

= CHAPTER 3 =

Evolving Roles in Physical Therapy

Karen had expected to work in an outpatient orthopedic or sports clinic but found a better paying job closer to home in a skilled nursing facility “Health Center” at a multilevel care, senior residential complex. “You’re not going to work in one of those dingy nursing homes, are you?” her older sister

had asked, adding, "I couldn't. Those places are so depressing. What kind of therapy could you be doing there with those old folks?" Karen had done some aide work at a skilled nursing facility and knew her sister was behind the times. Nonetheless, she had some reservations. Her orientation at the facility reassured her. "Wow," she commented. "This place looks like a resort! Beautiful dining room, gardens, fitness room, and skylights to brighten the interior. Some of the residents working out look more fit than me! I'll have to bring my sister to see this."

The Future of Physical Therapy

In our world of constant change, the milieu in which physical therapists and physical therapist assistants prac-

tice will inevitably change as well. Therapists who practice in the next decade will face challenges in service delivery because of the continuous and complex changes in the health care environment.

Awareness of and sensitivity to these changes are critical for all health care workers. Consider the following forces, which shape the practice environment:

- The global population is aging. In 2006, almost 500 million people worldwide were age 65 and older.¹ By 2030, that total is projected to increase to 1 billion—1 in every 8 of the earth's inhabitants.¹ For the first time, and probably for the rest of human history, people age 65 years and older will outnumber children under the age of 5. In addition, the number of people belonging to the “oldest old” age group is rising. People age 85 years and older are now the fast-

est growing portion of many national populations.¹ Global aging affects economic growth, trade, migration, disease patterns and prevalence, and the fundamental assumptions about growing older.¹ The US Census Bureau and the National Institute on Aging predict strains on public health insurance programs and on existing models of social support, as the global aging phenomenon continues.

- The ethnic diversity of the US population is also growing. In some states, combined non-White minorities comprise more than 50% of the population. Language barriers, cultural bias, and socioeconomic challenges influence the delivery of health care services.
- Economic upheaval at the federal and state levels has resulted in millions of our citizens living

in poverty and lacking access to even basic medical care. According to The Centers for Disease Control and Prevention, more than 15% of Americans did not have health insurance coverage in 2009, and 1 in 5 had gaps in insurance coverage over the course of that year. In September 2008, the US Census Bureau reported a statistically significant increase in the percentage of American families living in poverty.³

- The Balanced Budget Act of 1997 created a historic downturn in employment opportunities for health care workers, including physical therapists and therapist assistants. Although the job market tightened in some areas of the country and in some practice settings, there continued to be maldistribution of therapists available to care for those

in need of services. Fortuitously, employment opportunities for physical therapists and physical therapist assistants bounced back quickly. Soon after the turn of the century, employment was, once again, plentiful as the numbers of people needing physical therapy services continued to increase, especially in rural and socioeconomically depressed areas. According to the US Bureau of Labor Statistics, the demand for physical therapists is expected to spike upward by an astonishing 36% between 2012 and 2022—a much quicker rate than the average.⁴

- More than one-third of disability and disease in this country could be prevented by changing lifestyle habits, such as diet and activity. In fact, the prevalence of obesity in the United States is considered by many to be an epi-

demic. Today, 1 in 3 American children are overweight or obese, with estimates that one-third of all children born since 2000 will develop diabetes or other obesity-related health conditions.^{5,6}

- Women's health issues have become an increasingly important area of physical therapy practice. Conditions such as heart disease, osteoporosis, and related fractures account for significant disability and the untimely deaths of elderly women.
- Similar to most other health professions, physical therapists can no longer rely on reimbursement from third-party payment systems for their economic security. Other mechanisms of payment and creative modes of service delivery are being explored to address the ever-increasing health care needs of the population at a time when many consumers do

not have sufficient health insurance coverage.

- The national health expenditure accounted for 17.9% of the Gross Domestic Product in 2011 to 2012.⁷ Expenditures are expected to increase 6% to 7% annually through 2021.⁷ Consumers and third-party payers continue to increase the pressure for cost-effective care. Evidence-based outcomes will continue to be the greatest source of validation for the valuable work that physical therapists and physical therapist assistants provide.
- Active debate about health care reform in the United States, including the right to health care and access, fairness, efficiency, cost, and quality, led to the *Patient Protection and Affordable Care Act*, which took effect under President Obama on March 23, 2010.⁸ This monumental fed-

eral statute, more generally referred to as “health care reform,” provided major changes in health insurance procedures and coverage unlike anything seen in decades. The full impact of this law will be known only over time as the specific provisions take effect.

- Internet use has increased exponentially worldwide over the past decade. There are now more than 75.6% of Americans accessing the Internet.^{9,10} Consumers have access to health care information as never before—although the reliability of the information varies greatly among websites. The value of physical therapy programs and services must be publicized for consumers, businesses, health care providers, and third-party payers to see and understand. Technology use may be the single

most important mechanism to publicize the value and availability of physical therapy services. The American Physical Therapy Association (APTA) has positioned the profession to reach a variety of consumers by embracing the various social media platforms to reach out and to listen to the public. (Go to <http://www.moveforwardpt.com> to explore the physical therapy social media presence including Twitter, Facebook, and YouTube. Also, go to <http://www.apta.org> to see the latest education blogs.)

- Utilizing technology to document and bill for patient/client care, to organize and track data, and to share pertinent health information with other health care providers is on the rise within the physical therapy profession. It is believed that electronic medical record (EMR) keeping, will

reduce medical error, lead to reductions in health care costs, and ultimately improve health.¹¹

Consider again, the Vision Statement shown in [Table 1-4](#). Many of the changes noted previously must continue to be embraced as the role of the physical therapist evolves within the context of the future health care environment. The roles and responsibilities of the physical therapist assistant will inevitably be altered as well; yet, they must remain tied to the basic tenets described by the ethical and practice parameters set by the professional associations and various regulatory and licensure bodies.

Key Roles for Physical Therapists...and What

About the Physical Therapist Assistant?

In addition to providing competent intervention, physical therapists must be skilled in the examination, evaluation, diagnosis, prognosis, case management, consultation, patient education, documentation, collaboration, program development, and direction and supervision of others involved in providing physical therapy services.

The changing health care environment requires practicing clinicians to respond to health care delivery trends and to redesign their organizational responsibilities accordingly.

In keeping with the expanding role, level of responsibility, and consumer expectations, the entry-level physical therapist education is the Doctor of Physical Therapy (DPT). The profession has rapidly adopted the DPT as entry level. All entry-level physical therapist

education will be at the DPT level by 2015.¹²

The challenges confronting the physical therapy profession require critical examination and careful planning to preserve and enhance the image, accessibility, and efficacy of services. Considerations of the future role and function of the physical therapist assistant as a partnering stakeholder within these new paradigms is an integral part of this process.¹²

TABLE 3-1

**MINIMUM REQUIRED SKILLS OF
PHYSICAL THERAPIST ASSISTANT
GRADUATES AT ENTRY-LEVEL¹⁴**

- Plan of care review
- Provision of procedural interventions
- Patient instruction
- Patient progression

- Data collection
- Documentation
- Career development
- Safety, cardiopulmonary resuscitation, and emergency procedures
- Health care literature education
- Resource management
- Behavioral expectations
- Communication
- Promotion of health, wellness, and prevention

Adapted from American Physical Therapy Association. Minimum required skills of physical therapist assistant graduates at entry-level BOD G11-08-09-18 [Guideline]. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf. Accessed July 30, 2011.

Regardless of the inevitable modifications in where the services are provided, how long the service will last, and who pays for physical therapy services, the caveat remains that the physical therapist is responsible for and dir-

ects all services provided, including the determination of the utilization of the physical therapist assistant in strict accordance with state law, regulatory policies, and ethical standards of practice.¹³ [Table 3-1](#) represents the categories of the duties required of a newly graduated physical therapist assistant, as documented in a checklist frequently used by physical therapist assistant educational programs to ensure proper preparation while the student is on clinical rotations. A more specific description can be found by reviewing the American Physical Therapy Association document at http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf.¹⁴

Change Agent

Linda raised her hand and contributed to the class discussion by saying, "It seems like everything is constantly changing and it's all so complicated. During my clinical rotation last week, I wrote a SOAP note in the patient's chart after we worked with a lady in the hospital BUT then we had to use specific forms and each box had to be filled in after we worked with a patient over in a long-term care facility."

Significant changes have occurred in the physical therapy profession, and there will likely be many more in the next few years. Physical therapists and physical therapist assistants must remain flexible and informed, as the present-day rules may change tomorrow, the next day, and even again next week.

But, more important than being flexible in the face of change, therapists must assume a proactive role as *change agents*. Rather than letting external forces dictate constraints on clinical practice, physical therapists and physical therapist assistants must educate others regarding the legal and ethical implications of change as it affects patient care. Therapists must advocate for accessibility and inclusion of physical therapy services as a cost-effective use of health care dollars.

On a larger scale, physical therapists must take a proactive role in organizational change processes. They must identify and communicate to others the expertise of physical therapists and determine what can and cannot be compromised in physical therapy service delivery. Physical therapists must be in control of the changes in their roles and responsibilities, rather than letting someone else make those decisions. The physical therapist assistant plays an

important role in communicating the uniqueness of a skilled physical therapy intervention to each patient, family member, caregiver, and other health care team members. The personal interaction that a clinician has with each person he or she works with every day is among the most powerful and effective public relations tools that exist!

The good news is that there are many opportunities to educate others regarding the physical therapy profession in the changing health care environment. Physical therapists and physical therapist assistants need to be astutely aware of the past and present history of the profession, as well as the laws, regulations, and ethical boundaries governing practice as they secure a place in the future of health care delivery.

Data and Outcome Reporter

Maria, during her final clinical internship, lamented to another intern, “Why do we need to do all this paperwork? Don’t they know that we are more valuable actually working with the patients?”

Data—What do we really need to know? And who needs to know it? Documentation. Paper work. Tests and measurements. Progress reports. Outcomes.

These processes are the keys to providing evidence of the value of physical therapy services. Organized data collection and systematic analysis and reporting of outcomes are key to establishing the efficacy of clinical practices and de-

termining the best methods to deliver physical therapy service. In fact, the focus on the quality and effectiveness in health care through clinical standards and guidelines is now evident in federal regulatory agency standards, including the criteria used by The Joint Commission on Accreditation on Health Care Facilities and the Centers for Medicaid/Medicare Services.¹⁵

Standardized instruments, measuring various aspects of health status, and assessing body function, often referred to as *outcome measures*, are necessary components of each physical therapist's initial patient or client examination/evaluation and are frequently required by regulatory or insurance agencies as part of the necessary documentation of care.¹⁵

Computerized record keeping is an important component of any data management system, as it makes the systematic collection and collation of patient outcome data easier. The de-

velopment of standards for the EMR is a high priority on the national health care agenda. Continued efforts to perfect computerized practice management systems will allow for the health information exchange of pertinent patient information and will enhance timely, patient-centered, and portable care, resulting in less medical error and costs. Physical therapists who can design systems of data collection and analyze and report the results will be well-positioned to further establish the value of physical therapy services.¹⁶

It is essential for the physical therapist assistant to conscientiously document to facilitate the collection of meaningful data related to physical therapy care. The physical therapist may direct the physical therapist assistant to participate in the collection of patient data and/or measurement at various intervals throughout the episode of care.

Program Developer

Nasir worked for several years on a part-time basis at the local Senior Center prior to entering the physical therapist assistant program. He saw many seniors who were able to maintain an active, healthy lifestyle. He wondered how the lives of seniors might improve even more if physical therapy services could be offered, similar to the preventive maintenance on an automobile or the periodic teeth cleaning by the dentist.

Physical therapy services have traditionally been offered to address problems after the problem has already occurred. Research has demonstrated that exercise and prevention can minimize, and even prevent, the impairments and functional limitations associated

with many disease processes. However, coverage for physical therapy care varies by third-party payors.

Exploring alternative ways of providing cost-effective and meaningful therapy services is and will continue to be a priority for the physical therapy profession. Areas such as diabetes prevention, hospice care, services for those involved in the performing arts, and management of patients/clients with obesity have recently come to the forefront of physical therapy practice initiatives due to the increasing need for such services.

New program development requires that physical therapists and physical therapist assistants be aware of the needs of a patient population and to look at creative ways to meet those needs, such as through a group class, a community event, a sponsored screening day, a peer network, or a telephone hot line. Innovation in program development is key to adapting to the chan-

ging health care environment. At the discretion of the physical therapist, the physical therapist assistant can provide support in many aspects of developing and implementing niche practices, including business planning and administration, marketing, consumer education, screening, and patient/client intervention, not unlike any other patient/client setting.

Collaborator

Oscar sat in his first team meeting around a table with professionals from five other disciplines. He looked over his report and found that several team members who spoke before him had reported conflicting information about the patient's social support network. Perhaps this patient was not able to go home as soon as planned.

We live in a complex world. As educational, social services, and health care systems increase in complexity, members of the health care team must collaborate with one another to provide for the multiple needs of their patients or clients. *Collaboration* means cooperating with each other, joining forces, pooling resources, and working together for the best interest of the patient/client and/or family. There is evidence that outcomes improve and care is provided more efficiently when a collaborative process is used to plan and provide patient- or client-centered services. In addition, it is important to include clients, parents, family members, and caregivers in the collaborative process to determine the best plan for each individual client.[17,18](#)

Interprofessional collaboration involves working together to reach a common goal in a supportive and mutually beneficial relationship with other team members. Collaborative team

interactions include voluntary involvement, parity, and shared decision-making power among team members.¹⁷ An awareness of organizational and group dynamics, conflict resolution strategies, leadership, and communication skills characterize effective teamwork.¹⁸

We are seeing a trend in academic programs to introduce opportunities for students to gain skills in teamwork and interprofessional collaboration.^{17,18} Physical therapists and physical therapist assistants become more valuable members of the health care team when they have strong skills in communication and collaboration. [Chapter 18](#) covers this topic in greater depth.

Educator

Paula sat in the front row of the classroom. She wondered, "Why do we need

to spend so much time on patient education? I want to provide hands-on care.”

Education and motivation precede the changes in behavior that lead to the prevention of disability and disease. More than one-third of the US population will suffer from disease or disability that can be prevented by diet and exercise.^{5,6} Many of these conditions can be prevented through education and a lifestyle change.

To become effective educators, an understanding of the factors that motivate and drive health behaviors must be integrated with the patient's specific needs and personality. It is important to utilize available educational technology and develop culturally and linguistically appropriate educational materials to create effective information systems. These practices will maximize the impact on the outcomes that patients can achieve.

Physical therapy interventions must emphasize what patients and their caregivers can do to maximize function, reduce pain and stress, prevent further disability, and return to work. As more Americans reach retirement age, live longer, and have a higher risk of obesity, strategies for health promotion and the prevention of disease and disability will become an even more important aspect of physical therapy management. Similarly, as health care costs continue to escalate, cost containment strategies have and will continue to influence length of stay at inpatient facilities and the number of visits allowed for therapy services. The provision of effective patient- or client-related instruction takes on an increasingly important role in achieving successful patient/client outcomes. Excellent communication and teaching skills are critical for the physical therapist assistant when participating in various aspects of patient/client education.[19](#)

Roles Exclusive to the Physical Therapist

Roberto decided to write his capstone paper on Direction and Supervision in Physical Therapy. He interviewed practicing therapists and read about the history and evolution of support personnel and found that there are many differing beliefs and misinformation in practice about the laws and documents governing this aspect of practice.

Patient/Client Management

Examination, evaluation, diagnosis, prognosis. Each of these terms has specific meanings to the physical therapist. The APTA's *Guide to Physical Therapist Practice* was developed to identify com-

mon features of *patient/client management* by physical therapists for selected patient/client diagnostic groups. The *Guide* provides patient/client diagnostic classifications and identifies the array of current options for care.²⁰

Through laws and core documents that govern physical therapy practice, the role of the physical therapist has been differentiated as one that is uniquely qualified to make decisions to collect and consider evaluative data; to identify the cluster, condition, or syndrome(s) present (commonly referred to as the *physical therapy diagnosis*); to determine the need for physical therapy intervention; and to select the most appropriate intervention strategies (the plan of care).

The *Guide* contains *preferred practice patterns* that identify the breadth of physical therapist practice. These *practice patterns* establish the boundaries within which the physical therapist may select and implement any num-

ber of clinical alternatives. They are grouped into 4 content areas: musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary. The *Guide* is accompanied by a catalog of tests and measures that are used by physical therapists in the examination of patients/clients and in the documentation of patient/client outcomes.²⁰

TABLE 3-2

**DETERMINING PRIORITIES
FOR PHYSICAL THERAPY
SERVICE DELIVERY²¹**

1. Which patients need to be seen on a one-to-one basis, and whose needs can be met in a group environment?
2. Which patients need daily or twice daily treatment, as opposed to once, twice, or three times weekly; and at what level of care?

3. Which patients are changing so rapidly or are so unstable that a professional must constantly reassess the patient's responses to treatment before going further?
4. What services can be provided by the physical therapist assistant?
5. Which patients have needs that are urgent and should begin services immediately and which patients can wait?

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With decreasing resources, it has become increasingly important that physical therapists evaluate which patients are most likely to benefit from receiving services. They then must be able to accurately predict the level of anticipated functional outcome (commonly referred to as the *prognosis*) and the timing, frequency, and duration of

the specified plan of care to reach optimal improvements.

Today, physical therapists enter practice with specialized skills in screening and triage. Physical therapists need to determine the best use of limited resources. The questions above ([Table 3-2](#)) are among those used by the physical therapist during the screening process.

Appropriate direction and supervision of support personnel is an important and increasingly complex portion of the physical therapist's responsibility as a clinician. A physical therapist who makes a clinically inappropriate decision to delegate the performance of certain services is at increased risk of a professional liability claim. In fact, a study performed by a professional liability company found that the most frequent allegation in professional liability claims against physical therapists is failure to supervise the treatment or procedure.²²

It is the professional and legal responsibility of the physical therapist and physical therapist assistant to be aware of and follow all federal and state laws and regulations. Federal and state laws, as well as many insurance companies, specifically define whose expertise is required for reimbursement. These laws are intended to protect the safety of the public with regard to the delivery of therapy treatments, also known as interventions.

The APTA also publishes expected practice standards and guides for conduct of physical therapists and assistants as part of the profession's *core documents*. In addition to the *Guide to Physical Therapist Practice*, considered the profession's standards of care, equally important are the *Code of Ethics and Policies and Position Statements*, which are debated and amended as necessary each year by the profession's highest policy-making body, the APTA's House of Delegates. Because the core documents of

a profession are considered the “gold standard” by external bodies, it is imperative for each physical therapist assistant to be familiar with and uphold the principles as written in the *Guide to Physical Therapist Practice* and the most current policies and positions of the profession.

For the profession’s standard related to appropriate utilization of the physical therapist assistant by the physical therapist see [Appendix 6](#) (*Direction and Supervision of the Physical Therapist Assistant*).¹³

Examples of the role of the physical therapist and physical therapist assistant using the “patient-client management model” are available at <http://www.apta.org/supervision-teamwork> (PT/PTA Teamwork).

Case-Manager

Selena heard what the clinical instructor said, “This patient will be discharged tomorrow. Where do you think he should go? What level of care is appropriate?” She wondered how this is determined.

To make this determination, physical therapists consider the patient’s needs, the types of treatment environments (acute, subacute, rehabilitation, home health, outpatient) and the roles, skills, and capabilities of the various personnel available to meet those needs. The case manager must be a patient advocate, educator, effective communicator, and team player AND have the educational preparation and expertise to synthesize all pertinent factors related

to the diagnosis, prognosis, and specific plan of care.

Effective discharge planning begins when the physical therapist assimilates the pertinent information that is collected during the examination, before patient care begins. Does this patient have what it takes to be successful at the next level of care, whether it is in an institution, outpatient clinic, or in the home?

Physical therapists must exhibit effective skills in supervision, direction, and communication and use an organized follow-up system to prevent the patient from “slipping through the cracks” of the health care delivery system. Although patient/client management is the responsibility of the physical therapist, appropriate utilization of the physical therapist assistant can maximize service delivery and enhance patient outcomes.

Unfortunately, only some health care consumers are able to survive in

the current health care environment without assistance to navigate the system. Most patients require health care providers to be strong advocates to empower them, to educate them, and to assist them with access to the equipment, services, and referrals they need to appropriately address their health care needs.

Consultant

The panel discussion at the state physical therapy conference had just begun. The first speaker said he was a consultant to a manufacturing plant, “I prevent injuries in the workplace. I save my clients thousands of dollars every year.” He challenged the audience with the question, “How can physical therapists share their expert knowledge with those who need it most?”

Consultation is a critical role for physical therapists. Consultation is essentially the process of giving an opinion based on your expertise. This is not a new role for physical therapists. Physical therapists have been giving their opinions for years, in documenting patient goals and rehabilitation potential, assessments of patients' progress, and discharge recommendations. In the current health care environment, some worry that the complexities of service delivery will be reduced to a series of "cook-book" approaches, critical pathways, and protocols. Sharing one's expertise often makes it clear that a situation is more complex than it may appear on the surface. Identifying *niche markets* that traverse far beyond the traditional clinical setting is becoming a reality for many therapists. For example, more therapists are developing areas of expertise in women's health care. It is quite common to find physical

therapists practicing alongside gynecologists in women's health clinics.

Physical therapists have many areas of expertise. Some physical therapists possess expert knowledge in the field of movement science and pathokinesiology, whereas others are expert in the field of ergonomics or assistive technology. Still other therapists have received specialist certification in specific clinical domains, such as aquatics, sports, orthopedics, pediatrics, geriatrics, or cardiopulmonary care. Many pursue expertise in health care administration and management.

The role of the consultant is to share one's professional expertise and to educate others. A consultant might provide an explanation of the interrelationships of pathology and functional loss, of impairment and projected outcomes, or organizational change and performance criteria. The consultant often relates known research findings to clinical or environmental problems.

Consultants provide critical analysis and advanced clinical decision making in complex situations.

The physical therapist assistant may play a role within the consultative venue, especially with enhanced skills proficiency, through career development activities and mentoring. However, critical analysis and advanced clinical decision making related to patient care and/or making expert recommendations to others remain the responsibilities of the physical therapist.

Pro Bono Services

While in the physical therapist assistant educational program, Nefer participated in a weekly foot care clinic at the local homeless shelter. She was surprised that her faculty member told the class that the same legal and ethical guidelines for supervision applied for

this type of work as in any other physical therapy care setting.

Pro bono services, as opposed to volunteerism, are specialized services provided by professionals to those who are unable to afford those services. These services *for the public good* increase access and extend the reach of physical therapists to individuals who otherwise would be unable to access physical therapy care.

The APTA promotes *pro bono* services as a means to render physical therapy services to meet the needs of society. Physical therapists are encouraged to directly provide professional services or offer financial support to organizations that provide services at no fee or reduced fees to persons who have limited financial resources, to donate professional expertise and provide services to charitable groups or organizations, and to promote activities to

enhance access to physical therapy services.^{[23](#)}

The duty to comply with licensure requirements, state and federal laws, standards of practice, and ethical standards remains in force for physical therapists and physical therapist assistants providing services that are subsidized or provided without fees. Thus, pro bono services must meet the same standard of care as in any physical therapy care setting, regardless of financial resources.^{[24](#)}

Summary

Change is constant. Physical therapists and physical therapist assistants must be vigilant in monitoring the changing dynamics of the health care environment. Sensitivity to the diverse needs of the changing population, flexibility in choosing the means and methods to meet those needs, and ac-

countability in service delivery will be the hallmarks of success in the future.

Thorny issues surrounding the role, responsibilities, supervision, direction, and delegation of the physical therapist assistant have been debated since the addition of an educated and licensed (in most states) extender of therapy services emerged more than 40 years ago. Although progress has been made, there is limited consensus, and much disparity continues in clinical practice. The utilization of aides and other unlicensed support personnel is a separate but equally contentious problem.

The onus lies with each and every physical therapist and physical therapist assistant to be attentive and adhere to legal, ethical, and professional standards in all physical therapy practice settings.

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PUTTING IT INTO PRACTICE

1. Consider your role as a physical therapist assistant and the skills needed to succeed in that role. Think of situations in which you have used these skills in the past. Explore your curriculum and identify opportunities for you to acquire these skills during your educational program. Enter this information in the appropriate boxes below:

<i>ROLES</i>	<i>SKILLS NEEDED TO SUCCEED IN THIS ROLE</i>	<i>SITUATIONS IN WHICH I'VE USED THESE SKILLS IN THE PAST</i>	<i>HOW TO ACQUIRE THESE SKILLS DURING MY EDUCATIONAL PROGRAM</i>
Change agent			
Data and outcomes reporter			
Program developer			
Team player			
Educator			
"Supervisee" (supervised by the physical therapist)			
Patient advocate			
Compliant with pertinent laws and core documents			



= SECTION II =

Becoming a
Physical Therapist
Assistant