

SCPT Practice Guideline #3 Implementation

Background

When the client consents to a physical therapy plan, the plan is implemented by delivering the planned intervention(s) in accordance with current evidence/levels of competence and providing instruction in self-management, health promotion and disease prevention. Implementation continues until significant functional benefit has been achieved or there is no longer an improvement in status. Scheduling is determined by client preferences and clinical response.

The SCPT Regulatory Bylaws provide:

Alternative therapies

22(1) Members who engage in the practice of physical therapy and who also provide other services to clients shall ensure that they do not hold themselves out as a physical therapist when providing those other services or refer to the provision of those other services as physical therapy treatment.

(2) A member shall ensure that clients and third-party payers, if involved, are fully informed of which service provided to them is a physical therapy service and which is not, and shall keep clear and separate records, including billings, of physical therapy services and alternative therapy services provided.

(3) For the purposes of this section, “practice of physical therapy” means the use by a physical therapist of their specific knowledge, skills and professional judgment to improve individuals’ functional independence and physical performance, manage physical impairments, disabilities and handicaps, and promote health and fitness.

Multi-disciplinary practices

23 Where a member is providing physical therapy services in a multi-disciplinary setting, the member shall ensure that:

- (a) the client is informed of the differences in the roles of the physical therapist and that of other health care providers and of the client’s right to refuse any or all parts of an assessment or treatment regardless of who is providing it; and
- (b) separate records are kept of physical therapy services provided

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 preset 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.

The SCPT Code of Ethics provides:

3. Physical therapists must respect the client's or surrogate's right to be informed about the effects of treatment and inherent risks.
4. Physical therapists must give clients or surrogates the opportunity to consent or decline treatment or alterations in the treatment regime.
6. Physical therapists shall assume full responsibility for all care they provide.
7. Physical therapists shall not treat clients when the medical diagnosis or clinical condition indicates that the commencement or continuation of physical therapy is not warranted or is contraindicated.
8. Physical therapists shall request consultation with, or refer clients to, colleagues or members of other health professions when, in the opinion of the physical therapist, such action is in the best interest of the client.
9. Physical therapists shall document the client's history and relevant subjective information, the physical therapist's objective findings, clinical diagnosis, treatment plan and procedures, explanation to the client, progress notes and discharge summary.
11. Physical therapists, with the client's or surrogate's consent, may delegate specific aspects of the care 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 delegate to personnel under their supervision.

Practice Guidelines

Clinical Requirements

1. The physical therapist:
 - (1) Performs physical therapy interventions as indicated by the presenting disease, impairment, and/or disability, and consistent with evidence based practice information where available;
 - (2) Ensures the extent, intensity and duration of the intervention is compatible with the client's general health status, functional needs and assessment findings;
 - (3) Documents information about, and the client's response to, the interventions used;

- (4) Provides the client and/or family with relevant information about self-management, health promotion and disease prevention; and
- (5) Maintains continuity in service delivery by:
 - a) communicating effectively with physical therapists and other health care providers who share responsibility for service delivery; and
 - b) arranging for necessary substitute care where possible prior to vacations and/or extended absences from practice

Safety Requirements

2. The physical therapist:

- (1) Within the constraints of the practice setting, ensures services are provided in a clean, safe and accessible area.
- (2) Refers the client to another registered physical therapist when a specific intervention is beyond his or her competence;
- (3) Minimizes the risk of an adverse reaction to an intervention by:
 - a) performing appropriate testing before an intervention;
 - b) recognizing and documenting an adverse reaction to an intervention; and
 - c) adjusting the intervention plan or discontinuing service
- (4) Ensures tasks assigned to unlicensed personnel are appropriate, and supervised in accordance with the SCPT Regulatory Bylaws and practice guidelines relating to support workers and exercise therapists;
- (5) Where possible, takes steps to verify that therapeutic equipment is maintained in safe working order and equipment records comply with record-keeping regulations as well as any relevant SCPT practice guidelines;
- (6) Follows the SCPT practice guidelines relating to infection control procedures;
- (7) Exercises due caution near hazards in the physical environment;
- (8) Assesses the need for supervision and monitoring during an intervention, and refrains from leaving clients alone, unless:

a) they are told how to contact the treating physical therapist or other staff member; and

b) they understand when and why to alert the treating physical therapist or other staff member.

Interpersonal Requirements

3. The physical therapist ensures clients are:

a) oriented to the practice setting and provided with information about relevant policies (e.g., cancellation, absenteeism);

b) monitored and asked about changes in status during the intervention(s); and

c) treated within an agreed-upon range of physical tolerance