



**World Confederation
for Physical Therapy**

WCPT Glossary: Terms used in WCPT's policies and resources

Version 2.1

July 2014

World Confederation for Physical Therapy
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Purpose: the WCPT glossary has been developed to support WCPT's work on policies, guidelines and other resources (eg database of experts, common data set), to ensure consistency in terminology and to aid international interpretation. It has also been developed as a resource in its own right for member organisations, regions and subgroups to use in support of their policy work. WCPT recommends that local terms are only used where the international term is not applicable, but recognises that not all terms are relevant at a national level.

Terms have been fully referenced to original sources. Where terms have been developed by WCPT they should be referenced to the WCPT glossary:

World Confederation for Physical Therapy. WCPT Glossary: Terms used in WCPT's policies and resources. London, UK: WCPT; 2014.

The glossary is not intended to be an exhaustive A-Z of terms used in physical therapy.

Updates: periodic reviews of the glossary will take place. Member organisations, regions and subgroups can suggest amendments and terms for inclusion in the glossary where they are internationally applicable. The most up to date term will always be that on the web-based version of the glossary. **New additions in this version 2.1 are highlighted.**

Acknowledgement: WCPT gratefully acknowledges the contribution from the European Region of WCPT (ER-WCPT). Terms from the ER-WCPT glossary, where internationally relevant, have been integrated into this glossary. European specific terms and explanatory notes to some of the glossary terms contained here are included in an [annex from the ER-WCPT \[DRAFT\]](#).

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[N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) V [W](#) X Y Z

Term	Definition
Ability to practise	<p>Ability to practise — the composite of the physical therapist's demonstrated possession of: the requisite knowledge and skills earned through an approved physical therapist professional entry-level educational programme; the capability to communicate at a professional level; and the capability to communicate in the language/s required in order to protect the public. Ability to practise also necessitates that the physical therapist be free of: previous convictions and imprisonment for offences that might adversely affect others; professional disciplinary proceedings in the home state, country or other country; any health diseases, disorders or conditions that may adversely affect practice.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>

Term	Definition
Academic	<p>1. Academic quality — is a way of describing how well the learning opportunities available to physical therapy students help them to achieve their award. It is making sure that appropriate and effective teaching, support, assessment and learning opportunities are provided for all students.</p> <p>European Region World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003.</p> <p>2. Academic standard — a description of the level of achievement that a student has to reach to gain an academic award (for example, a degree). It should be at a similar level across higher education institutions (HEIs) within a single country.</p> <p>European Region World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003.</p> <p>For ER-WCPT explanatory note see: Annex 1: Terms specific to the European Region of WCPT.</p>
Academic (research) doctorate	<p>Academic (research) doctorate — is the degree that educates individuals to be researchers. Examples include PhD, DSc, EdD.</p> <p>See also doctoral degree.</p>
Academic quality	<p>Academic quality — is a way of describing how well the learning opportunities available to physical therapy students help them to achieve their award. It is making sure that appropriate and effective teaching, support, assessment and learning opportunities are provided for all students.</p> <p>European Region World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003.</p> <p>See also academic.</p> <p>For ER-WCPT explanatory note see: Annex 1: Terms specific to the European Region of WCPT.</p>
Academic standard	<p>Academic standard — a description of the level of achievement that a student has to reach to gain an academic award (for example, a degree). It should be at a similar level across higher education institutions (HEIs) within a single country.</p> <p>European Region World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003.</p> <p>See also academic.</p> <p>For ER-WCPT explanatory note see: Annex 1: Terms specific to the European Region of WCPT.</p>
Access by referral	<p>Access by referral — the patient/client has access to the physical therapist by referral from another health professional (medical practitioner or other).</p> <p>See also access to physical therapy.</p>

Term	Definition
Access by referral with an imposed programme of intervention	<p>Access by referral with an imposed programme of intervention — the patient/client has access to the physical therapist by referral from another health professional. The referral will include the diagnosis, and will further specify the intervention modalities to be carried out by the physical therapist. The referral may also include the number of sessions and their frequency.</p> <p>See also access to physical therapy.</p>
Access by referral with the freedom to decide intervention	<p>Access by referral with the freedom to decide intervention — the patient/client has access to the physical therapist by referral from another health professional. The referral will not indicate the technical modalities, number or frequency of sessions.</p> <p>See also access to physical therapy.</p>
Access to physical therapy	<p>Access to physical therapy — ability of a patient/client or service user to be referred to a physical therapist for assessment and treatment. There are different types of access:</p> <ol style="list-style-type: none"> 1. Access by referral: The patient/client has access to the physical therapist by referral from another health professional (medical practitioner or other). 2. Access by referral with an imposed programme of intervention: The service user (patient/client) has access to the physical therapist by referral from another health professional. The prescription will include the diagnosis, and will further specify the intervention modalities to be carried out by the physical therapist. The prescription may also include the number of sessions and their frequency. 3. Access by referral with the freedom to decide intervention: The service user (patient/client) has access to the physical therapist by referral from another health professional. The prescription will not indicate the technical modalities used in the intervention. 4. Direct access: The patient/client directly asks the physical therapist to provide services (they refer themselves). The physical therapist freely decides their conduct and takes full responsibility for it. Also, the physical therapist has direct access to patients/clients and determines those that need a physical therapy assessment/intervention without referral from a third party. 5. Self-referral: patients/clients are able to refer themselves to a therapist without having to see anyone else first, or without being told to refer themselves by a health professional. This can relate to telephone, IT or face-to-face services. <p>Department of Health. Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services. London, UK: Department of Health; 2008. http://www.shiftingthebalance.scot.nhs.uk/downloads/1244730820-DOH%20Self%20Referral.pdf (Access date 14th August 2013)</p>
Accountability	<p>Accountability — is the active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviours that positively influence patient/client outcomes, the profession and the health needs of society.</p> <p>American Physical Therapy Association. Professionalism In Physical Therapy: Core Values</p>

Term	Definition
	<p>Self-Assessment. Washington DC, USA: APTA; 2003. www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf (Access date 4th March 2013)</p>
Accreditation	<p>Accreditation — is a type of quality assurance process which utilises all aspects of review and assessment according to pre-defined standards. Accreditation may be applied to physical therapy education programmes or a programme of physical therapy service delivery.</p> <p>World Confederation for Physical Therapy. Policy statement: Regulation of the physical therapy profession. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-regulation (Access date 22nd September 2011)</p> <p>World Confederation for Physical Therapy. WCPT guideline for a standard evaluation process for accreditation/recognition of physical therapist professional entry level education programmes. London, UK: WCPT; 2011. www.wcpt.org/guidelines/accreditation (Access date 22nd September 2011)</p>
Accreditation standard	<p>Accreditation standard — a description of the level of achievement that a physical therapist professional entry level education programme has to reach to gain WCPT accreditation. It should be at a level consistent with the WCPT guideline for physical therapist professional entry level education and across all programmes granted accreditation by WCPT.</p> <p>World Confederation for Physical Therapy. WCPT guideline for standard evaluation process for accreditation/recognition of physical therapist professional entry level education programmes. London, UK: WCPT; 2011. http://www.wcpt.org/guidelines/accreditation (Access date 15th July 2014)</p>
Act	<p>Act — in relation to regulation, is a piece of government legislation/regulation or statute that legalises the practice of physical therapy.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Activities of daily living (ADL)	<p>Activities of daily living (ADL) — are the daily self-care activities required to function in the home and/or outdoor environment. They may be classified as basic or instrumental.</p> <ol style="list-style-type: none"> 1. Basic ADL (BADL) covers domains such as dressing, eating, mobility, toileting and hygiene. 2. Instrumental ADL (IADL) whilst not fundamental to functioning allows an individual to live independently eg shopping, housekeeping, managing finances, preparing meals and using transport. <p>Katz, S. Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. JAGS 1983;31(12):721-726</p> <p>National Cancer Institute US National Institutes of Health. National Cancer Institute US National Institutes of Health. 2010. http://www.cancer.gov/dictionary/?Cdrid=430401 (22nd March 2010)</p>

Term	Definition
Activity	<p>Activity — is the execution of a task or action by an individual.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
Activity limitation	<p>Activity limitation — is the difficulty an individual may have in executing an activity.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
Adaptive devices	<p>Adaptive devices — see assistive products and technology.</p>
Advanced clinical competence	<p>Advanced clinical competence — is the demonstration of knowledge and skills beyond those required for entry to basic professional practice.</p> <p>World Confederation for Physical Therapy. Policy statement: Physical therapist practice specialisation. London, UK: WCPT; 2011. www.wcpt.org/guidelines/specialisation (Access date 22nd September 2011)</p>
Advanced scope of practice	<p>Advanced scope of practice — physical therapists may develop a scope of practice beyond the usual and customary physical therapist's practice as a result of attaining significant additional education, professional experience, and/or enhanced competencies. It may also be referred to as extended scope of practice. Specialisation is an example of advanced scope of practice.</p> <p>World Confederation for Physical Therapy. Policy statement: Specialisation. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-specialisation (Access date 22nd September 2011)</p> <p>See also scope of practice.</p> <p>See also specialisation.</p>
Altruism	<p>Altruism — is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest.</p> <p>American Physical Therapy Association. Professionalism In Physical Therapy: Core Values Self-Assessment. Washington DC, USA: APTA; 2003.</p> <p>http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf (Access date 4th March 2013)</p>
Applicant	<p>Applicant — in relation to regulation is a person who makes a submission under the act to be licensed/registered as a physical therapist.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Assessment	<p>Assessment — is a process that includes both the examination of individuals or groups with actual or potential disabilities (impairments, activity limitations, participation restrictions), or other conditions of health by history taking, screening and the use of specific tests and measures and evaluation of the results of the</p>

Term	Definition
	<p>examination through analysis and synthesis within a process of clinical reasoning.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>Environments may also be the subject of assessment using specific tests and measures and evaluation of the results (eg occupational health settings).</p>
Assistive devices	<p>Assistive devices — see assistive products and technology.</p>
Assistive products and technology	<p>Assistive products and technology — any product, instrument, equipment or technical system adapted or specially designed for improving the functioning of a disabled person'. May include products and technology for mobility (eg crutches, canes, static and dynamic splints and wheelchairs), for communication (eg large-print books), for self-care (eg long handled reachers, bathing aids), for employment and education (eg computer software systems), for culture, recreation and sport (eg specialised wheelchairs). Assistive devices are classified in the ISO9999.</p> <p>International Standards Organization. Assistive products for persons with disability— Classification and terminology. Edition 4. Geneva, Switzerland: ISO; 2007. http://www.iso.org/iso/ (Access date 22nd March 2010)</p> <p>The United States Government. The Assistive Technology Act (29 U.S.C 3001 et seq.). Washington DC, USA: US Government; 1998. http://www.section508.gov/docs/AssistiveTechnologyActOf1998Full.pdf (Access date 18th November 2010)</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 8th September 2011)</p> <p>World Health Organization. World Report on Disability. Geneva, Switzerland: WHO; 2011. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf (Access date 20th September 2011)</p>
Assistive technology	<p>Assistive technology — see assistive products and technology.</p>
Associate faculty	<p>Associate faculty — the people whose employing faculty is not the physical therapy faculty and who teach their subject in physical therapy professional programmes. Examples of associate faculty are physicians and nutritionists. See also faculty.</p> <p>World Confederation for Physical Therapy. WCPT guideline for qualifications of faculty for physical therapist professional entry level education programmes. London, UK: WCPT; 2011. www.wcpt.org/guidelines/faculty-qualifications (Access date 22nd September 2011)</p> <p>See also faculty.</p>

Term	Definition
Asylum seeker	<p>Asylum seeker — ‘a person who has left their country of origin, has applied for recognition as a refugee in another country, and is awaiting a decision on their application’.</p> <p>United Nations High Commission for Refugees. The Convention Relating to the Status of Refugees Article 1. New York, USA: UNHCR; 1951. http://www.unhcr.org.au/basicdef.shtml (Access date 22nd March 2010)</p>
Autonomy	<p>Autonomy — is the ability of a reflective practitioner to make independent judgments; open to initiate, terminate, or alter physical therapy intervention. It means the responsibility of the professional to manage his/her practice independently and to act according to the rules of ethics and the code of professional conduct within a framework of health legislation. Professional autonomy is usually stated in the law, regulation, directives or rules governing the scope of practice.</p> <ol style="list-style-type: none"> 1. Clinical autonomy: Responsibility of the practitioner to decide independently of the programme of intervention and its modalities on the basis of a diagnosis that he/she will have set. 2. Management autonomy: Responsibility of the professional to manage his/her practice independently. <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org (Access date 22nd March 2010)</p> <p>World Confederation for Physical Therapy. Policy statement: Autonomy. London, UK: WCPT; 2011. http://wcpt.org/policy/ps-autonomy (Access date 13th March 2013)</p>
Bachelor's degree	<p>Bachelor's degree — is an academic degree granted to individuals who have undergone study demonstrating acquisition of a systematic and coherent body of knowledge, the underlying principles and concepts, and the associated communication and problem-solving skills; development of the academic skills and attributes necessary to undertake research, comprehend and evaluate new information, concepts and evidence from a range of sources; development of the ability to review, consolidate, extend and apply the knowledge and techniques learnt, including in a professional context; a foundation for self-directed and lifelong learning; interpersonal and teamwork skills appropriate to employment and/or further study.</p> <p>Australian Qualifications Framework (AQF) Advisory Board. Australian Quality Framework Implementation Handbook Fourth Edition. Carlton, Australia: AQF Advisory Board; 1997. http://www.aqf.edu.au/Portals/0/Documents/Handbook/AQF_Handbook_07.pdf (Access date 9th November 2010)</p> <p>United Nations Education Scientific and Cultural Organization. International Standard Classification of Education. ISCED 1997. Paris, France: UNESCO; 1997. http://www.unesco.org/education/information/nfsunesco/doc/isced_1997.htm (Access date 22nd September 2011)</p>

Term	Definition
Basic ADL (BADL)	<p>Basic ADL (BADL) — covers domains such as dressing, eating, mobility, toileting and hygiene.</p> <p>Katz, S. Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. JAGS 1983;31(12):721-726</p> <p>National Cancer Institute US National Institutes of Health. National Cancer Institute US National Institutes of Health. 2010. http://www.cancer.gov/dictionary/?Cdrid=430401 (22nd March 2010)</p>
Biological hazard	<p>Biological hazard — 'a process or phenomenon of organic origin or conveyed by biological vectors, including exposure to pathogenic micro-organisms, toxins and bioactive substances that may cause loss of life, injury, illness or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (eg outbreaks of epidemic diseases, plant or animal contagion, insect or other animal plagues and infestations)'.</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
Briefing paper	<p>Briefing paper — a document prepared by WCPT that informs WCPT member organisations and others about key issues that affect the physical therapy profession. It provides a clear and concise description and analysis of the situation or issue, any policy dimensions and implications, and may include suggested options or recommendations for action.</p> <p>World Confederation for Physical Therapy. WCPT's policy structure. London, UK: WCPT; 2011. http://www.wcpt.org/policy-structure (Access date 22nd September 2011)</p>
Bullying	<p>Bullying — unjust use of power to humiliate, frighten, denigrate or injure.</p> <p>Chartered Society of Physiotherapy. Employment Relations & Union Services ERUS H&S 05: Health & Safety – Bullying At Work. London, UK: CSP; 2011. http://www.csp.org.uk (Access date 19th March 2012)</p>
Capacity	<p>Capacity — describes an individual's ability to execute a task or an action.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 17 December 2013)</p>
Caring	<p>Caring — is the concern, empathy, and consideration for the needs and values of others.</p> <p>American Physical Therapy Association. Professionalism In Physical Therapy: Core Values Self-Assessment. Washington DC, USA: APTA; 2003. www.apta.org (Access date 4th March 2013)</p>
Client	<p>Client — a person, group or organisation eligible to receive services either directly or indirectly from a physical therapist. The client is:</p> <p>a) an individual who is not necessarily sick or injured but who can benefit from a</p>

Term	Definition
	<p>physical therapist's consultation, professional advice, or services; or</p> <p>b) a business, school system, and others to whom physical therapists offer services.</p> <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org (Access date 22nd March 2010)</p> <p>Australian Institute of Health and Welfare Metadata Online Registry (METeOR) http://meteor.aihw.gov.au/content/index.phtml/itemId/268959 (Access date 13th March 2013)</p> <p>See also patient.</p> <p>See also service user.</p>
Clinical audit	<p>Clinical audit — involves reviewing the delivery of physical therapy services to ensure that best practice is being carried out against explicit standards, changes are implemented, where necessary, and monitoring to sustain improvement is carried out.</p> <p>Burgess R (Ed). NEW Principles of Best Practice in Clinical Audit, 2nd edition. Oxford, UK: Radcliffe Publishing Ltd; 2011.</p>
Clinical autonomy	<p>Clinical autonomy — is used to describe the responsibility of the practitioner to decide independently the programme of intervention and its modalities on the basis of a functional diagnosis that he/she will have set.</p> <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org (Access date 22nd March 2010)</p> <p>See also autonomy.</p>
Clinical education	<p>Clinical education — is the delivery, assessment and evaluation of learning experiences in clinical settings. Clinical education sites may include institutional, industrial, occupational, acute settings, primary health care, and community settings providing all aspects of the patient/client management model (examination, evaluation, diagnosis, prognosis/plan of care, and interventions including prevention, health promotion, and wellness programmes).</p> <p>World Confederation for Physical Therapy. WCPT guideline for the clinical education component of the physical therapist professional entry-level programme. London, UK: WCPT; 2011. www.wcpt.org/guidelines/clinical-education (Access date 22nd September 2011)</p>
Clinical education director/coordinator	<p>Clinical education director/coordinator — is a physical therapist and an academic faculty member, who is responsible for the clinical education component of the physical therapist professional entry level programme that is normally delivered by physical therapists in the clinical environment.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the clinical education component of the physical therapist professional entry level programme. London, UK: WCPT; 2011. www.wcpt.org/guidelines/clinical-education (Access date 22nd September 2011)</p>

Term	Definition
	<p>2011)</p> <p>See also faculty.</p>
<p>Clinical education site instructors</p>	<p>Clinical education site instructors — physical therapists practising in clinical placement sites who supervise and evaluate the clinical skills of the student physical therapist while on placement and report to the higher education institution. (May also be known as clinical supervisor/clinical educator).</p> <p>World Confederation for Physical Therapy. WCPT guideline for the clinical education component of the physical therapist professional entry-level programme. London, UK: WCPT; 2011. www.wcpt.org/guidelines/clinical-education (Access date 22nd September 2011)</p>
<p>Clinical educator</p>	<p>See clinical education site instructors.</p>
<p>Clinical governance</p>	<p>Clinical governance — is the system through which organisations are accountable for continuously monitoring and improving the quality of their care and services and safeguarding high standards of care and services.</p> <p>NHS Scotland. Educational Resources Clinical Governance: Definitions. 2005. http://www.clinicalgovernance.scot.nhs.uk/section1/definition.asp (20th November 2010)</p>
<p>Clinical practice guidelines</p>	<p>Clinical practice guidelines — are statements developed through systemic processes to assist practitioners and individuals in making decisions about appropriate forms of health care in particular clinical areas, taking account of individual circumstances and need.</p> <p>Field MJ, Lohr KN, Eds. Clinical Practice Guidelines: Directions for a New Program, Institute of Medicine. Washington, DC, USA: National Academy Press; 1990.</p>
<p>Clinical reasoning/ clinical decision making</p>	<p>Clinical reasoning/clinical decision making — is a process in which the physical therapist, interacting with the patient and others (such as family members or others providing care), helps patients/clients structure meaning, goals, and health management strategies based on clinical data, patient/client choices, and professional judgement and knowledge.</p> <p>Higgs J, Jones MA. Clinical reasoning in the health professions. In: Higgs J, Jones ME, editors. Clinical reasoning in the health professions. 2nd edition. Boston, USA: Butterworth-Heinemann; 2000:3-14.</p>
<p>Clinical record</p>	<p>Clinical Record — anything that contains information (in any media) that has been created or gathered as a result of any professional encounter, aspect of care, or treatment by a physical therapist or a person working under the supervision of a physical therapist. It may also include information created or gathered by other health care providers.</p> <p>Chartered Society of Physiotherapy. General Principles of Records Keeping and Access to Health Records. PA47. London, UK: CSP; 2000. http://www.csp.org.uk (Access date 19th March 2012)</p> <p>College of Physiotherapists of Ontario. Standards for practice for physiotherapists: Standards for professional practice - record keeping. Toronto, Canada: College of</p>

Term	Definition
	<p>Physiotherapists of Ontario; 2009. http://www.collegept.org/Assets/registrants/guideenglish/standards_framework/standards_practice_guides/GuideRecordKeeping.pdf?AspxAutoDetectCookieSupport=1 (Access date 4th March 17th November 2013)</p>
Clinical supervisor	<p>Clinical supervisor — see clinical education site instructors.</p>
Codes of practice/conduct	<p>Codes of practice/conduct — are ethical rules and principles that form an obligatory part of professional practice. They may be established by the physical therapy profession or incorporated into national rules and laws.</p> <p>World Confederation for Physical Therapy. Policy statement: Ethical responsibilities of physical therapists and WCPT members. London, UK: WCPT; 2011. http://www.wcpt.org/policy/ps-ethical-responsibilities (Access date 18th March 2013)</p>
Collaborative practice	<p>Collaborative practice — see interprofessional collaborative practice.</p>
Communication	<p>Communication — is a process by which information is exchanged by language, signs and symbols; including receiving and producing messages and using communication devices and techniques.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
Community based rehabilitation (CBR)	<p>Community Based Rehabilitation (CBR) — is a strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services.</p> <p>International Labour Organization, United Nations Educational, Scientific and Cultural Organization, World Health Organization. CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper. Geneva, Switzerland: 2004. http://whqlibdoc.who.int/publications/2004/9241592389_eng.pdf (Access date 23rd March 2010)</p>
Community services	<p>Community services — see welfare services.</p>
Competence	<p>Competence — is the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development.</p> <p>For ER-WCPT explanatory note see: Annex 1: Terms specific to the European Region of WCPT.</p>

Term	Definition
Competencies	<p>Competencies — have a normative character referring to a quality of acting and levels of sufficiency. It is a holistic concept which includes knowledge, skills and attitudes.</p> <p>The European Qualifications Framework for Lifelong Learning. Office for Official Publications of the European Communities. Luxembourg: EQF; 2008. http://ec.europa.eu/dgs/education_culture/publ/pdf/eqf/broch_en.pdf (Access date 23rd March 2010)</p>
Condition	<p>Condition — in the context of professional regulation is a restriction or limitation imposed on the practice of physical therapy.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Consultation	<p>Consultation — is the rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialised knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time on behalf of a patient/client.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Continuing education units (CEUs)	<p>Continuing education units (CEUs) — CEUs are used in continuing education programmes, particularly those required in a licensed or registered profession in order for the professional to maintain the currency of the licence or registration. Evidence of completion of continuing education requirements may be mandated by certification bodies, professional societies, or governmental licensing boards. CEUs may be provided to employer as evidence of education or training pertinent to employment.</p> <p>International Association of Continuing Education and Training Continuing Education Units. The IACET Standard: Continuing Education Units (CEUs). McLean, USA: IACET; 2010. http://www.iacet.org/content/continuing-education-units.html#1 (Access date 9th November 2010)</p>
Continuing professional development (CPD)	<p>Continuing professional development (CPD) — is the process through which individuals undertake learning, through a broad range of activities that maintains, develops, and enhances skills and knowledge in order to improve performance in practice. Physical therapists should record and track their CPD activities to strengthen their professional profile and ensure continuing competence.</p> <p>Chartered Society of Physiotherapy. Policy statement on continuing professional development (CPD). London, UK: CSP; 2007. http://www.csp.org.uk (Access date 19th March 2012)</p>
Continuing professional education (CPE)	<p>Continuing professional education (CPE) — is a voluntary, self-directed learning experience sought for personal development and social progress. Often the term is used synonymously with continuing professional development.</p> <p>Tucker BA, Huerta CG. Continuing Professional Education. Washington DC, USA:</p>

Term	Definition
	<p>Education Resource Information Centre, US Department of Education; 1984. http://eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/32/05/f3.pdf (Access date 15th December 2009)</p>
<p>Core academic faculty</p>	<p>Core academic faculty — the people who are employed in the physical therapy faculty to teach physical therapy professional education programmes. See also faculty.</p> <p>World Confederation for Physical Therapy. WCPT guideline for qualifications of faculty for physical therapist professional entry level programmes. London, UK: WCPT; 2011. www.wcpt.org/guidelines/faculty-qualifications (Access date 22nd September 2011)</p> <p>See also faculty.</p>
<p>Core skills</p>	<p>Core skills — are the basic essential skills required by a physical therapist. May also be called core competencies.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p>
<p>Credential</p>	<p>Credential — see qualification.</p>
<p>Cultural competence</p>	<p>Cultural competence — is a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organisation within the context of the cultural beliefs, behaviours and needs presented by consumers and their communities.</p> <p>American Physical Therapy Association. Professionalism in Physical Therapy: Core Values Self-Assessment. Washington, USA: APTA; 2003. www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf (Access date 4th March 2013)</p>
<p>Curriculum development</p>	<p>Curriculum development — “describes all the ways in which a training or teaching organisation plans and guides learning. This learning can take place in groups or with individual learners. It can take place inside or outside a classroom. It can take place in an institutional setting like a school, college or training centre...”.</p> <p>A Rogers, P Taylor. Participatory Curriculum Development in Agricultural Education. A training guide. Rome, Italy: Food and Agriculture Organization; 1998.</p>
<p>Declarations of principle</p>	<p>Declarations of principle — recorded WCPT's agreed stance on issues affecting the practice of physical therapy internationally and had a two-thirds majority vote of the General Meeting, thereby becoming policy for all member organisations. They were replaced by policy statements in 2011.</p> <p>World Confederation for Physical Therapy. WCPT's policy structure. London, UK: WCPT; 2011. http://www.wcpt.org/policy-structure (Access date 22nd September 2011)</p>

Term	Definition
Degree	Degree — an academic rank conferred by a university after examination or completion of a course.
Diagnosis	<p>Diagnosis — diagnosis in physical therapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, limitations in activities and restrictions in participation and of factors influencing functioning positively or negatively.</p> <p>The purpose of the diagnosis is to guide physical therapists in determining the prognosis and most appropriate intervention strategies for patients/clients and in sharing information with them. If the diagnostic process reveals findings that are not within the scope of the physical therapist's knowledge, experience or expertise, the physical therapist will refer the patient/client to another appropriate practitioner.</p> <p>World Confederation for Physical Therapy. Policy statement: Description of physical therapy. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-descriptionPT (Access date 22nd September 2011)</p> <p>Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Diploma level education	<p>Diploma level education — typically prepares students for entry to degree level studies for those who have not followed an upper secondary level curriculum that allows direct access to a degree programme. Entry to diploma programmes generally requires completion of upper secondary education. The programme content can be expected to be more specialised or detailed than those offered at the upper secondary level and this is irrespective of the institutional setting of the programme. The students are typically older than those in upper secondary programmes.</p> <p>The type of subsequent education can be subdivided into:</p> <ul style="list-style-type: none"> a) those that prepare for entry into a degree programme; and b) programmes that are primarily designed for direct labour market entry. <p>The cumulative duration of the programme is considered from the beginning of upper secondary education and is typically between 2 and four years. The orientation of the programme is pre-vocational or pre-technical education and vocational or technical education.</p> <p>Australian Qualifications Framework (AQF) Advisory Board. Australian Quality Framework Implementation Handbook Fourth Edition. Carlton, Australia: AQF Advisory Board; 1997.</p>

Term	Definition
	<p>http://www.aqf.edu.au/Portals/0/Documents/Handbook/AQF_Handbook_07.pdf (Access date 9th November 2010)</p>
Direct access	<p>Direct access — the patient/client directly asks the physical therapist to provide services (the patient refers themselves) and the physical therapist freely decides his conduct and takes full responsibility for it.</p> <p>Also, the physical therapist has direct access to patients/clients and determines those that need a physical therapy assessment/intervention without referral from a third party.</p> <p>See also access to physical therapy.</p> <p>See also self-referral.</p>
Disability	<p>Disability —is the ‘umbrella term for impairments, activity limitations, and participation restrictions’. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)’. Personal factors are the particular background of an individual’s life and living, and comprise features of the individual that are not part of a health condition or health states, such as: gender, race age, fitness, lifestyle, habits, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character style, individual psychological assets, and other characteristics, all or any of which may play a role in disability in any level. Environmental factors are external factors that make up the physical, social and attitudinal environment in which people live and conduct their lives. Disability can be described at three levels: body (impairment of body function or structure), person (activity limitations), and society (participation restrictions).</p> <p>United Nations. Convention on the Rights of Persons with Disabilities. New York, USA: United Nations; 2006. http://www.un.org/disabilities/convention/conventionfull.shtml (Access date 9th December 2009)</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p> <p>World Health Organization. World Report on Disability. Geneva, Switzerland: WHO; 2011. http://www.who.int/disabilities/world_report/2011/en/index.html (Access date 4th March 2013)</p>
Disaster	<p>Disaster — 'a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.'</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>

Term	Definition
<p>Disaster preparedness</p>	<p>Disaster preparedness — pre-disaster activities that are undertaken within the context of disaster risk management and are based on sound risk analysis. This includes the development/enhancement of an overall preparedness strategy, policy, institutional structure, warning and forecasting capabilities, and plans that define measures geared to helping at-risk communities safeguard their lives and assets by being alert to hazards and taking appropriate action in the face of an imminent threat or an actual disaster.</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
<p>Disaster prevention</p>	<p>Disaster prevention — 'is the outright avoidance of adverse impacts of hazards and related disasters. Prevention expresses the concept and intention to completely avoid potential adverse impacts through action taken in advance. Examples include dams or embankments that eliminate flood risks, land-use regulations that do not permit any settlement in high risk zones, and seismic engineering designs that ensure the survival and function of a critical building in any likely earthquake. Very often the complete avoidance of losses is not feasible and the task transforms to that of mitigation. Partly for this reason, the terms prevention and mitigation are sometimes used interchangeably in casual use.'</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
<p>Disaster recovery</p>	<p>Disaster recovery — 'is a focus on how best to restore the capacity of the government and communities to rebuild and recover from crisis and to prevent relapses into conflict. In so doing, recovery seeks not only to catalyse sustainable development activities but also to build upon earlier humanitarian programmes to ensure that their inputs become assets for development.'</p> <p>UN High Commissioner for Refugees. UNHCR Master Glossary of Terms, June 2006, Rev.1. Geneva, Switzerland: United Nations; 2006. http://www.unhcr.org/refworld/docid/42ce7d444.html (Access date 13th September 2011)</p>
<p>Disciplinary panel/tribunal</p>	<p>Disciplinary panel/tribunal — is the committee established under the legislation/regulation or Practice Act to hear cases against a physical therapist where the charge has reached a threshold of seriousness in regard to professional misconduct</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
<p>Disease</p>	<p>Disease — is a pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown aetiology.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 8:1;9-744</p>

Term	Definition
Doctoral degree	<p>1. Academic (research) doctorate — is the degree that educates individuals to be researchers. Examples include PhD, DSc, EdD.</p> <p>2. Professional doctorate — is the degree that provides studies in a professional field with strong theoretical underpinnings and has as its primary purpose knowledge for application in professional practice. Students are expected to make a contribution to both theory and practice in their field. For example DPT, DPhysio. The term may be used to describe an entry level qualification in physical therapy (eg the DPT as applied in the USA), or a further degree or named doctorate (eg the DPT as applied in the UK).</p>
Documentation	<p>Documentation — is the process of recording of all aspects of patient/client care/management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis, plan of care/intervention/treatment, interventions/treatment, response to interventions/treatment, changes in patient/client status relative to the interventions/treatment, re-examination, and discharge/discontinuation of intervention and other patient/client management activities.</p> <p>World Confederation for Physical Therapy. WCPT guideline for records management: record keeping, storage, retrieval and disposal. London, UK: WCPT; 2011. www.wcpt.org/guidelines/records-management (Access date 22nd September 2011)</p>
Dysfunction	<p>Dysfunction — is the disturbance or abnormality of function. Dysfunction may be expressed at the level of the body (impairment), the person (activity limitation) or in the ability of a person to undertake their usual social roles (participation restriction). For example movement dysfunction may be expressed as a problem with muscle structure or function, the ability to lift or to perform at work or leisure.</p>
Educational standard	<p>Educational standard — see academic standard.</p>
Endorsements	<p>Endorsements — record the Confederation's support for policy statements which have been developed by other organisations and are relevant to physical therapy internationally. They have a simple majority vote at a General Meeting of WCPT and are available to member organisations to adopt, fully or in part.</p> <p>World Confederation for Physical Therapy. WCPT's policy structure. London, UK: WCPT; 2011. http://www.wcpt.org/policy-structure (Access date 22nd September 2011)</p>
Entry level physical therapist professional education programmes	<p>Entry level physical therapist professional education programmes — are those that equip individuals to practise as independent autonomous physical therapists. WCPT recommends that education for entry level physical therapists should be based on university or university-level studies of a minimum of four years, independently validated and accredited as being at a standard that affords graduates full statutory and professional recognition.</p> <p>World Confederation for Physical Therapy. Policy statement: Education. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-education (Access date 23rd September 2011)</p>

Term	Definition
Environmental hazard	<p>Environmental hazard — 'a hazard originating from technological or industrial conditions, including accidents, dangerous procedures, infrastructure failures or specific human activities, that may cause loss of life, injury, illness or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (eg industrial pollution, nuclear radiation, toxic wastes, dam failures, transport accidents, factory explosions, fires, and chemical spills).'</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
Ethics	<p>Ethics — See Professional ethics and research ethics.</p>
Evacuee	<p>Evacuee — a civilian removed from a place of residence by military direction for reasons of personal security or the requirements of the military situation.</p> <p>US Department of Defense. Dictionary of Military and Associated Terms. Washington DC, USA: US Department of Defense; 2001. http://www.dtic.mil/doctrine/jel/doddict (Access date 17th November 2010)</p>
Evaluation	<p>Evaluation — may be considered as clinical, educational or service.</p> <p>1. Evaluation (clinical) — is a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p> <p>It is the process that necessitates re-examination for the purpose of evaluating outcomes to identify progression to goal achievement or need for modification and change of plan of care.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>2. Evaluation (educational) — the review and assessment of the quality of provision in order to identify areas for improvement. Evaluation includes the following:</p> <ul style="list-style-type: none"> • evaluation of a subject, which focuses on one specific subject, for example biological sciences, looking at this subject across all programmes; • evaluation of a programme, which focuses on all the activities within a programme of physical therapy leading to a formal degree. Judgements are made about the academic standards and the quality of learning opportunities for students; • evaluation of an institution, which examines the quality of all activities, organisation, finance, management, facilities including library and IT, learning, teaching and research; • evaluation of a theme, which examines quality and practice around a specific theme for example student services.

Term	Definition
	<p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>3. Evaluation (service) — is designed to answer the question “what standard does this service achieve?”. It is carried out to define or judge current care, measuring current service without reference to a standard. It usually involves analysis of existing data, but it may include administration of a simple interview or questionnaire.</p> <p>National Research Ethics Service. Defining Research. NRES guidance to help you decide if your project requires review by a Research Ethics Committee. London, UK: National Patient Safety Agency; 2009. www.nres.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=355 (Access date 20th March 2013)</p>
<p>Evaluation (clinical)</p>	<p>Evaluation (clinical) — is a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p> <p>It is the process that necessitates re-examination for the purpose of evaluating outcomes to identify progression to goal achievement or need for modification and change of plan of care.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>See also evaluation.</p>
<p>Evaluation (educational)</p>	<p>Evaluation (educational) — the review and assessment of the quality of provision in order to identify areas for improvement. Evaluation includes the following:</p> <ul style="list-style-type: none"> • evaluation of a subject, which focuses on one specific subject, for example biological sciences, looking at this subject across all programmes; • evaluation of a programme, which focuses on all the activities within a programme of physical therapy leading to a formal degree. Judgements are made about the academic standards and the quality of learning opportunities for students; • evaluation of an institution, which examines the quality of all activities, organisation, finance, management, facilities including library and IT, learning, teaching and research; • evaluation of a theme, which examines quality and practice around a specific theme for example student services. <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>See also evaluation.</p>

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<p>Evaluation (service)</p>	<p>Evaluation (service) — is designed to answer the question “what standard does this service achieve?”. It is carried out to define or judge current care, measuring current service without reference to a standard. It usually involves analysis of existing data, but it may include administration of a simple interview or questionnaire.</p> <p>National Research Ethics Service. Defining Research. NRES guidance to help you decide if your project requires review by a Research Ethics Committee. London, UK: National Patient Safety Agency; 2009.</p> <p>www.nres.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=355 (Access date 20th March 2013)</p> <p>See also Evaluation.</p>
<p>Evidence based practice (EBP)</p>	<p>Evidence based practice (EBP) — is an approach to practice wherein health professionals use the best available evidence from systematic research, integrating it with clinical expertise to make clinical decisions for service users, who may be individual patients/clients, carers and communities/populations. Research evidence includes, but is not limited to, meta-analyses, systematic reviews of randomised controlled trials (RCTs), individual RCTs, systematic reviews of cohort studies, individual cohort studies, outcomes research, systematic reviews of case-control studies, individual case-control studies, case-series and expert opinion. EBP values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on patient characteristics, situations, and preferences. It recognises that health services are individualised and ever changing and involves uncertainties and probabilities.</p> <p>Evidence-Based Medicine Working Group. Evidence-Based Medicine: A New Approach to Teaching the Practice of Medicine. JAMA 1992;268(17);2420-5</p> <p>McKibbin KA. Evidence based practice. Bulletin of the Medical Library Association 1998: 86:3;396-401</p> <p>Sacket DL, Rosenberg WMC, Gray JAM and Richardson WS (1996). Evidence based medicine: what it is and what it isn't. British Medical Journal 1996;312;71-72</p>
<p>Examination</p>	<p>Examination — is a comprehensive and specific testing process performed by the physical therapist that leads to a diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. These are used to inform the clinical reasoning process.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p> <p>1. Re-examination — is the process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions.</p>

Term	Definition
	<p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Exercise	<p>Exercise — is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities.</p> <p>World Health Organization. Global strategy on diet, physical activity and health. Geneva, Switzerland: WHO; 2010. www.who.int/dietphysicalactivity/pa/en/index.html (Access date 30th November 2010)</p>
Extended scope of practice	<p>Extended scope of practice — see advanced scope of practice.</p> <p>See also scope of practice.</p> <p>See also specialisation.</p>
Faculty	<p>Faculty — a department or group of related departments in a college or university and all the educators in a faculty of a college or university.</p> <p>Oxford University Press. Oxford Advanced Learner's Dictionary. Oxford, UK: Oxford University Press; 2011. http://www.oxfordadvancedlearnersdictionary.com/dictionary/faculty (Access date 9th September 2011)</p> <ol style="list-style-type: none"> 1. Associate faculty — the people whose employing faculty is not the physical therapy faculty and who teach their subject in physical therapy professional programmes. Examples of associate faculty are physicians and nutritionists. 2. Clinical education director/coordinator — is a physical therapist and an academic faculty member, who is responsible for the clinical education component of the physical therapist professional entry level programme that is normally delivered by physical therapists in the clinical environment. 3. Core academic faculty — the people who are employed in the physical therapy faculty to teach physical therapy professional education programmes. <p>World Confederation for Physical Therapy (2011) WCPT guideline for the clinical education component of the physical therapist professional entry-level programme. London, UK, WCPT. www.wcpt.org/guidelines/clinical-education (Access date 22nd September 2011)</p>
First contact practitioner	<p>First contact practitioner — is a physical therapist who has completed a physical therapy professional entry level programme that equips them to see patients/clients without referral from a third party eg medical practitioner.</p> <p>See also direct access and self-referral.</p>
Formal learning	<p>Formal learning — learning that is typically provided by education or training institutions, with structured learning objectives, learning time and learning support. It is intentional on the part of the learner and leads to certification.</p> <p>European Commission Education and Training. Validation of non-formal and informal</p>

Term	Definition
	<p>learning. 2010. http://ec.europa.eu/education/lifelong-learning-policy/doc52_en.htm (Access date 1st July 2010)</p> <p>See also learning.</p>
<p>Geological hazard</p>	<p>Geological hazard — a geological process or phenomenon that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (includes earthquakes, volcanic activity and emissions, and related geophysical processes such as mass movements, landslides, rockslides, surface collapses, and debris or mud flows). Hydrometeorological factors are important contributors to some of these processes. Tsunamis are difficult to categorize; although they are triggered by undersea earthquakes and other geological events, they are essentially an oceanic process that is manifested as a coastal water-related hazard.</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
<p>Global health</p>	<p>Global health — is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual-level clinical care.</p> <p>JP Koplan, TC Bond, MH Merson, KS Reddy, MH Rodriguez, NK Sewankambo, JN Wasserheit, for the Consortium of Universities for Global Health Executive Board. Towards a common definition of global health. Lancet 2009; 373:1993-1995</p>
<p>Goals (clinical)</p>	<p>Goals (clinical) — are the intended results of patient/client management. Goals indicate changes in impairment, activity limitations, participation restrictions and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care/intervention/treatment. Goals should be measurable and time limited (if required, goals may be expressed in relation to the time expected to achieve them, eg short-term and long-term goals).</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001; 8:1;9-744</p>
<p>Graduate diploma level education</p>	<p>Graduate diploma level education — is a tertiary programme covering a wide range of specialised needs following an undergraduate or postgraduate programme or relevant prior work, ranging from initial and ongoing professional development to preparation for further postgraduate study, including research higher degrees. The learning outcomes reflect a standard appropriate to a graduate intake and may include the acquisition and critical application of knowledge and skills in a new discipline or professional area, which may also involve extending knowledge and skills already gained in an undergraduate program or relevant prior work; and further specialisation within a systematic and coherent body of knowledge.</p> <p>Students may enter a graduate diploma programme under various arrangements,</p>

Term	Definition
	<p>such as: directly from a bachelor degree; or from a diploma together with extensive and relevant prior experience demonstrating potential to undertake work at this level.</p> <p>Although the duration of programs may vary, programmes at this level typically require one year of full-time study. The graduate diploma may be articulated to a course work master's degree and may be given credit towards the Master's degree.</p> <p>Australian Qualifications Framework (AQF) Advisory Board. Australian Quality Framework Implementation Handbook Fourth Edition. Carlton, Australia: AQF Advisory Board; 1997. http://www.aqf.edu.au/Portals/0/Documents/Handbook/AQF_Handbook_07.pdf (Access date 9th November 2010)</p>
<p>Guidelines (WCPT)</p>	<p>Guidelines (WCPT) — are produced to assist member organisations and others to raise the quality of physical therapy. They may provide guidance on standards, criteria or courses of action in areas relevant to physical therapy education, research, practice or policy. They are not mandatory but designed to assist the implementation of WCPT's policies. Guidelines are resources to assist with the implementation of policy and do not require a vote to be taken at a WCPT General Meeting.</p> <p>World Confederation for Physical Therapy. WCPT's policy structure. London, UK: WCPT; 2011. http://www.wcpt.org/policy-structure (Access date 22nd September 2011)</p>
<p>Habilitation</p>	<p>Habilitation — see rehabilitation</p>
<p>Hazard</p>	<p>Hazard — 'a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.'</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
<p>Health</p>	<p>Health — is defined in the WHO constitution of 1948 as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. [Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.]</p> <p>World Health Organization. Basic Documents, Forty-fifth edition, Supplement, October 2006. Constitution of the World Health Organization. Geneva, Switzerland: WHO; 2006. http://www.who.int/governance/eb/who_constitution_en.pdf (Access date 22nd March 2010)</p> <p>See also health promotion.</p>

Term	Definition
Health human resources	<p>Health human resources — health workers are people engaged in actions whose primary intent is to enhance health. This includes those who promote and preserve health as well as those who diagnose and treat disease (eg doctors, nurses, midwives, physical therapists, pharmacists, laboratory technicians) as well as management and support workers, those who help make the health system function but who do not provide health services directly (eg hospital managers, financial officers, cooks, drivers and cleaners).</p> <p>World Health Organization. The World Health Report 2006 - working together for health. Geneva, Switzerland: WHO; 2006. http://www.who.int/whr/2006/en/index.html (Access date 13th September 2011)</p>
Health promotion	<p>Health promotion — is the combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health.</p> <p>Green LW, Kreuter MW. Health Promotion Planning, 2nd edition. Mountain View, CA: Mayfield publishers; 1991.</p> <p>Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion, and the associated efforts put into education, community development, policy, legislation and regulation, are equally valid for prevention of communicable diseases, injury and violence, and mental problems, as they are for prevention of non-communicable diseases.</p> <p>WHO. Health Promotion Glossary. Geneva, Switzerland: WHO; 1998. http://whqlibdoc.who.int/hq/1998/WHO_HPR_HEP_98.1.pdf (Access date 6th March 2013)</p>
Higher education	<p>Higher education — all types of study, or sets of courses of study, education or education for research at the post-secondary level which are recognised by the relevant national authority as belonging to the higher education system. . It may also be referred to as tertiary education.</p> <ol style="list-style-type: none"> 1. Higher education faculty — persons who, through their duties, are involved directly in the educational process related to higher education. 2. Higher Education Institution (HEI) — any institution providing higher education and recognised by the relevant national authority as belonging to the higher education system. <p>See also European Higher Education Area (EHEA) in the ER-WCPT Annex.</p>
Hydrometeorological hazard	<p>Hydrometeorological hazard — 'a process or phenomenon of atmospheric, hydrological or oceanographic nature that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (includes tropical cyclones, thunderstorms, hailstorms, tornados, blizzards, heavy snowfall, avalanches, coastal storm surges, floods including flash floods, drought, heatwaves and cold</p>

Term	Definition
	<p>spells).'</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
Impairment	<p>Impairment — is a problem ‘in body function or structure as a significant deviation or loss’; is the manifestation of an underlying pathology; can be temporary or permanent, progressive, regressive or static, intermittent or continuous, slight through to severe.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
Independent practitioner	<p>Independent practitioner — those providing a professional physical therapy service to patients/clients outside that established by governments/states.</p> <p>See also autonomy.</p>
Infectious diseases	<p>Infectious diseases — 'are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.'</p> <p>World Health Organization. Health topics: Infectious diseases. Geneva, Switzerland: WHO; 2011. http://www.who.int/topics/infectious_diseases/en/ (Access date 15th November 2010)</p>
Informal learning	<p>Informal learning — learning that results from daily activities related to work, family life or leisure. It is not structured and usually does not lead to certification. In most cases, it is unintentional on the part of the learner.</p> <p>European Commission Education & Training. Validation of non-formal and informal learning. 2010. http://ec.europa.eu/education/lifelong-learning-policy/doc52_en.htm (Access date 1st July 2010)</p> <p>See also learning.</p>
Information Communication Technology (ICT)	<p>Information Communication Technology (ICT) — is the phrase used to describe a range of technologies for gathering, storing, retrieving, processing, analysing, and transmitting information electronically.</p> <p>United Nations Statistical Office. International standard classification of activities ISIC Revision 4. New York, USA: United Nations Statistical Office; 2008. http://unstats.un.org/unsd/cr/registry/regcs.asp?Cl=27&Lg=1&Co=J (Access date 22nd March 2010)</p>
Information technology (IT)	<p>Information technology — see information communication technology (ICT)</p>

Term	Definition
Information management	<p>Information management — is the acquisition, recording, organising, storage, dissemination, and retrieval of information.</p> <p>BNET Business dictionary. BNET Business dictionary. http://dictionary.bnet.com/definition/Information+Management.html (Access date 22nd March 2010)</p>
Informed consent	<p>Informed consent — is a decision to participate in assessment, treatment or research, taken by a competent individual who has received the necessary information; who has adequately understood the information; and who, after considering the information, has arrived at a decision without having been subjected to coercion, undue influence or inducement, or intimidation. Informed consent is based on the principle that competent individuals are entitled to choose freely whether to participate in assessment, treatment or research. Informed consent protects the individual's freedom of choice and respects the individual's autonomy.</p> <p>Council of International Organizations of Medical Science. Ethical Guidelines for Biomedical Research Involving Human Subjects. London, UK: CIOMS; 2008. http://www.cioms.ch/frame_guidelines_nov_2002.htm (Access date 23rd March 2010)</p> <p>In order to obtain the valid consent of patients for assessment, treatment or participation in research, they must be informed of all potential and significant risks, benefits and likely outcomes of treatment, taking into account their age, emotional state and cognitive ability, to allow valid/informed consent to be given.</p> <p>Chartered Society of Physiotherapy. Core standards of physiotherapy practice. London, UK: CSP; 2005. http://www.csp.org.uk/sites/files/csp/secure/csp_core_standards_2005.pdf (Access date 19th March 2012)</p> <p>European Region of World Confederation for Physical Therapy. European Core Standards of Physiotherapy Practice. Brussels, Belgium: ER-WCPT; 2008. http://www.physio-europe.org/download.php?document=71&downloadarea=6 (Access date 22nd March 2010)</p>
Instrumental activities of daily living (IADL)	<p>Instrumental activities of daily living (IADL) —whilst not fundamental to functioning allow an individual to live independently eg shopping, housekeeping, managing finances, preparing meals and using transport.</p> <p>Katz, s. Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. JAGS 1983;31(12):721-726</p> <p>National Cancer Institute US National Institutes of Health. National Cancer Institute US National Institutes of Health. 2010. http://www.cancer.gov/dictionary/?Cdrid=430401 (22nd March 2010)</p> <p>See also activities of daily living (ADL).</p>
Internally Displaced Persons (IDPs)	<p>Internally Displaced Persons (IDPs) — are people who 'may have been forced to flee their home for the same reasons as a refugee, but have not crossed an internationally recognised border'.</p> <p>United Nations High Commission for Refugees. UNHCR: Definitions and obligations-basic</p>

Term	Definition
	<p>definitions. New York, USA: UNHCR; 2010. http://www.unhcr.org.au/basicdef.shtml (Access date 17th November 2010)</p>
<p>International Classification of Functioning, Disability and Health (ICF)</p>	<p>International Classification of Functioning, Disability and Health (ICF) — is a classification of health and health-related domains; classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. As functioning and disability occurs in a context, the ICF also includes a list of environmental factors.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
<p>Interprofessional</p>	<p>Interprofessional — two or more professionals practising together in an integrated way.</p> <ol style="list-style-type: none"> Interprofessional collaborative practice (ICP) — is the practice of two or more health professionals from different professional education backgrounds to deliver the highest quality of services to patients/clients, families, carers and communicates. Interprofessional education (IPE) — is education that occurs when students from two or more professions learn about, from and with each other to enable effective collaboration. <p>World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: WHO; 2009. http://www.who.int/hrh/resources/framework_action/en/index.html (Access date 13th March 2013)</p> <ol style="list-style-type: none"> Interprofessional team — is a group of professional practitioners from different backgrounds who meet jointly established goals for patients/clients.that works with clients and families to meet jointly established goals. <p>World Health Professions Alliance. WHPA statement on interprofessional collaborative practice. Ferney Voltaire, France; WHPA: 2013 http://www.whpa.org/WHPA_Statement_collaborative_practice.pdf (Access date 20th May 2013)</p>
<p>Interprofessional collaborative practice</p>	<p>Interprofessional collaborative practice — is the practice of two or more health professionals from different professional education backgrounds to deliver the highest quality of services to patients/clients, families, carers and communicates.</p> <p>See also interprofessional.</p>
<p>Interprofessional education (IPE)</p>	<p>Interprofessional education (IPE) — — is education that occurs when students from two or more professions learn about, from and with each other to enable effective collaboration.</p> <p>World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: WHO; 2009. http://www.who.int/hrh/resources/framework_action/en/index.html (Access date 13th</p>

Term	Definition
	<p>March 2013)</p> <p>See also interprofessional.</p>
Interprofessional team	<p>Interprofessional team — is a group of professional practitioners from different backgrounds who meet jointly established goals for patients/clients.</p> <p>World Health Professions Alliance. WHPA statement on interprofessional collaborative practice. Ferney Voltaire, France; WHPA: 2013 http://www.whpa.org/WHPA_Statement_collaborative_practice.pdf (Access date 20th May 2013)</p> <p>See also interprofessional.</p>
Intervention	<p>Intervention — is the purposeful interaction of the physical therapist with the patient/client/group of clients/patients, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques (including therapeutic exercise; functional training in self-care and home management; functional training in work, community, and leisure integration or reintegration; manual therapy techniques; prescription, application, and, as appropriate, fabrication of devices and equipment; airway clearance techniques; integumentary repair and protection techniques; electrotherapeutic modalities; physical agents and mechanical modalities) to produce changes in the condition.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 8:1;9-744</p>
Law/statute	<p>Law/statute — is</p> <ul style="list-style-type: none"> a) the body or system of rules that are recognised by a community and are enforceable by an established process; b) an official rule, or order stating what may or may not be done or how something must be done; or c) an order issued by a government/state department or agency that has the force of law. <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Lay person	<p>Lay person — is an individual, who is neither licensed/registered nor qualified to be licensed/registered as a physical therapist.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Learning	<p>1. Formal learning — learning that is typically provided by education or training institutions, with structured learning objectives, learning time and learning support. It is intentional on the part of the learner and leads to certification.</p> <p>European Commission Education and Training. Validation of non-formal and informal</p>

Term	Definition
	<p>learning. 2010. http://ec.europa.eu/education/lifelong-learning-policy/doc52_en.htm (Access date 1st July 2010)</p> <p>2. Informal learning — learning that results from daily activities related to work, family life or leisure. It is not structured and usually does not lead to certification. In most cases, it is unintentional on the part of the learner.</p> <p>European Commission Education & Training. Validation of non-formal and informal learning. 2010. http://ec.europa.eu/education/lifelong-learning-policy/doc52_en.htm (Access date 1st July 2010)</p> <p>3. Lifelong learning (LLL) — the process of continuous learning and personal and professional development in which all individuals need to engage in a time of rapid change. LLL incorporates continuing professional development.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>4. Non-formal learning — learning that is not provided by an education or training institution and typically does not lead to certification. However, it is intentional on the part of the learner and has structured objectives, times and support.</p> <p>European Commission Education & Training. Valuing learning outside formal education and training in. 2010. http://ec.europa.eu/education/lifelong-learning-policy/doc52_en.htm (Access date 1st July 2010)</p> <p>5. Self-directed learning — independent learning that is initiated by the student.</p>
<p>Learning outcomes</p>	<p>Learning outcomes — statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence.</p> <p>The European Qualifications Framework for Lifelong Learning. Office for Official Publications of the European Communities. Luxembourg: EQF; 2008. http://ec.europa.eu/dgs/education_culture/publ/pdf/eqf/broch_en.pdf (Access date 23rd March 2010)</p>
<p>Legislature/ regulatory board/authority</p>	<p>Legislature/regulatory board/authority — is the body appointed by national or state law to be responsible for the licensure/registration and oversight of physical therapist practitioners.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
<p>License/ registration</p>	<p>License/registration — is an official authorisation issued by the authority on an annual or otherwise specified time frame to practise the profession of physical therapy and is based on the declaration by the physical therapist that he/she will continue to meet competencies required to be licensed/registered.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT;</p>

Term	Definition
	<p>2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p> <p>1. Re-license/re-registration — the meeting of requirements for maintenance on a register that may include the examination of evidence of continuing professional development, which meets the standards set by the (national) competent authority for maintenance of registration or may only require payment of a fee.</p>
<p>License/ registration/ regulation list</p>	<p>License/registration/regulation list — is the directory of physical therapists in a country/state maintained by the licensing/regulatory authority.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p> <p>See also license/registration.</p> <p>See also regulation.</p>
<p>Lifelong learning (LLL)</p>	<p>Lifelong learning (LLL) — the process of continuous learning and personal and professional development in which all individuals need to engage in a time of rapid change. LLL incorporates continuing professional development.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>See also learning.</p>
<p>Management autonomy</p>	<p>Management autonomy — is used to describe the responsibility of the professional to manage his/her practice independently.</p> <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org/AM/TemplateRedirect.cfm?template=/CM/ContentDisplay.cfm&ContentID=41493 (Access date 22nd March 2010)</p>
<p>Manipulation</p>	<p>Manipulation — a passive, high velocity, low amplitude thrust applied to a joint complex within its anatomical limit (active and passive motion occurs within the range of motion of the joint complex and not beyond the joint's anatomic limit) with the intent to restore optimal motion, function, and/ or to reduce pain.</p> <p>International Federation of Orthopaedic Manual Physical Therapists. Glossary of terminology. Supplement to the Standards Document. Auckland, New Zealand: IFOMPT; 2010. http://www.ifompt.com/Standards/SC+Glossary.html (Access date 21st September 2011)</p>
<p>Manual handling</p>	<p>Manual handling — is the transporting or supporting of a load, which includes lifting, putting down, pushing, pulling, carrying or moving, and refers to both inanimate and animate objects or people.</p> <p>Health & Safety Executive. Manual handling. Manual Handling Operations Regulations 1992 (as amended). Guidance on Regulations L23. 3rd ed. London, UK: HSE Books;</p>

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	<p>2004.</p> <p>In addition, in physical therapy practice this includes guiding, facilitating, manipulating, stretching or providing resistance. Thus any treatment where force is applied through any part of the physical therapist's body to or from any part of the patient constitutes manual handling.</p> <p>Chartered Society of Physiotherapy. Guidance on Manual Handling in Physiotherapy. London, UK: CSP; 2008. http://www.csp.org.uk/ (Access date 19th March 2012)</p>
Manual therapy techniques	<p>Manual therapy techniques — skilled hand movements intended to produce any or all of the following effects: improve tissue extensibility; increase range of motion of the joint complex; mobilize or manipulate soft tissues and joints; induce relaxation; change muscle function; modulate pain; and reduce soft tissue swelling, inflammation or movement restriction.</p> <p>International Federation of Orthopaedic Manual Physical Therapists. Glossary of terminology. Supplement to the Standards Document. Auckland, New Zealand: IFOMPT; 2010. http://www.ifompt.com/Standards/SC+Glossary.html (Access date 21st September 2011)</p>
Master's degree	<p>Master's degree — is an academic degree granted to individuals who have undergone study demonstrating a mastery or high-order overview of a specific field of study or area of professional practise. Within the area studied, graduates possess advanced knowledge of a specialised body of theoretical and applied topics; high order skills in analysis, critical evaluation and/or professional application; and the ability to solve complex problems and think rigorously and independently.</p> <p>Australian Qualifications Framework (AQF) Advisory Board. Australian Quality Framework Implementation Handbook Fourth Edition. Carlton, Australia: AQF Advisory Board; 1997. http://www.aqf.edu.au/Portals/0/Documents/Handbook/AQF_Handbook_07.pdf (Access date 9th November 2010)</p> <p>United Nations Education Scientific and Cultural Organization. International Standard Classification of Education. ISCED 1997. Paris, France: UNESCO; 1997. http://www.unesco.org/education/information/nfsunesco/doc/isced_1997.htm (Access date 22nd September 2011)</p>
Member organisation	<p>Member organisation — see WCPT member organisation.</p>
Mobilisation	<p>Mobilisation — a manual therapy technique comprising a continuum of skilled passive movements to the joint complex that are applied at varying speeds and amplitudes, that may include a small-amplitude/high velocity therapeutic movement (manipulation) with the intent to restore optimal motion, function, and/or to reduce pain.</p> <p>International Federation of Orthopaedic Manual Physical Therapists. Glossary of terminology. Supplement to the Standards Document. Auckland, New Zealand: IFOMPT; 2010. http://www.ifompt.com/Standards/SC+Glossary.html (Access date 21st September 2011)</p>

Term	Definition
Multidisciplinary	<p>Multidisciplinary — is one or more disciplines working collaboratively. It includes several professions in the team where the various interventions are provided in isolation and the professions co-exist. This approach recognises the importance of different disciplines and involves professionals operating within the boundaries of their profession towards discipline-specific goals while recognising the important contribution from other disciplines.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>See also interdisciplinary professional practice.</p> <p>See also interprofessional collaborative practice.</p>
Natural hazard	<p>Natural hazard — 'a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. Natural hazards are a sub-set of all hazards. The term is used to describe actual hazard events as well as the latent hazard conditions that may give rise to future events. Natural hazard events can be characterized by their magnitude or intensity, speed of onset, duration, and area of extent. For example, earthquakes have short durations and usually affect a relatively small region, whereas droughts are slow to develop and fade away and often affect large regions. In some cases hazards may be coupled, as in the flood caused by a hurricane or the tsunami that is created by an earthquake.'</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
Non-communicable disease (NCD)	<p>Non-communicable disease (NCD) — is a disease that is not contagious, is of long duration and generally slow progression. NCDs are also known as chronic diseases, lifestyle diseases or diseases of civilisation. There are four main groups of NCDs accounting for most of the deaths and years of life lived with disability; cardiovascular diseases, chronic respiratory diseases, cancers and diabetes. There are other important NCDs, such as oral diseases, mental disorders and arthritis which have a significant impact on health and well-being. NCDs are associated with four common, modifiable behavioural risk factors; unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 8th January 2014)</p> <p>World Health Organization. World Report on Disability. Geneva, Switzerland: WHO; 2011. http://www.who.int/disabilities/world_report/2011/en/index.html (Access date 8 January 2014)</p>

Term	Definition
<p>Non-discriminatory practice</p>	<p>Non-discriminatory practice — is professional practice within which individuals, teams, and organisations actively seek to ensure that no-one (including patients/clients, carers, colleagues, or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation, or social class.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p>
<p>Non-formal learning</p>	<p>Non-formal learning — learning that is not provided by an education or training institution and typically does not lead to certification. However, it is intentional on the part of the learner and has structured objectives, times and support.</p> <p>European Commission Education & Training. Valuing learning outside formal education and training in. 2010. http://ec.europa.eu/education/lifelong-learning-policy/doc52_en.htm (Access date 1st July 2010)</p> <p>See also learning.</p>
<p>Non-Governmental Organisation (NGO)</p>	<p>Non-Governmental Organisation (NGO) — 'is an organised entity that is functionally independent of, and does not represent, a government or state. This term is normally applied to organisations devoted to humanitarian and human rights causes.'</p> <p>UN High Commissioner for Refugees. UNHCR Master Glossary of Terms, June 2006, Rev.1. Geneva, Switzerland: United Nations; 2006. http://www.unhcr.org/refworld/docid/42ce7d444.html (Access date 13th September 2011)</p>
<p>Occupational health and safety</p>	<p>Occupational health and safety — the term health, in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work.</p> <p>International Labour Organization. Occupational Safety and Health Convention. Geneva, Switzerland: ILO; 1981. http://www.ilo.org/ilolex/cgi-lex/convde.pl?C155 (Access date 28th April 2010)</p>
<p>Older people</p>	<p>Older people — are generally defined according to a range of characteristics including: chronological age, change in social role and changes in functional abilities. In high-resourced countries older age is generally defined in relation to retirement from paid employment and receipt of a pension, at 60 or 65 years. With increasing longevity some countries define a separate group of oldest people, those over 85 years. In low-resourced situations with shorter life-spans, older people may be defined as those over 50 years. The age of 50 years was accepted as the definition of older people for the purpose of the WHO Older Adult Health and Ageing in Africa project.</p> <p>World Health Organization. Definition of an older or elderly person. Geneva, Switzerland:</p>

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	WHO; 2010. http://www.who.int/healthinfo/survey/ageingdefolder/en/index.html (Access date 22nd November 2010)
Participation	<p>Participation — is involvement in a life situation.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
Participation restrictions	<p>Participation restrictions — are problems an individual may experience in involvement in life situations.</p> <p>World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO; 2001. http://www.who.int/classifications/icf/en/ (Access date 22nd March 2010)</p>
Patient	<p>Patient — an individual who is the recipient of physical therapy and direct interventions. A person for whom a health service accepts responsibility for treatment and or care. Individuals who are recipients of physical therapy may also be referred to as clients or service users.</p> <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org (Access date 22nd March 2010)</p> <p>Australian Institute of Health and Welfare Metadata Online Registry (METeOR) http://meteor.aihw.gov.au/content/index.phtml/itemId/268959 (Access date 13th March 2013)</p> <p>See also client.</p> <p>See also service user.</p>
Payers	<p>Payers — are all sources of payment for physical therapy services, such as, social health system, insurance payment, patient/client self-pay.</p>
Physical activity	<p>Physical activity — is defined as any bodily movement produced by skeletal muscles that requires energy expenditure.</p> <p>World Health Organization. Global strategy on diet, physical activity and health. Geneva, Switzerland: WHO; 2010. www.who.int/topics/physical_activity/en/ (Access date 30th November 2010)</p> <p>Caspersen CJ, Powell KE, Christensen GM. Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research. Public Health Reports, 1985, 100:126–131</p>
Physical therapist	<p>Physical therapist — a professional who has successfully completed a professional entry level programme that enables them to identify and maximise quality of life and functional movement potential, within the spheres of promotion, prevention, maintenance, intervention/treatment, habilitation and rehabilitation. This encompasses physical, psychological, emotional and social wellbeing. Physical therapist practice involves the interaction between the physical therapist, patients or clients, families, care givers, other health care providers and</p>

Term	Definition
	<p>communities, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physical therapists. The first professional qualification, obtained in any country, represents the completion of a curriculum that qualifies the physical therapist to use the professional title and to practise as an independent professional.</p> <p>World Confederation for Physical Therapy. WCPT guideline for physical therapist professional entry level education. London, UK: WCPT; 2011. www.wcpt.org/guidelines/entry-level-education (Access date 6th March 2013)</p> <p>World Confederation for Physical Therapy. WCPT policy statement: Description of physical therapy. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-descriptionPT (Access date 6th March 2013)</p> <p>The professional title and term used to describe the profession's practice varies and depends largely on the historical roots of the profession in each country. The most generally used titles and terms are 'physical therapy', 'physiotherapy' and 'physical therapist', 'physiotherapist'.</p> <p>World Confederation for Physical Therapy. Policy statement: Protection of title. London, UK: WCPT; 2007. www.wcpt.org/policy/ps-protection-title (Access date 6th March 2013)</p>
<p>Physical therapist professional entry level education programmes</p>	<p>Physical therapist professional entry level education programmes — are those that equip physical therapists to practise as independent professionals. WCPT recommends that education for entry level physical therapists should be based on university or university-level studies of a minimum of four years, independently validated and accredited as being at a standard that affords graduates full statutory and professional recognition.</p> <p>World Confederation for Physical Therapy. WCPT guideline for physical therapist professional entry level education. London, UK: WCPT; 2011. www.wcpt.org/guidelines/entry-level-education (Access date 22nd September 2011)</p>
<p>Physical therapy record</p>	<p>Physical therapy record — is a document which includes all aspects of patient/client care/management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis, plan of care/intervention/treatment, interventions/treatment, response to interventions/treatment, changes in patient/client status relative to the interventions/treatment, re-examination, and discharge/discontinuation of intervention and other patient/client management activities.</p> <p>World Confederation for Physical Therapy. WCPT guideline for records management: record keeping, storage, retrieval and disposal. London, UK: WCPT; 2011. www.wcpt.org/guidelines/records-management (Access date 22nd September 2011)</p>
<p>Physical therapy speciality</p>	<p>Physical therapy speciality — is a prescribed area of physical therapy practice formally recognised by a Member Organisation within which it is possible for a physical therapist to develop and demonstrate higher levels of knowledge and skills.</p> <p>World Confederation for Physical Therapy. Policy statement: Physical therapist practice specialisation. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-specialisation (Access</p>

Term	Definition
	date 22nd September 2011)
Physical therapy	<p>Physical therapy —services for individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. Physical therapy is described more comprehensively in WCPT’s ‘Description of Physical Therapy’.</p> <p>World Confederation for Physical Therapy. Policy statement: Description of physical therapy. London, UK: WCPT; 2007. www.wcpt.org/policy/ps-descriptionPT (Access date 22nd September 2011)</p> <p>The professional title and term used to describe the profession's practice varies and depends largely on the historical roots of the profession in each country. The most generally used titles and terms are 'physical therapy', 'physiotherapy' and 'physical therapist', 'physiotherapist'.</p> <p>World Confederation for Physical Therapy. Policy statement: Protection of title. London, UK: WCPT; 2007. www.wcpt.org/policy/ps-protection-title (Access date 6th March 2013)</p>
Physiotherapist	See physical therapist .
Physiotherapy	See physical therapy .
Plan of care	<p>Plan of care — statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Planning	<p>Planning — is a procedure that begins with determination of the need for intervention and normally leads to the development of a plan of intervention, including measurable outcome goals negotiated in collaboration with the patient/client, family or caregiver. Alternatively it may lead to referral to another agency in cases, which are inappropriate for physical therapy.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p>
Policy statements	<p>Policy statements — record the Confederation's agreed opinion on issues affecting the practice of physical therapy internationally. They are designed to be used by the Confederation, its member organisations and those wishing to further the development of physical therapy and improve health. Member organisations are expected to promote and use them, when appropriate, with other bodies, including national governments, to support national policy development. They have a simple majority vote at a General Meeting of WCPT and are available to member organisations to adopt, fully or in part.</p> <p>World Confederation for Physical Therapy. WCPT's policy structure. 2011.</p>

Term	Definition
	<p>www.wcpt.org/policy-structure (Access date 22nd September 2011)</p>
<p>Position statements</p>	<p>Position statements — reflected the Confederation's preferred opinion on issues affecting the practice of physical therapy and have a simple majority vote. Such statements were available to member organisations to adopt, fully or in part. They were replaced by policy statements in 2011.</p> <p>World Confederation for Physical Therapy. WCPT's policy structure. London, UK: WCPT; 2011. http://www.wcpt.org/policy-structure (Access date 22nd September 2011)</p>
<p>Positive practice environments (PPE)</p>	<p>Positive practice environments (PPE) — are 'cost-effective health care settings that support excellence and decent work, have the power to attract and retain staff and to improve patient satisfaction, safety and outcomes. Characteristically such settings:</p> <ol style="list-style-type: none"> 1. ensure the health, safety and well-being of staff; 2. support quality patient care; 3. improve the motivation, productivity and performance of individuals and organisations.' <p>Positive Practice Environments (PPE) Campaign. Campaign overview. Geneva, Switzerland: Positive Practice Environments (PPE) Campaign; 2011. http://www.ppecampaign.org/content/campaign-overview (Access date 13th September 2011)</p>
<p>Practice management</p>	<p>Practice management — is the coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.</p> <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org (Access date 22nd March 2010)</p>
<p>Prescribe</p>	<p>Prescribe — may refer to practice or regulation.</p> <ol style="list-style-type: none"> 1. Prescribe (practice) — the setting out of a programme of exercises or other activities, such as postures, work accommodations, assistive device use to be undertaken by the patient/client and/or their carers. 2. Prescribe (regulation) — the setting out of specific parts of legislation. <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
<p>Prescribe (practice)</p>	<p>Prescribe (practice) — the setting out of a programme of exercises or other activities, such as postures, work accommodations, assistive device use to be undertaken by the patient/client and/or their carers.</p> <p>See also prescribe.</p>

Term	Definition
Prescribe (regulation)	<p>Prescribe (regulation) — the setting out of specific parts of legislation.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p> <p>See also prescribe.</p>
Prevention	<p>Prevention — activities that are directed toward achieving and restoring optimal functioning, minimising impairments, limitations, and participation restrictions, maintaining health (thereby preventing further deterioration or future illness), creating appropriate environmental adaptations to enhance independent function.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p> <ol style="list-style-type: none"> 1. Primary prevention — actions to avoid or remove the cause of a health problem in an individual or a population before it arises. 2. Secondary prevention — actions to detect a health problem at an early stage in an individual or a population, facilitating cure, or reducing or preventing spread, or reducing or preventing its long-term effects. 3. Tertiary prevention — actions to reduce the impact of an already established disease by restoring function and reducing disease-related complications. <p>World Health Organization, World Bank. World report on disability. Geneva, Switzerland: WHO; 2011. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf (Access date 22nd September 2011)</p>
Primary health care	<p>Primary health care — is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.</p> <p>World Health Organization. Declaration of Alma-Ata. International Conference on Primary Health Care. Alma-Ata, USSR: WHO; 1978. http://www.who.int/publications/almaata_declaration_en.pdf (Access date 22nd March 2010)</p>
Primary prevention	<p>Primary prevention — actions to avoid or remove the cause of a health problem in an individual or a population before it arises.</p> <p>World Health Organization, World Bank. World report on disability. Geneva, Switzerland: WHO; 2011. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf (Access date 22nd September 2011)</p> <p>See also prevention.</p>

Term	Definition
Private practice	Private practice — the independent practice of physical therapy; generally in settings that are not funded by governments. However private practitioners may be contracted by governments to provide services in publically funded facilities.
Pro bono (publico)	Pro bono (publico) — is the provision of services free of charge for the public good (Latin).
Problem solving	<p>Problem solving — is an exercise and process that enables physical therapists to interrogate their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen the physical therapist's learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p>
Professional autonomy	<p>Professional autonomy — is usually stated in the law, regulation, directives or rules. It means the responsibility of the professional to make decisions regarding the management of a patient/client based on one's own professional knowledge and expertise to manage his/her practice independently and to act according to the rules of ethics and the code of professional conduct within the framework of health legislation. See also autonomy.</p> <p>American Physical Therapy Association. Normative Model of Physical Therapist Professional Education. Washington DC, USA: APTA; 2004. www.apta.org (Access date 22nd March 2010)</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p>
Professional conduct committee	<p>Professional conduct committee — is the committee established by the authority to hear complaints about physical therapists and make recommendations to the authority.</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Professional doctorate	<p>Professional doctorate — is the degree that provides studies in a professional field with strong theoretical underpinnings and has as its primary purpose knowledge for application in professional practice. Students are expected to make a contribution to both theory and practice in their field. For example DPT, DPhysio. The term may be used to describe an entry level qualification in physical therapy (eg the DPT as applied in the USA), or a further degree or named doctorate (eg the DPT as applied in the UK).</p> <p>See also doctoral degree.</p>

Term	Definition
Professional ethics	<p>Professional ethics — are a collection of criteria, rules and moral values that are formulated and assumed by people who is development a professional activity. To practise the profession of physical therapy, WCPT has established eight ethical principles that are expected to be observed by the physical therapist.</p> <p>World Confederation for Physical Therapy. Ethical Principles. London, UK: WCPT; 2011. www.wcpt.org/ethical-principles (Access date 22nd September 2011)</p> <p>See also research ethics.</p>
Professional regulation	<p>Professional regulation — is designed to protect the public interest by ensuring that physical therapists meet (and continue to meet) the standards or requirements for practice. The approach to regulation and the specific regulatory mechanisms vary by jurisdiction and are often provided by laws, regulations, directives or rules set by the regulatory authority. Professional regulation may also be overseen by the profession itself, this is referred to as “self-regulation”.</p>
Prognosis	<p>Prognosis — is the determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Protection of title	<p>Protection of title — legal system whereby title/titles may only be used by those holding a recognised qualification or who are registered with a competent authority.</p> <p>European Region World Confederation for Physical Therapy. European Region World Confederation for Physical Therapy Glossary of Terms. Brussels, Belgium: ER-WCPT; 2010.</p>
Public services	<p>Public services — are those funded with public money and delivered either directly through the public sector (such as central or local government) or through financing services delivered on behalf of the state by, for example, voluntary and community organisations or private sector companies.</p> <p>World Confederation for Physical Therapy. Common Data Set. London, UK; WCPT 2013.</p> <p>Cabinet Office (UK) Office for Civil Society. Definitions of public service delivery. http://www.fundingcentral.org.uk/page.aspx?sp=6114 (Accessed 7 July 2012)</p> <p>Charity Commission (UK) March 2012. Charities and public service delivery: an introduction and overview (CC37). http://www.charitycommission.gov.uk/publications/cc37.aspx#d1 (Accessed 7 July 2012)</p>
Qualification	<p>Qualification — a formal outcome of an assessment and validation process which is obtained when a competent body determines that an individual has achieved learning outcomes to given standards. The certification is issued by a relevant approved body, in recognition that a person has achieved learning outcomes or competencies relevant to identified individual, professional, industry or community needs.</p> <p>Australian Qualifications Framework (AQF) Advisory Board. Australian Quality Framework</p>

Term	Definition
	<p>Implementation Handbook Fourth Edition. Carlton, Australia: AQF Advisory Board; 2007. http://www.aqf.edu.au/Portals/0/Documents/Handbook/AQF_Handbook_07.pdf (Access date 9th November 2010)</p> <p>See also credential.</p>
Quality assurance	<p>Quality assurance — is a system of recognised procedures for establishing standards and includes procedures for reaching standards.</p> <p>European Region of the World Confederation for Physical Therapy. European Physiotherapy Benchmark Statement. Brussels, Belgium: ER-WCPT; 2003. http://www.physio-europe.org/index.php?action=80 (Access date 23rd March 2010)</p> <p>See also quality enhancement.</p>
Quality enhancement	<p>Quality enhancement — taking deliberate steps to bring about continual improvement. This term may be applied to physical therapist educational programmes and practice.</p> <p>See also quality assurance.</p>
Reasonable accommodation	<p>Reasonable accommodation — is the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms".</p> <p>United Nations Convention on the rights of persons with disabilities. New York: United Nations. 2006. http://www.un.org/disabilities/convention/conventionfull.shtml (Access date 11 April 2014)</p>
Reciprocity	<p>Reciprocity — means that one country recognises the physical therapy credentials/qualifications of another. Although this type of recognition facilitates professional mobility, it can only exist when two or more registering authorities agree that their qualifications are substantially equivalent.</p> <p>World Confederation for Physical Therapy. Policy statement: Reciprocity – mutual recognition. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-reciprocity (Access date 22nd September 2011)</p>
Recognition	<p>Recognition — is formal acceptance of a student's knowledge, skills, or former academic studies and the granting of advanced standing or credit. The term may also apply to formal acceptance of an educational institution by another institution or public authority. Recognition relates more to acceptance and equivalency, ie determining a relationship of parity between one system, jurisdiction, or institution and another with respect to the value and significance of courses, diplomas, certificates, licenses, and/or degrees.</p> <p>Canadian Information Centre for International Credentials. Guide to terminology usage. Toronto, Canada: CICIC; 2003. http://www.cicic.ca/docs/guide/guide2003.en.pdf (Access date 30th June 2010)</p>

Term	Definition
Record	<p>Record — an account that contains information (in any media) intended to document actions, events or facts. The International Organization for Standardisation defines records as information created, received, and maintained as evidence and information by an organization or person, in pursuance of legal obligations or in the transaction of business.</p> <p>International Standards Organization. ISO 15489-1: Information and Documentation – Records Management – Part 1: General. Geneva, Switzerland: ISO; 2001.</p>
Re-examination	<p>Re-examination — is the process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p> <p>See also examination.</p>
Referral procedures	<p>Referral procedures — the process by which patients/clients are referred from physical therapists and other health professionals and persons/agencies involved with the patient/client. These may differ from country to country and are determined by national legislation, national authorities and the professional organisation.</p> <p>See also access to physical therapy.</p>
Refugee	<p>Refugee — a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...”.</p> <p>United Nations High Commission for Refugees. The Convention Relating to the Status of Refugees Article 1. New York, USA: UNHCR; 1951.</p> <p>http://www.unhcr.org.au/basicdef.shtml (Access date 22nd March 2010)</p>
Registration	<p>Registration — see license/registration.</p>
Regulated profession	<p>Regulated profession — a profession that may only be practised by individuals who have been certified by the relevant regulatory authority as meeting the standards or requirements for the practice of that profession.</p>
Regulation	<p>Regulation — see professional regulation.</p>
Regulatory authority	<p>Regulatory authority — the body that ensures individuals who practise regulated professions meet (and continue to meet) the standards or requirements for practice. The regulatory authority maintains a register of the individuals who are certified to practice the profession and often issues certification in the form of a licence or registration certificate to those individuals.</p>
Rehabilitation	<p>Rehabilitation — is “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments. A distinction is sometimes made between habilitation, which aims to help those who acquire disabilities congenitally or early</p>

Term	Definition
	<p>in life to develop maximal functioning; and rehabilitation, where those who have experienced a loss in function are assisted to regain maximal functioning.”</p> <p>World Health Organization. World Report on Disability. Geneva: WHO; 2012</p> <p>In WCPT documents the term ‘rehabilitation’ covers both types of intervention.</p>
<p>Research ethics</p>	<p>Research ethics — involves the application of fundamental ethical principles to a variety of topics involving scientific research. These include the design and implementation of research involving human experimentation, animal experimentation, various aspects of academic scientific misconduct (such as fraud, fabrication of data and plagiarism), whistle blowing; regulation of research, etc. Research ethics is most developed as a concept in health sciences research. The key agreements in relation to human research are the Declaration of Helsinki 1964 and updated most recently in 2008 and the International Ethical Guidelines for Biomedical Research Involving Human Subjects.</p> <p>Council of International Organizations of Medical Science. Ethical Guidelines for Biomedical Research Involving Human Subjects. London, UK: CIOMS; 2008. http://www.cioms.ch/frame_guidelines_nov_2002.htm (Access date 23rd March 2010)</p> <p>World Medical Association. Declaration of Helsinki. 2008. http://www.wma.net/en/20activities/10ethics/10helsinki/index.html (Access date 22nd March 2010)</p> <p>See also professional ethics.</p>
<p>Returnees</p>	<p>Returnees — are refugees who have voluntarily returned to their own countries.</p> <p>United Nations High Commission for Refugees. The Convention Relating to the Status of Refugees Article 1. London, UK: UNHCR; 1951. http://www.unhcr.org.au/basicdef.shtml (Access date 22nd March 2010)</p>
<p>Scope of practice</p>	<p>Scope of practice — is a statement describing physical therapy within the context of the regulatory environment and evidence base for practice within a jurisdiction. Scopes of practice are dynamic, evolving with changes in the evidence base, policy and needs of service users. WCPT sets out the internationally agreed scope of practice and member organisations set out the scope of practice agreed in their countries.</p> <p>World Confederation for Physical Therapy. Policy statement: Support personnel for physical therapy practice. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-support-personnel (Access date 22nd September 2011)</p> <ol style="list-style-type: none"> 1. Advanced scope of practice — physical therapists may develop a scope of practice beyond the usual and customary physical therapist’s practice as a result of attaining significant additional education, professional experience, and/or enhanced competencies. It may also be referred to as extended scope of practice. Specialisation is an example of advanced scope of practice. <p>World Confederation for Physical Therapy. Policy statement: Specialisation. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-specialisation (Access date 22nd September 2011)</p>

Term	Definition
Screening	<p>Screening — is the activity of determining the need for further examination or consultation by a physical therapist or for referral to another health professional.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Secondary prevention	<p>Secondary prevention — actions to detect a health problem at an early stage in an individual or a population, facilitating cure, or reducing or preventing spread, or reducing or preventing its long-term effects.</p> <p>World Health Organization, World Bank. World report on disability. Geneva, Switzerland: WHO; 2011. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf (Access date 22nd September 2011)</p> <p>See also prevention.</p>
Self-directed learning	<p>Self-directed learning — independent learning that is initiated by the student.</p> <p>European Region World Confederation for Physical Therapy. European Region World Confederation for Physical Therapy Glossary of Terms. Brussels, Belgium: ER-WCPT; 2010.</p> <p>See also learning.</p>
Self-referral	<p>Self-referral — patients are able to refer themselves to a therapist without having to see anyone else first, or without being told to refer themselves by a health professional. This can relate to telephone, IT or face-to-face services.</p> <p>Department of Health. Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services. London, UK: Department of Health; 2008.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089516?IdcService=GET_FILE&dID=175274&Rendition=Web (Access date 17th May 2010)</p> <p>See also access to physical therapy.</p> <p>See also direct access.</p>
Service standards	<p>Service standards — describe aspects of the physical therapy service for which the organisation is responsible in order to maintain the safety and quality of services for staff and patients.</p> <p>Chartered Society of Physiotherapy. Service Standards of Physiotherapy Practice. London, UK: CSP; 2005.</p> <p>http://www.csp.org.uk/sites/files/csp/secure/csp_service_standards_2005.pdf (Access date 19th March 2012)</p>
Service user	<p>Service user — includes an actual or potential recipient of physical therapy services. This encompasses individuals or groups who may be seeking health promotion and preventative advice.</p> <p>See also patient.</p> <p>See also client.</p>

Term	Definition
Socio-natural hazard	<p>Socio-natural hazard — 'the phenomenon of increased occurrence of certain geophysical and hydrometeorological hazard events, such as landslides, flooding, land subsidence and drought, that arise from the interaction of natural hazards with overexploited or degraded land and environmental resources. This term is used for the circumstances where human activity is increasing the occurrence of certain hazards beyond their natural probabilities. Evidence points to a growing disaster burden from such hazards. Socio-natural hazards can be reduced and avoided through wise management of land and environmental resources.</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
Specialisation	<p>Specialisation — physical therapist specialisation is the application of advanced clinical competence by a physical therapist qualified in a defined area within the scope of practice recognised as physical therapy.</p> <p>World Confederation for Physical Therapy. Policy statement: Specialisation. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-specialisation (Access date 22nd September 2011)</p> <p>See also advanced scope of practice</p>
Specialist physical therapist	<p>Specialist physical therapist — is a physical therapist who has formally demonstrated an ability to apply advanced clinical competence in a defined clinical area, within the scope of practice recognised as physical therapy. A specialist physical therapist will work primarily in a specific area of clinical and/or teaching practice, but would also be expected to be involved in research, evaluation and practice/service development relevant to their practice setting.</p> <p>World Confederation for Physical Therapy. Policy statement: Physical therapist practice specialisation. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-specialisation (Access date 22nd September 2011)</p>
Standards of practice	<p>Standards of practice — are a collection of documents describing the professional consensus on the practice of physical therapy for physical therapists working in any occupational setting. Standards reflect the collective judgement of the profession at a given point in time.</p> <p>Chartered Society of Physiotherapy. Standards revision project. London, UK: CSP; 2012. http://www.csp.org.uk/professional-union/professionalism/developing-physiotherapy/standards-revision-project (Access date 19th March 2012)</p>
Statute	<p>Statute — is a law established by a legislative/regulatory body (eg an assembly, a senate, a Parliament).</p> <p>World Confederation for Physical Therapy. WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists. London, UK: WCPT; 2011. www.wcpt.org/guidelines/regulation-legislation (Access date 22nd September 2011)</p>
Statutory requirements	<p>Statutory requirements — notes explaining a professional's duty to comply with legal requirements and other legislation.</p>

Term	Definition
Subgroup	See WCPT subgroup .
Support personnel	<p>Support personnel — a generic term to encompass a range of employment classifications such as physical therapy assistant, aide, technician or helper; rehabilitation assistant and classroom therapy assistant. Support personnel will function only in a properly conducted physical therapy service under the direction and supervision of a physical therapist when implementing direct care programmes.</p> <p>World Confederation for Physical Therapy. Policy statement: Support personnel for physical therapy practice. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-support-personnel (Access date 22nd September 2011)</p>
Technological hazard	<p>Technological hazard — a hazard originating from technological or industrial conditions, including accidents, dangerous procedures, infrastructure failures or specific human activities, that may cause loss of life, injury, illness or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (eg industrial pollution, nuclear radiation, toxic wastes, dam failures, transport accidents, factory explosions, fires, and chemical spills).</p> <p>United Nations International Strategy for Disaster Reduction. Terminology. Geneva, Switzerland: UNISDR; 2009. http://www.unisdr.org/we/inform/terminology (Access date 13th September 2011)</p>
Tertiary prevention	<p>Tertiary prevention — actions to reduce the impact of an already established disease by restoring function and reducing disease-related complications.</p> <p>World Health Organization, World Bank. World report on disability. Geneva, Switzerland: WHO; 2011. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf (Access date 22nd September 2011)</p> <p>See also prevention.</p>
Tests and measures	<p>Tests and measures — are specific standardised methods and techniques used to gather data about the patient/client after the history and systems review have been performed.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Treatment	<p>Treatment — is the sum of all interventions provided by the physical therapist to a patient/client during an episode of care.</p> <p>American Physical Therapy Association. Guide to Physical Therapist Practice. Second Edition. Physical Therapy 2001: 81:1;9-744</p>
Upper secondary level education	<p>Upper secondary level education — typically begins at the end of full-time compulsory education for those countries that have a system of compulsory education. More specialisation may be observed at this level than at lower secondary level and often teachers need to be more qualified or specialised. The entrance age to this level is typically 15 or 16 years. The typical entrance qualifications are some nine years of full-time education since the beginning of</p>

Term	Definition
	<p>school and the minimum entrance requirements completion of compulsory schooling.</p> <p>United Nations Education Scientific and Cultural Organization. International Standard Classification of Education. ISCED 1997. Paris, France: UNESCO; 1997. http://www.unesco.org/education/information/nfsunesco/doc/isced_1997.htm (Access date 22nd September 2011)</p>
WCPT awards	<p>WCPT awards — a programme which recognises outstanding contributions and leadership made by individual physical therapists and groups to the profession and/or global health at an international level. Awards are made every four years at the WCPT General Meeting.</p> <p>World Confederation for Physical Therapy. WCPT awards programme. London, UK: WCPT; 2009. http://www.wcpt.org/awards (Access date 22nd March 2010)</p>
WCPT Executive Committee (EC)	<p>WCPT Executive Committee (EC) — is elected by the WCPT member organisations and consists of the President, Vice President and a member from each region. The EC conducts the business of WCPT consistent with the articles of association and policy directions for the period between general meetings.</p> <p>World Confederation for Physical Therapy. WCPT Executive Committee. London, UK: WCPT; 2009. http://www.wcpt.org/ec (Access date 22nd March 2010)</p>
WCPT member organisation (MO)	<p>WCPT member organisation (MO) — is a national association where</p> <ul style="list-style-type: none"> • the majority of the membership are qualified physical therapists; • the majority of the governing body must be physical therapists; • membership is open to all qualified physical therapists of the country unrestricted by consideration of nationality, race, creed, politics, gender or social status; and • in the presence of more than one organisation open to all qualified physical therapists in the country, only the organisation representing the largest number of qualified physical therapists in the country shall be eligible for membership of WCPT. <p>World Confederation for Physical Therapy. WCPT Articles of Association. London, UK: WCPT; 2003. http://wcpt.org/sites/wcpt.org/files/files/WCPT-articles_of_association.pdf (Access date 21st March 2012)</p>
WCPT networks	<p>WCPT networks — are focal points for the international exchange of ideas, experience and expertise. They are about putting physical therapists in touch.</p> <p>World Confederation for Physical Therapy. WCPT Networks. London, UK: WCPT; 2009. http://www.wcpt.org/networks (Access date 22nd March 2010)</p>
WCPT policies	<p>WCPT policies —agreed opinion on a range of topics as determined by a majority of WCPT member organisations at a General Meeting. They are important tools for informing health and social policy around the world and furthering the development of the profession and service delivery. Policy is developed in consultation with the member organisations and agreed at the General Meeting</p>

Term	Definition
	<p>every four years. Policy instruments may be ethical principles, policy statements or endorsements.</p> <p>World Confederation for Physical Therapy. WCPT Policies. London, UK: WCPT; 2011. http://www.wcpt.org/policies (Access date 12th September 2011)</p>
WCPT regions	<p>WCPT regions — geographic groupings of WCPT member organisations to assist in the development of physical therapy within the region. All WCPT member organisations are assigned to one of five regions by the Executive Committee. Scope exists to establish a sixth region.</p> <p>World Confederation for Physical Therapy. WCPT Articles of Association. London, UK: WCPT; 2003. http://wcpt.org/sites/wcpt.org/files/files/WCPT-articles_of_association.pdf (Access date 6th March 2013)</p>
WCPT subgroup	<p>WCPT subgroup — international physical therapy organisation which has a specific area of interest and which meets WCPT criteria for recognition as a WCPT subgroup. They require wide geographic representation in the specialty area of interest.</p> <p>World Confederation for Physical Therapy. WCPT Subgroups. London, UK: WCPT; 2009. http://www.wcpt.org/groups (Access date 22nd March 2010)</p>
Welfare services	<p>Welfare services — governmental provision of assistive services to people in need. Welfare services may include income support, housing, disability services, employment services.</p>
Wellness	<p>Wellness — is an active process of becoming aware of and making choices toward a more successful existence.</p> <p>National Wellness Organization. A definition of wellness. Stevens Point, WI, USA: National Wellness Institute, Inc; 2003.</p>
World Confederation for Physical Therapy (WCPT)	<p>World Confederation for Physical Therapy (WCPT) — the sole international organisation for physical therapy representing more than 350,000 physical therapists through its one hundred and six member organisations ; an international non-profit organisation based in the UK.</p> <p>World Confederation for Physical Therapy. What is WCPT? London, UK: WCPT; 2009. http://www.wcpt.org/what-is</p>
WCPT Congress	<p>WCPT Congress — is a scientific congress showcasing advancements in physical therapy research, practice and education; organised by WCPT and held every four years.</p> <p>World Confederation for Physical Therapy. WCPT Congress. London, UK: WCPT; 2010. http://www.wcpt.org/congress (Access date 6th March 2013)</p>

Term	Definition
World Physical Therapy Day (WPT Day)	<p>World Physical Therapy Day (WPT day) — WCPT has designated 8th September, the date WCPT was founded in 1951, as World Physical Therapy Day. The day marks the unity and solidarity of the physical therapy community.</p> <p>World Confederation for Physical Therapy. World Physical Therapy Day. London, UK: WCPT; 2009. http://www.wcpt.org/wptday (Access date 22nd March 2010)</p>

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