

SCPT Practice Guideline #15

Physiotherapist Support Workers

Background

The College recognizes that building a strong and productive relationship between the physical therapist and the physiotherapist support worker depends on clear guidelines for their respective roles and responsibilities. The College supports the utilization of physiotherapist support workers as defined in the Essential Competency Profile for Physiotherapist Assistants in Canada April 2012.

The physical therapist is always directly accountable for the physiotherapy care the patient receives regardless of the amount of supervision or communications provided to the support worker as set out in the National Guidelines for Support Workers in Physiotherapy Practice in Canada, June 2000.

The SCPT Regulatory Bylaws govern the assignment of tasks to support workers as follows:

Assignment of tasks to support workers

24(1) A member is responsible for assessing the knowledge, training, experience and ability of a support worker and shall only assign tasks to the support worker that the support worker has the knowledge, training, experience and ability to perform.

(2) A member shall not assign any of the following tasks to a support worker:

- (a) initial review, assessment or reassessment of clients;
- (b) interpretation of referral diagnosis or prognosis;
- (c) interpretation of assessment findings, treatment procedures and goals or treatment;
- (d) interpretation of subsequent assessment findings, treatment procedures and goals of treatment;
- (e) planning, initiation and modifying to advance a treatment program;
- (f) any tasks or procedures that put the client at a high risk or require continuous clinical judgment during their use;
- (g) discharge planning;
- (h) the determination of caseload management;

- (i) delivery of client education unless using approved pre-set packages/handouts of educational material.

(3) A member shall only assign the task of laser or ultrasound treatment to a support worker when:

- (a) the support worker has received formal instruction and hands-on training in the use of laser and ultrasound that meets the requirements of The Radiation Health and Safety Regulations, 2005;
- (b) the member has ensured that the support worker demonstrates competency and safety in the application of the tasks assigned; and
- (c) the member has determined the dosage and adequately evaluated the client's response to treatment.

(4) A member shall adequately and appropriately supervise a support worker in the support worker's performance of assigned tasks.

In addition, the Code of Ethics provides:

11. Physical therapists, with the client's or surrogate's consent, may assign specific aspects of the case of the client to a person deemed by the physical therapist to be competent to carry out the care safely and effectively.

12. Physical therapists are responsible for all duties they assign to personnel under their supervision.

The College supports the utilization of physiotherapist support workers where:

1. A physical therapist is employed.
2. The physiotherapist support worker is adequately trained and is completely safe and competent in the performance of the tasks in the assigned areas.
3. The physical therapist provides adequate supervision according to the competencies of the support worker, the severity and the complexity of the disorder, the complexity of the client, and the clinical setting in which the client is being seen.
4. The supervising physical therapist is available by telephone, teleconference or other forms of communication, or if unavailable, an alternate physical therapist supervisor is designated.

Practice Guidelines

Physical Therapist's Responsibilities

1. Physical therapists are directly responsible for the assignment and supervision of all tasks performed by physiotherapist support workers.
2. A physical therapist supervising a physiotherapist support worker is responsible for:
 - a) setting, encouraging and evaluating the standard of work performed by the support worker;
 - b) evaluating the support worker's ability to safely and completely perform each task;
 - c) ensuring that the support worker maintains confidentiality of client information and documentation of client care activities performed by the support worker; and
 - d) ensuring quality of client service.

Supervision

3. Adequate supervision may increase or decrease, depending upon the severity and complexity of the disorder and the complexity of the client. Where the client's response to the intervention is expected to change frequently, a high degree of supervision and a higher degree of the physical therapist's time is required. Less supervision would be required where the client's response to treatment intervention is expected to change very slowly or not at all.
4. The methods of supervision should be determined before the tasks are assigned and they should be periodically re-evaluated for effectiveness.
5. Supervision may include a combination of direct observation and indirect monitoring such as through phone contact.
6. It is recommended a minimum of 20% of direct client care activities be supervised by the therapist. At least half of this supervision (10%) should be through direct observation or interaction versus indirect monitoring.
7. The supervising physical therapist must be within reasonable access to provide indirect monitoring and support to the physiotherapist support worker, via telehealth, video cam, digital pictures via computers, or other similar means.

8. If the physical therapist is frequently away from the premises then a designated on-site reporting mechanism should be established to guide the physiotherapist support worker should emergency or general concerns of a non physical therapy nature.

9. The physical therapist shall ensure that specific concerns related to physical therapy procedures are reported to them by the support worker.

10. The recommended number of physiotherapist support workers per supervising therapist is 2:1 but will depend on:

- a) the competency of the individual physiotherapist support worker;
- b) the type of facility or service; and
- c) the full time equivalent worked by both physical therapist and the physiotherapist support worker.

Physical Therapists as Employers

11. An employer who is a physical therapist shall ensure that:

- a) the physical therapist possesses the skill necessary to effectively supervise a physiotherapist support worker, that their caseload is balanced with the supervisory responsibilities and that there is adequate time for supervision;
- b) physiotherapist support workers receive appropriate on-the-job training in addition to their academic training;
- c) there is a qualified physical therapist available to direct and supervise the service.

Assignment of Components of Assessment

12. Components of the assessment can be assigned, provided that the performance of the specific tasks assigned are within the scope of the support worker's knowledge, formal training, experience and ability to perform and the client in respect of whom the assignment of component tasks is made will respond predictably to them. Component tasks that may be assigned include: chart reviews, standardized tests, goniometry, measurement of equipment

Delegation of Laser or Ultrasound Treatments

13. When assigning the task of laser or ultrasound treatment to a support worker, the physical therapist is responsible to ensure that:

- a) there is adequate communication between the physical therapist, the support workers and the client.

b) the support worker understands that he or she shall discontinue treatment and notify the physical therapist of an apparent change in the client's status or if the client states there is a change.

14. The physical therapist shall review the client's status prior to changing treatment parameters.

15. If a change in dosage occurs, the physical therapist shall personally provide the treatment until a new guideline is established.