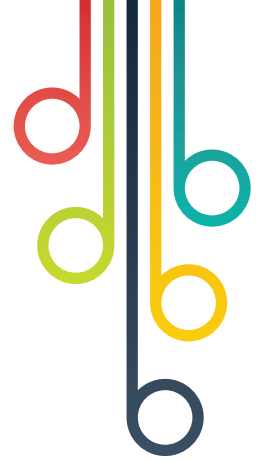


Is it Physiotherapy?

Tool to Consider Emerging Practices



INTRODUCTION

It is a given that all health care professions evolve as our evidence base expands and as demographics and technologies change. What was once the experimental therapy of yesterday may become the conventional practice of tomorrow. In the course of this evolution, the public's safety must be protected, physiotherapy practice must continue to be evidence informed and regulation should support, not hinder, these goals.

The tool below is intended to assist those making decisions related to regulatory scope of practice.

This tool is adapted from—and relies heavily upon—the excellent work done by six American health professions and published in the *'Changes to Healthcare Professions' Scope of Practice: Legislative Considerations*,¹ as well as the accompanying Federation of State Boards of Physical Therapy decision pathway.²

ASSUMPTIONS

- 01** **Public protection** has top priority.
- 02** **Healthcare practice** (including skills, services and technology) evolves continually.
- 03** **Regulation** supports evolving quality practice.
- 04** **The scopes of various health professions overlap.** No one profession owns a skill or activity.
- 05** **Collaboration and innovation** in the use of all types of clinicians to meet population needs in the most effective and efficient way should be encouraged.
- 06** A physiotherapist is **accountable** to demonstrate that they have the requisite training and competence to provide a service.

¹ *Changes to Healthcare Professions' Scope of Practice: Legislative Considerations*. Association of Social Work Boards; Federation of State Boards of Physical Therapy; Federation of State Medical Boards of the United States, Inc; National Association of Boards of Pharmacy; National Board for Certification in Occupational Therapy, Inc; National Council of State Boards of Nursing, Inc. (2006)

² *Is It or Isn't It? A Systematic Approach to Scope of Practice Decisions*, Federation of State Boards of Physical Therapy. Spring 2010 Forum.

QUESTIONS AND CONSIDERATIONS



01 • Does the College fully understand the activity/intervention in question or is more information needed?

02 • Does anything in the jurisdiction's practice act/regulations prohibit the activity or mention anything to support the activity?

- Consider the purpose of the activity/service. How does the definition of physiotherapy in your jurisdiction speak to this?
 - Is this a restricted, controlled or authorized act?
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03 • Is there a basis to see this skill or service as part of a logical, historical evolution of physiotherapy practice?

- How does the skill or service fit within or enhance a current area of practice?
 - Does the delivery of this service by physiotherapists support the evolution of the profession without compromising safety or quality of practice?
 - Is the provision of this service being driven by pressure to respond to a trend in consumer demand rather than evidence based evolving practice?
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04 • Is there evidence of education and training which supports the inclusion of the activity in question within the scope of practice?

- Does current entry-level education provide a foundation which physiotherapists can build upon to perform this skill?
 - Is this an advanced practice area? If so, are there post-professional training programs to learn the new skill or technique?
 - How is the quality of these training programs assured?
 - How is practitioner competence assured?
 - What are the risks involved in delivering the service? Can they be managed by the physiotherapist?
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05 • Is there evidence that the skill or service is effective, safe and a benefit to clients?

- What is the quality of the evidence?

POSSIBLE OUTCOMES & FURTHER CONSIDERATIONS



OUTCOME OF ANALYSIS:

The activity or service is not considered to be physiotherapy in your jurisdiction.

CONSIDERATIONS

- Is the client (and third-party payer, if involved) aware that this service is not considered to be physiotherapy?
- Is the practitioner acting as a physiotherapist in the delivery of this service or acting as some other type of practitioner? Has a distinction been made to the client (and third-party payer, if involved)?
- Should treatment records and billing records of this non-physiotherapy service be kept separate from physiotherapy records? If yes, has this occurred?



OUTCOME OF ANALYSIS:

In your jurisdiction, the service falls within the definition of physiotherapy and it is congruent with the history, evolution, knowledge, skills and judgement of the profession, but it is in an emerging field with limited evidence.

CONSIDERATIONS

Have regulatory standards or other professional obligations been met to ensure that:

- The client has been made aware that the service is not considered to be conventional physiotherapy?
- The level of evidence and risk has been discussed with the client?
- Informed consent been obtained?



OUTCOME OF ANALYSIS:

In your jurisdiction, the service falls within the definition of physiotherapy and it is congruent with the history, evolution, knowledge, skills and judgement of the profession and it is well supported by evidence. However, there continue to be concerns.

CONSIDERATIONS

Are there other issues involved, such as:

- Is the activity/service providing a benefit to the client?
- Could the activity/service be provided more effectively by a non-physiotherapist?