing, and modifying treatment interventions that may include, but are not limited to, therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy, including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment; airway clearance techniques, integumentary protection and

repair techniques, debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.

3. Reducing the risk of injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and wellness in populations of all ages.
4. Engaging in administration, consultation, education, and research.

Who Are Physical Therapists, Licensed Physical Therapists, Registered Physical

Therapists, and Physical Therapy Assistants?

Only physical therapists can provide physical therapy and use the initials “PT” after their names. The initials “PT” indicate that the person who uses “PT” after his or her name has a license to practice physical therapy. The initials “RPT” (registered physical therapist) were also used in some states. The initials “LPT” (licensed physical therapist) may be used by some physical therapists, but the “L” is actually redundant, as the initials “PT” designates a licensed physical therapist.

Physical therapist assistants, under the direction and supervision of the licensed physical therapist, are health care providers who assist in the provision of physical therapy. Only physical therapist assistants may use “PTA” after their names to designate their education and licensure or certification

(where applicable) as a physical therapist assistant.

Brian reviewed the physical therapy department's personnel list, noticing that in addition to the titles "PT" and "PTA," "Rehab Tech I," "Rehab Tech II," "ATC," and "Patient Care Associate" were listed. He wondered, "Who can do what in this place?"

Who Works in Physical Therapy?

Physical Therapists

Physical therapists are graduates of physical therapist professional education programs at the college or university level and are required to be licensed in the state in which they practice. Professional education for physical

therapists is at the postbaccalaureate level with the Doctor of Physical Therapy (DPT) being the preferred terminal degree.

Physical therapists perform the five elements of patient/client management—examination, evaluation, diagnosis, prognosis, and intervention—to maximize functional outcomes for individuals with health problems resulting from injury or disease.⁶ They evaluate joint motion, muscle performance, balance and gait, cardiopulmonary function, and performance of activities of daily living, among other responsibilities. They provide intervention, which may include therapeutic exercise, cardiovascular endurance training, and training in activities of daily living.

They are involved in collaboration with other professionals, in consultation in many capacities, and in education, research, and administration. Physical therapists are responsible for the supervision of physical therapy sup-

port personnel, including physical therapist assistants and physical therapy aides.

Physical Therapist Assistants

Most physical therapist assistants are graduates of physical therapist assistant associate degree programs. Almost all states require licensure or certification for physical therapist assistants. Physical therapist assistants provide physical therapy services only under the direction and supervision of physical therapists.

Physical therapist assistants assist physical therapists with data collection, implement interventions, modify interventions within the physical therapist's established plan of care, participate in discharge planning, and document services that they provide. Physical therapist assistants may be involved in educating and interacting with physical therapy and physical therapist assistant stu-

dents, aides, volunteers, and patients' families and/or caregivers. In addition to direct patient care, physical therapist assistants often perform functions such as patient transport, maintenance of equipment, and other clinic needs. Specific conditions for supervision of the physical therapist assistant are outlined in each state's physical therapy practice act.

Physical Therapy Aides

Physical therapy aides are defined in the *Model Practice Act for Physical Therapy*⁵ as “a person trained under the direction of a physical therapist who performs designated and supervised routine tasks related to physical therapy services.” State practice acts dictate the tasks that may be performed by physical therapy aides and whether these tasks can be performed under the supervision of the physical therapist, the physical therapist assistant, or both. Tasks

that may be performed by aides include cleaning and laundry, patient escort, and setting up exercise equipment.⁵

Other personnel, such as massage therapists, exercise physiologists, and athletic trainers or other persons who have technical or professional education or training and who assist the physical therapist should be considered physical therapy aides. These personnel sometimes work in physical therapy practice settings, but the services they provide cannot be characterized as physical therapy.⁵

In long-term care settings, *restorative care* provides for the continuation of routine exercise programs, as established by the physical therapist, when physical therapy services have been discontinued. These individuals, often members of the nursing staff, such as restorative nursing assistants or certified nursing assistants, are not formally trained. They provide routine maintenance exercise and activities that are

not considered skilled physical therapy intervention.⁷

Becoming a Part of the “Profession”

Individuals go through a distinct period of *role socialization* as they acquire the specialized knowledge, values, attitudes, and skills while becoming a part of the profession. In addition to knowledge, skills, and attitudes, the new clinician also develops a distinct language. Let’s look at the following note, which was found in a patient’s medical record:

Charlie, a new graduate physical therapist assistant, documented patient progress in the patient’s medical record by writing: “Pt. amb 40’ PWB L c FWW and VC.”

The patient's physician is overheard at the nurses' station after reading the chart, muttering, "I can never tell whether that's good or bad."

Some sociologists have described professions as social constructs, with their own languages, belief systems, and symbolic lives. The previous example shows a message in a language that is intelligible only to members of the professional culture.

*What does this mean? Pt. amb 40'
PWB L c FWW and VC*

Translation: Patient ambulated 40 feet partial weight bearing on the left leg with front-wheeled walker and verbal cueing.

Optimal communication across disciplines requires sensitivity to the

needs of other professionals who need to understand and interpret patient care documentation. Experienced physical therapists and physical therapy assistants can help to guide the professional practices of novice clinicians entering the field.

The role socialization period for health professionals extends for a period of as long as 2 years following graduation and entry into the professional field. Research on role socialization within the physical therapy profession shows that clinical role models are likely to be the most powerful determinants of the behaviors and values of novice clinicians.^{8,9}

Becoming a Physical Therapist

Physical therapists must complete a postbaccalaureate (masters or doctorate) degree in physical therapy from an accredited education program. At present, there are more than 200 col-

leges and universities nationwide that offer professional education programs in physical therapy. Most of these programs encompass 6 or more semesters of academic coursework, including or followed by a period of extended clinical internship.¹⁰ In 2009, the Commission on Accreditation in Physical Therapy Education (CAPTE) mandated that all professional physical therapy programs award the DPT degree by December 2017.¹⁰

After graduation, candidates must successfully pass an examination administered by the Federation of State Boards of Physical Therapy. Additional requirements for physical therapy practice vary from state to state by individual state physical therapy practice acts or state regulations that govern the practice of physical therapy.

Becoming a Physical Therapist Assistant

Physical therapist assistants complete a 2-year college education program and receive an associate's degree upon graduation. Physical therapist assistant programs are offered in all types of institutions of higher education, with the highest percentage of programs found in rural public colleges.^{[11](#)}

Currently, there are more than 300 educational programs for the physical therapist assistant and another 66 under development. Educational programs for the physical therapist assistant consist of a general education component and a technical education component. Included in the technical education component are clinical education experiences in which students perform the hands-on work of a physical therapist assistant.^{[12](#)}

At present, almost all states and jurisdictions regulate the physical therapist assistant, requiring either a certificate or a license upon graduation and completion of an examination administered by the Federation of State Boards of Physical Therapy. Regardless of state regulatory requirements, physical therapist assistants may only work under the direction and supervision of physical therapists.⁹

During an interview for a class project regarding the roles and responsibilities between the physical therapist and the physical therapy assistant, Danielle learns that a physical therapy assistant must effectively work with multiple physical therapists, as the physical therapy assistant may treat the patients of several different physical therapists each day.

The Role of the Physical Therapist Assistant

Health care providers must deliver high-quality services with accountability for outcomes that are meaningful to an increasingly savvy consumer. Clearly defined roles and responsibilities, as well as efficient collaboration between the physical therapist and the physical therapist assistant, are vital to successfully managing a physical therapy practice in this uncertain and challenging environment.

The American Physical Therapy Association (APTA) provides policies, procedures, standards, positions, and guidelines about various aspects of physical therapy practice, including guidance about the role and relationship between the physical therapist and the physical therapist assistant.

Responsibilities of individuals in each role have been established, reviewed, and redefined over time.¹³ These responsibilities are included in the document, *Direction and Supervision of the Physical Therapist Assistant*, and are included in [Appendix 6](#). More detailed coverage of this relationship is also included in [Chapter 25](#).

Physical therapists consider the following when providing direction and supervision for the physical therapist assistant in patient care¹³:

- Characteristics and qualifications of the physical therapist assistant, including their education, experience, and skill level
- Characteristics of the patient, including the stability or complexity of the patient, as well as the predictability of the outcome of physical therapy treatment
- Laws and regulations that govern physical therapy practice

Other resources are available to describe the problem-solving and decision-making processes the physical therapist assistant uses when providing physical therapy interventions. The *Direction and Supervision Algorithms: Step-by-Step Problem-Solving Diagrams to Guide PTs and PTAs*¹⁴ emphasizes the close relationship between the physical therapist assistant and the physical therapist and describes the importance of ongoing communication with the physical therapist when the physical therapist assistant is involved in patient care.

The Evolution of the Physical Therapy Profession

The physical therapy profession had its origins in the post-World War I

era in which returning veterans needed rehabilitation. For almost 100 years, the profession has grown, developed, expanded, and increased its autonomy.

Detailed histories are available in both written and oral forms from the APTA (<http://www.apta.org/History/OralHistories/>). The APTA will loan copies of videotapes, audiotapes, and transcripts of oral histories by leaders in the profession.

[Tables 1-1](#) to [1-3](#) indicate some of the key events and persons involved in the early and more recent history of the physical therapy profession.

Current Vision Statement for the Physical Therapy Profession

The APTA House of Delegates endorsed a vision statement ([Table 1-4](#))

for the profession of physical therapy in their June 2013 meeting. In addition to the short vision statement, the guiding principles describe the profession and society in relation to the achievement of this vision.

Summary

The profession of physical therapy continues to evolve from its origins in the early 20th century. The profession is well-positioned in defining the current and future roles of the physical therapist and physical therapy assistant in health care delivery. The physical therapy profession will continue to play an important role in health care delivery.

TABLE 1-1

EARLY EVENTS IN THE EVOLUTION OF THE PROFESSION OF PHYSICAL THERAPY¹⁵⁻¹⁸

1914, 1916	Widespread poliomyelitis epidemics occurred during this time. Physical modalities, massage, and corrective exercise were applied by nonphysician personnel who were trained in physical education.
1915	Mary McMillan is recognized as the first physical therapist in the United States. She received her training in England and returned to the United States in 1915.
During World War I: (1917 to 1918)	Reconstruction aides were employed in army hospitals. They were women, mostly from backgrounds in physical education,



	<p>who participated in 3-month courses during the war for training in military massage and muscle re-education. They worked in army and veteran's hospitals during the war.</p>
1918	<p>The first physical therapy course was organized at Walter Reed Hospital to train reconstruction aides. Courses were soon established in 14 institutions, the largest of which was Reed College in Eugene, Oregon. Standards were administered by the Surgeon General's office.</p>
1921	<p>American Women's Physical Therapeutic Association was founded by Mary McMillan. <i>PT Review</i>, a professional journal, began publication in March 1921.</p>
1922	<p>Name change from the American Women's Physical Therapeutic As-</p>



	sociation to the American Physiotherapy Association (APA)
1928	In the 1920s, a “Council on Physical Therapy” was established in the American Medical Association (AMA). By 1928, they had established a standard for schools—a course length of 9 months, with 1200 hours of theory and practice. Entry requirements were graduation from a school of physical education or nursing. From 1936 until 1977, the standards for training and education of physical therapists remained under the purview of the AMA and the House of Delegates of the AMA.
1934	The American Registry of Physical Therapy Technicians was established by the American Congress of Physical Therapy (an



	<p>organization of physicians specializing in use of physical therapy) and involved a written examination. Passing the examination allowed one to use the title "Registered Physical Therapist" (RPT), not to be confused with legal licensure allowing one to call him or herself an RPT. It wasn't until the 1950s that widespread legislation was enacted on a state-by-state basis.</p>
1935	<p>Standards for ethics and discipline were adopted, which addressed the expected behavior in therapeutic intervention and the exclusive responsibilities of the physician for diagnosis, prognosis, and prescription. The physician was considered critical in establishing the legitimacy</p>



	of the work in physical therapy.
1944	The medical specialty of physical medicine was developed; physicians dropped the name of <i>physical therapist</i> (changed to <i>Physiatrist</i>), which allowed physical therapist technicians to drop the <i>technician</i> title and use <i>physical therapist</i> as their name.
1940 to 1945	Rehabilitation concepts introduced in World War II fostered the growth of the physical medicine specialty. In many institutions, services of physical therapy were available only via referral to the physiatrist.
1947	Name change of American Physiotherapy Association (APA) to American Physical Therapy Association (APTA). By 1946, the organ-



	ization had more than 3000 members.
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<p>TABLE 1-2</p>	
<p>RECENT EVENTS IN THE EVOLUTION OF THE ROLE OF THE PROFESSION OF PHYSICAL THERAPY^{10,15-18}</p>	
<p>1960s</p>	<p>Amendments to the Social Security Act necessitated an increase in the workforce. The physical therapist assistant was developed based on an APTA Ad Hoc Committee study regarding utilization and training to help to meet needs of health care personnel. Fifteen physical therapist assistants graduated from the first physical therapist assistant programs in 1969.</p>



	<p>Curriculum changes were instituted to reflect the evolution of the practice of physical therapy.</p> <p>Practitioners needed to not only be skilled in use of physical therapy procedures but also to understand the rationale for application. Standards increased the breadth and depth of coursework as the foundation of the profession.</p>
1970s	<p>The APTA House of Delegates adopted a new document that departed from the course titles, clock hours, and semester hours included in earlier versions. The Standards for Accreditation were published in 1978.</p> <p>APTA forms <i>affiliate membership</i> as a unique designation for physical therapy assistants' membership.</p>
1980s	<p>The APTA adopted a resolution indicating that entry-level education for the physical therapist would be a</p>



postbaccalaureate degree. The APTA adopted the first "Policy Statement on Education and Utilization of the Physical Therapist Assistant" in 1981.

The Standards of Ethical Conduct for the Physical Therapist Assistant was adopted in 1982. The APTA became an accrediting agency for physical therapist and physical therapist assistant education.

The APTA passed a new definition of physical therapy. Physical therapy (a) treatment by physical means (b) the profession that is concerned with health promotion, with the prevention of physical disabilities, and with the rehabilitation of persons disabled by pain, disease, or injury; and which is involved with evaluating patients and treating them through the use of physical therapeutic measures, as opposed to medicines, surgery, or radi-



	<p>ation.</p> <p>Clinical specialization—mechanisms were put into place to recognize therapists with advanced clinical skills. The first clinical specialists were certified in cardiopulmonary physical therapy in 1985. The APTA Affiliate Assembly Special Interest Group for the physical therapist assistant was formed in 1989.</p>
1990s	<p>The Americans with Disabilities Act was signed in 1990, mandating reasonable accommodations to ensure the integration of people with disabilities.</p> <p>The number of physical therapist assistant programs outnumbered the physical therapist programs in 1993. The first entry-level doctorate in physical therapy (DPT) program opened at Creighton University, graduating its first class in 1996.</p> <p>The Balanced Budget Amendment, signed into</p>



	<p>law in August 1997, enacted widespread changes in the reimbursement for Medicare patients.</p> <p><i>The Guide to Physical Therapist Practice</i>, a consensus document outlining patient/client management and scope of physical therapy practice, was published in 1997.</p> <p>The inaugural National Assembly of Physical Therapist Assistants was held in 1999.</p>
2000s	<p><i>Vision Statement 2020</i> was passed by APTA House of Delegates. The development of a strategic plan, with timelines to achieve <i>Vision Statement 2020</i>, followed. Revisions to the Code of Ethics reflected new advancements in models of practice and expanded to better delineate the ethical obligations of all physical therapists and physical therapist assistants. The American Physical Therapy Association endorsed and promoted the core values of accountabil-</p>



	ity, altruism, compassion/ caring, excellence, integrity, professional duty, and social responsibility. The “Move Forward” branding campaign was launched by the APTA in 2009.
2010 and beyond	CAPTE designated that all accredited physical therapy programs must be at the doctoral entry level by 2017. The APTA promoted the “Move Forward” branding campaign, designed to help physical therapists strengthen their brand identity by out-reaching to other health care professionals and consumers. The APTA House of Delegates 2013 <i>Vision Statement for the Physical Therapy Profession</i> clearly identifies movement as a key to optimal living and quality of life.



TABLE 1-3

HISTORY OF THE PHYSICAL THERAPIST ASSISTANT 19-26

1940s to 1960s	Initial discussions were held about the need for a trained assistant to work alongside the physical therapist and “assist” with treatment. The APTA House of delegates conducted discussions on the role of nonprofessional personnel.
1967	The APTA House of Delegates officially created the occupational category of “physical therapy assistant.”
1969	First graduates of physical therapist assistant programs were from Miami Dade Community College and College of Saint Catherine in Minnesota. The APTA House of Delegates passed the name change to “physical therapist assistant.”
1971	Congress passed the <i>Comprehensive Manpower Training Act</i>



	to meet the increased need for health care providers, expanding and formalizing education and training efforts and recognizing the importance of allied health professions.
1973	The APTA House of Delegates established affiliate membership for physical therapist assistants.
1975	The APTA House of Delegates approved the <i>Essentials of an Accredited Education Program for Physical Therapist Assistants</i> .
1983	The APTA established the Affiliate Special Interest Group.
1989	The APTA House of Delegates adopted a proposal, which, in part, formed the Affiliate Assembly. The Affiliate Assembly structure provided a mechanism for physical therapist assistants to independently meet, confer, and promote the interest of their respective membership class.
1990s	Physical therapist assistant educators met in a series of colloquia




	to define the scope of physical therapist assistant curricula and expectations of physical therapist assistant education programs.
1998	The National Assembly provided a forum for physical therapist assistants to meet, confer, and promote their interests.
1999	A mechanism was established for the development of the Chapter special interest groups for physical therapist assistants.
2000	<i>Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants</i> was published, defining competencies for the physical therapist assistants beginning professional practice.
2003	The APTA established a mechanism for <i>Post Entry-Level Education and Recognition of Enhanced Proficiency for the Physical Therapist Assistant</i> , providing a national examination for knowledge and skills in aquatic, cardiopulmonary, geriatric, integumentary, muscu-



	loskeletal, neuromuscular, and/or pediatric physical therapy.
2005	The Physical Therapist Assistant Caucus was established as a national body under the APTA, providing representation for physical therapist assistants from each APTA chapter and providing official representation to the APTA House of Delegates. The Advisory Panel of Physical Therapist Assistants was also established.
2005	Current guidelines for the <i>Direction and Supervision of the Physical Therapist Assistant</i> was amended and published.
2009	A revised <i>Code of Ethics and Standards of Ethical Conduct for the Physical Therapist Assistant</i> was passed.
2011	The APTA Board of Directors voted to discontinue all advisory panels (including the Advisory Panel of Physical Therapist Assistants) in favor of using more adaptable work groups and task



	forces as needed to accomplish the work of the association.
	

<p>TABLE 1-4</p> <hr/> <p>VISION STATEMENT AND GUIDING PRINCIPLES TO ACHIEVE THE VISION (APTA HOUSE OF DELEGATES, JUNE 2013)⁴</p>
<p><i>CURRENT VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION</i></p>
<p><i>Vision Statement for the Physical Therapy Profession</i></p> <p>“Transforming society by optimizing movement to improve the human experience.”</p> <p><i>Guiding Principles to Achieve the Vision</i></p> <p>“Movement is a key to optimal living and quality of life for all people that extends beyond health to every person’s ability to participate</p>

in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people."

The Guiding Principles address Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy. Access the APTA Vision Statement website to read the descriptions of how the profession and society will look when this vision is achieved.

Reprinted with permission from the American Physical Therapy Association. *Vision Statement for the Physical Therapy Profession*. <http://www.apta.org/Vision>. Accessed September 7, 2013.

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PUTTING IT INTO PRACTICE

Consult your textbooks and the American Physical Therapy Association website to answer the following questions about the physical therapy profession:

1. What is the APTA's toll-free (1-800) telephone number?
2. Who is the current editor of the journal, *Physical Therapy*?
3. During what era did reconstruction aides work?
4. Who was the first president of the American Women's Physical Therapeutic Association?

5. What was the name of the first physical therapy professional journal?

6. What organization (outside of the physical therapy profession) supervised the development and accreditation of physical therapy programs from their inception in the 1920s until the 1970s?

7. In what year did a bachelor's degree become the MINIMUM entry level educational requirement for physical therapy education?

8. What is the medical specialty name for physicians who specialize in physical medicine and rehabilitation?

9. In what year was the clinical specialty certification initiated by the American Physical Therapy Association?

10. How many accredited programs exist in your state for the educational preparation of physical therapists? What are their names and locations?

11. How many accredited programs exist in your state for the educational preparation of physical therapist assistants? What are their names and locations?

12. When and where will your state chapter's conference of the American Physical Therapy Association be held this year?

13. Access to physical therapy services without physician referral is currently legal in how many states?
14. Is it legal in your state to provide physical therapy services to a patient without a physician's referral?
15. What is the name of the current president of the American Physical Therapy Association?
16. What is the name of the current president of your state's chapter of the American Physical Therapy Association?

17. What do the initials CSM stand for? (Hint: an annual conference.)

18. Which month is National Physical Therapy month?

19. Name one section of the APTA.

20. In what year were standards for the utilization of the physical therapist assistant and standards for physical therapist assistant education first adopted by the APTA?

21. What disease epidemic created the initial impetus for the physical therapy profession?

22. What degree is currently the MINIMUM entry level educational requirement for physical therapy professional education?

23. What degree will you receive when you complete your educational program? (Be specific as to exact name of the degree, not "Associate's degree.")

24. What types (program length and requirements) of educational preparation programs are available for physical therapist assistant education?

25. What health care team members can supervise physical therapy assistants?

