RC 12-06 PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS

MOTION SUMMARY
The proposed motion asks the House of Delegates (House) to rescind the position Procedural Interventions Exclusively Performed by Physical Therapists (HOD P06-00-30-36).

BACKGROUND/HISTORY
In June 2000, the APTA House of Delegates (House) adopted the position Procedural Interventions Exclusively Performed by Physical Therapists (HOD P06-00-30-36). This position indicates “Procedures that require immediate and continuous examination and evaluation throughout the intervention are performed exclusively by the physical therapist.” Two interventions were determined by the House to always require immediate and continuous examination and evaluation throughout the intervention were “joint mobilization/manipulation” and “selective sharp debridement.”

Historically, House policies and positions had a degree of ambiguity that allowed physical therapists to use their own discretion in the selection of interventions that could be performed by physical therapist assistants and physical therapy aides. The boundaries of the physical therapists’ ability to select interventions to be performed by other personnel were dictated only by federal and state law and regulation. Further, House policies and positions have positioned APTA to promote reimbursement for any services provided under the direction and supervision of a physical therapist and in compliance with federal and state law and regulation.

The House of Delegates has moved strongly in the direction of clarifying the areas of ambiguity. The former Position on Physical Therapy Intervention (HOD 06-99-10-12) stated that only physical therapists and physical therapist assistants, under the direction and supervision of the physical therapist, could provide physical therapy interventions. The current documents Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26) clearly defines both the selection of interventions for and the direction and supervision of the physical therapist assistant, while the Provision of Physical Therapy Interventions and Related Tasks (HOD P06-00-17-28) defines the tasks that can be performed by support personnel.

The backdrop for this position at the time it was passed included several politically-charged encounters with practitioners from other fields who sought to limit a physical therapist’s ability to perform peripheral and spinal mobilization/manipulation and selective sharp debridement by changing state practice acts, and regulations or payer’s reimbursement policies. These other practitioners site the fact that they perform these procedures exclusively and do not delegate. Further, the critics argued that these specific procedures cannot be valued at the same level as other practitioners if they can be performed by other physical therapy personnel.

The political and reimbursement environments have not changed and in fact, the political climate has worsened with increasing encounters from other practitioners, specifically chiropractors and podiatrists, and most recently the Orthotic and Prosthetic (O&P) community that continues to directly challenge the physical therapy profession through CMS/ Medicare. Several physical therapy state practice acts have been challenged, as has the Medicare reimbursement policy for spinal manipulation when performed by physical therapists.

In June 2003, the APTA House of Delegates adopted the position Post Entry-Level Education and Recognition of Enhanced Proficiency for the Physical Therapist Assistant (HOD P06-03-26-23) that states:

Career development is essential for the physical therapist assistant and includes clinical experience, continuing education, increased skill proficiency, clinical mentoring, and the recognition thereof.
The Recognition of Advanced Proficiency for the Physical Therapist Assistant program was developed as a result of this RC and Recognition of Advanced Proficiency (BOD Y07-04-02-04) was approved by the Board of Directors in July 2004. The goal of the Recognition Program is to distinguish physical therapist assistants (PTAs) who have achieved advanced proficiency through education, experience, leadership, and as part of the PT/PTA team in a specified area of work — Musculoskeletal, Neuromuscular, Integumentary, and/or Cardiopulmonary. The purposes of the APTA Physical Therapist Assistant’s Certificate of Recognition are to:

- Acknowledge physical therapist assistants (PTAs) for achievement of advanced proficiency in clinical knowledge, skills, and experience in one of four categories of conditions: Musculoskeletal, Neuromuscular, Cardiovascular/Pulmonary, or Integumentary as described in the Guide to Physical Therapist Practice.
- Promote PTAs career development by providing a self-initiated mechanism that will encourage life-long learning.
- Assist physical therapists, consumers, the health care community, and others in identifying PTAs with advanced proficiency.

**IMPLICATIONS**

Rescinding this position would allow the individual physical therapist to determine under what conditions a physical therapist assistant may perform joint mobilization/manipulation and selective sharp debridement. The basis of the decision to rescind would lie in either a reinterpretation of the scope of work of the physical therapists assistant, in that examination and evaluation would be among the skills expected of the PTA; or that joint mobilization/manipulation and selective sharp debridement do not require “immediate and continuous examination and evaluation” throughout there implementation.

It should first be noted that the intent of the position Procedural Interventions Exclusively Performed by Physical Therapists (HOD P06-00-30-36) did not represent a change in philosophy for the Association. APTA, through the previously referenced positions on the scope of work of the physical therapist assistant, has maintained that examination, evaluation, diagnosis, and prognosis of the patient are to be performed exclusively by the physical therapist. The purpose of the position was to specify what interventions should never be delegated to the physical therapist assistant due to there inherent skill requirements. If one accepts that joint mobilization/manipulation and selected sharp debridement require immediate and continuous examination and evaluation when being appropriately performed, and reviews the relevant APTA documents on the expected skill set of the physical therapist assistant, then one would conclude that an expansion of the skill set of the physical therapist assistant to include examination and evaluation would be required.

The second underlying rationale for supporting this motion would question the principle that “immediate and continuous examination and evaluation” are an inherent component of joint mobilization/manipulation and selective sharp debridement. It is presently understood that the implementation of these procedures produces new findings that must be evaluated simultaneously as the interventions are implemented. Hence, examination, evaluation and intervention are continuous and immediate. Previous briefing papers reviewed this rationale in detail and selections are included here to elucidate the rationale:

**Immediate and Continuous Examination and Evaluation**

Although many physical therapy tests and measures as well as interventions are performed at the organ/systems level, there is a portion of safe and effective physical therapy that requires careful evaluation of tissue/organ response to procedural interventions. For these interventions, tissue/organ response, usually measured by observation or palpation, cues the clinician to continue or adjust the treatment. A simple example is found every time a physical therapist or physical therapist assistant checks the area under a hot pack and adds or removes toweling based upon patient response. The data gathered through these types of observations or palpations are often
supplemented with the patient's subjective reports. In the vast majority of cases, the treatment can be divided into distinct phases of performing the intervention, gathering data on new findings produced by the treatment, evaluating the data, deciding about the continuation or progression of the treatment, and implementing further intervention. Physical therapist assistants, working under the direction and supervision of a physical therapist, are generally expected to respond to any negative responses immediately to promote patient safety. In contrast, continuation or modification of treatment in the presence of a non-negative response to treatment by a physical therapist assistant should occur only within the boundaries established in advance by the physical therapist.

However, there are two interventions that do not easily lend themselves to being segmented into distinct sequential phases of evaluation and implementation that have been identified as proscribed to physical therapist assistants because they require immediate and continuous examination as the intervention is performed. Clinical judgments about the amount of force to be applied to create or progress an arthrokinematic change in a joint and the location of the line of demarcation between viable and non-viable tissue cannot be made on a “stop-evaluate-decide-proceed” linear time sequence. The implementation of the procedure, by its very nature, produces new findings that must be evaluated simultaneously as the intervention is implemented. Examination, evaluation and intervention are inseparable.

**Mobilization/Manipulation**
There are specific knowledge and skill requirements inherent in mobilization/manipulation that supports the exclusion of these procedural interventions from the scope of work of the physical therapist assistant. These include, but are not limited to, the underlying basic and applied scientific knowledge required to perform these skills, the nature of the motion imparted to the joint during the intervention, and the need for immediate and continuous examination and evaluation throughout the intervention.

The procedures utilized during patient/client intervention may be selected to alter osteokinematic or arthrokinematic motion. Treatment techniques aimed at changing osteokinematic motion may be carried out by range of motion exercises. Whereas, treatment techniques addressing arthrokinematic motion require efforts to modulate accessory joint motion and may include mobilization/manipulation techniques. Physical therapist assistant education includes a basic understanding of each of these concepts and includes a practical understanding of osteokinematics. This educational level provides appropriate background to perform osteokinematic-directed treatment techniques (e.g. passive range of motion) but is not adequate for interventions using arthrokinematic-based treatment techniques (mobilization/manipulation).

In addition, the nature of the motion applied to the patient during mobilization/manipulation is different from that applied by other manual therapy techniques. Specifically, the motion applied to the joint in mobilization/manipulation is not under voluntary control of the patient and the practitioner must produce this motion through skilled manual techniques. This skill requires a detailed understanding of joint surface anatomy and kinesiology and a constant ability to modulate the technique throughout the treatment session. Since the safe application of mobilization/manipulation requires the practitioner to apply arthrokinematic understanding simultaneously with intervention, the physical therapist assistant would not be an appropriate provider.

**Selective Sharp Debridement**
Debridement in the area of demarcation between viable and nonviable tissue requires continuous and immediate examination and evaluation to avoid the risk of damage to viable tissue. However, whether it would be possible for an area of nonviable tissue to be sufficiently identified by a physical therapist to allow debridement to be done with sharp
instruments by a physical therapist assistant was not explicitly addressed and has caused confusion.

As noted above, clinical judgments about the location of the line of demarcation between viable and non-viable tissue cannot be made on a “stop-evaluate-decide-proceed” linear time sequence. Also, based on the field review by clinical experts, there was consensus that it would not be possible for an area of nonviable tissue to be identified in a way that would allow debridement in that area without “immediate and continuous examination and evaluation throughout the treatment.” As it would not be possible to debride only in an area of non-viable tissue without “immediate and continuous examination and evaluation throughout the treatment,” it would be outside the scope of work of a physical therapist assistant.

Additionally, rescinding this position and reconsidering the scope of work of the physical therapist assistant would have significant impact on physical therapist assistant education programs and may imply that new physical therapist assistant graduates have the knowledge and skill to perform joint mobilization and sharp debridement. CAPTE considers the knowledge and skills requisite for the competent performance of joint mobilization and sharp debridement to exceed associate degree level educational preparation. If the position is rescinded, the required knowledge and skills would need to be defined and incorporated into the physical therapist assistant curriculum, which is already credit heavy. Adding coursework, laboratory, and clinical education to assure competency in these areas could, potentially, require physical therapist assistant programs to expand to the baccalaureate level. Expansion to a bachelor’s degree would result in a significant loss of programs that are in colleges that are not credentialed to award bachelor degrees and/or employ faculty that do not meet baccalaureate academic requirements.

The authors of the motion cite the development of the PTA Recognition of Advanced Proficiency in Musculoskeletal and Integumentary as rationale for rescinding this position. The PTA Recognition Program as it currently exists is a voluntary and unrestrictive self-initiated process for physical therapist assistants to demonstrate advanced knowledge and skills in an area of work in physical therapy.

Applicants to the PTA Recognition Program are not tested for competency by written or practical examination for any task, including joint mobilization/manipulation and/or selected sharp debridement. Additionally, only those continuing education hours that fall within the scope of work of the PTA as defined by APTA standards, policies, and positions and the Guide to Physical Therapist Practice are accepted as evidence of completion in the continuing education portion of the eligibility requirements. Therefore, continuing education in joint mobilization/manipulation and selective sharp debridement are not considered when the Committee reviews an application for PTA Recognition of Advanced Proficiency.

The positive implications of rescinding this position would be that the physical therapist could chose to direct joint mobilization and selective sharp debridement interventions to the physical therapist assistant that has been adequately trained through post entry-level education and mentorship, as allowed by jurisdictional law. However, if the performance of these or other interventions can be deemed to require ongoing examination and evaluation throughout the intervention, they could still be interpreted as outside the scope of work as defined by any state regulation that prohibits the PTA from performing examination or evaluation. This same interpretation could also apply in civil cases.

Finally, there continues to be a significant disagreement within the profession regarding the performance of components of joint mobilization and sharp debridement by physical therapist assistants. Indeed, the physical therapist assistant education community has been reporting a severe disconnect between the Association’s position and related CAPTE requirements, the FSBPT PTA licensure examination, and their clinical communities’ expectations of their program graduates. While this confusion should be addressed, rescinding this position will only compound
the issue and create a situation in which the judgment and integrity of the physical therapist may be questioned.

RELEVANCE TO APTA GOALS

2006 Goal IV: Physical therapists are autonomous practitioners to whom patients/clients have unrestricted direct access as an entry-point into the health care delivery system, and who are paid for all elements of patient/client management in all practice environments.

2006 Goal VI: Physical therapists and physical therapist assistants are committed to meeting the health needs of patients/clients and society through ethical behavior, continued competence, collegial relationships with other health care practitioners, and advocacy for the profession.

RESOURCE IMPLICATIONS

None