



World Confederation  
for Physical Therapy

# WCPT guideline for standards of physical therapy practice

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**WCPT guidelines** 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.

# WCPT guideline for standards of physical therapy practice

## Section 1: Introduction

### 1.1 Purpose

This guideline for standards of physical therapy practice provides details on the statement of performance and conditions to which WCPT expects physical therapists to aspire, in order to provide high quality physical therapy professional services to society. These standards provide the foundation for the assessment of physical therapy practice. They represent the physical therapy profession's commitment to society to promote optimal health and function in individuals and populations by pursuing excellence in practice. These standards provide the basis for physical therapy practice in all settings, including but not limited to: clinics, hospitals, schools and commercial premises.

Detail is provided on standards covering: administration and practice management, communication, community responsibility, cultural competence, documentation, education, ethical behaviour, informed consent, legal, patient/client management, personal/professional development, quality assurance, research and support personnel.

The guideline has been informed by and is for use in conjunction with WCPT policy statements, such as the standards of physical therapist practice and description of physical therapy.<sup>1-2</sup> Other policies and guidelines intended to assist in the delivery of the standards of practice policy include:

- Policy statement: Education.<sup>3</sup>
- WCPT guideline for physical therapist professional entry level education.<sup>4</sup>
- WCPT guideline for the clinical education component of the physical therapist professional entry level programme.<sup>5</sup>
- WCPT guideline for the standard evaluation process for accreditation/recognition of physical therapist professional entry level education programmes.<sup>6</sup>

### 1.2 Target audience

The standards have been developed with input from and specific reference to the member organisations (MOs) of WCPT. They are intended for use by:

- WCPT member organisations
- potential WCPT member organisations
- physical therapy educators
- health and education authorities
- monitoring and regulatory bodies
- government policy makers
- by physical therapists in countries where a WCPT member organisation does not currently exist
- others, including patients/clients who have an interest high standards of physical therapist practice

## 1.3 Application

The standards provided in this guideline are considered to be achievable standards of practice. They are presented as ideal standards to which all physical therapists should aspire as part of their professional responsibility. At the same time, it is recognised that some interpretation will be required based on the setting, resources and support systems available. It is acknowledged that individual MOs of WCPT may have their own more detailed standards of practice, and these are not intended to replace them.

The standards set out in this guideline apply to all physical therapists, whether newly qualified or highly specialised, in direct or indirect contact with patients/clients, carers, and other professional colleagues. Physical therapy practice is more than direct patient/client contact; it includes how services are structured, managed and delivered. These standards reflect this. As highlighted in section 2.1.2, collaboration is essential to delivering high quality physical therapy services. Some of these standards cannot be achieved without collaboration with appropriate colleagues from other professions and health service managers.

This guideline and any resulting standards of practice documents are tools that may be used by physical therapists, patients/clients, members of the public, managers, and others who have an interest in providing or receiving high quality physical therapy services.

## Section 2: Guideline

### 2.1 Administration and practice management

#### 2.1.1 Administration

2.1.1.1 A physical therapist is responsible for the direction of the physical therapy service.

2.1.1.2 The physical therapist who is responsible for the direction of the physical therapy service shall:

- ensure compliance with statutory (eg local, state, regional, federal, provincial, institutional and national) requirements
- ensure compliance with current professional documents, including standards of practice for physical therapy and code of ethics
- ensure that services are consistent with the mission, purposes, and goals of the physical therapy service
- review and updates policies and procedures and ensure that services are provided in accordance with them
- provide for training of physical therapy support personnel that ensures continued competence for their job description
- provide for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals
- undertake an evaluation of clinical practice, ensuring that:
  - confidentiality is maintained throughout evaluation and audit activities
  - clinical documentation is audited regularly
  - clinical audit tools are used to evaluate clinical practice

- where it is undertaken, physical therapists participate in multi-professional audit
- recommendations following audit are documented

2.1.1.3 The physical therapy manager ensures the provision of the following, as appropriate:

- a job description for each staff member and a formal appraisal system
- regular staff meetings
- annual report
- objectives of the organisation and an organisation chart
- all policies and procedures are available to staff

## **2.1.2 Collaboration**

2.1.2.1 The physical therapy service collaborates with all professionals as appropriate.

2.1.2.2 The physical therapist shall be aware of the qualifications and roles of other professionals involved in comprehensive patient/client care/management and practices in collaboration with them to provide quality patient/client services.

2.1.2.3 The collaboration when appropriate:

- uses a team approach to the management of patients/clients
- provides instruction to patients/clients and families
- ensures professional development and continuing education

2.1.2.4 When physical therapists are members of a multi-professional team providing services for the patient/client, they will ensure that:

- relevant information is sought and communicated promptly and clearly within the team
- a system is in place for written communication with other members of the team
- operational policies exist for cross referral to other professionals in the team, discharge, and transfer of patients/clients
- evidence exists of participation in case conferences, rounds, individual patient/client programme meetings, discharge planning, and collaborative patient/client records
- the physical therapy goals comply with the team goals

## **2.1.3 Communication**

2.1.3.1 Communication links exist between staff, the director/manager of the service, and the organisation to optimise the quality of the patient/client services provided.

2.1.3.2 The physical therapy director/manager ensures the appropriate communication and availability of service specific and organisational policies, procedures and documents including:

- a job/position description for each staff member and a formal appraisal system
- annual report
- objectives of the organisation and an organisation chart

#### **2.1.4 Fiscal management**

2.1.4.1 The director/manger of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel, participates in planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

2.1.4.2 The fiscal management plan:

- includes a budget that provides for optimal use of resources
- ensures accurate recording and reporting of financial information
- ensures compliance with legal requirements
- allows for cost-effective utilization of resources
- uses a fee schedule that is consistent with the cost of physical therapy services and that is within customary norms of reason and fairness
- considers the option of providing pro bono services

#### **2.1.5 Mission, purposes and goals**

2.1.5.1 The physical therapy service has a statement of mission, purposes and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service and the community.

2.1.5.2 The statement of mission, purposes and goals:

- defines the scope and limitations of the physical therapy service
- identifies the goals and objectives of the service
- is reviewed annually

#### **2.1.6 Organisational plan**

2.1.6.1 The physical therapy service has a written organisational plan that:

- describes relationships among components within the physical therapy service and, where the service is part of a larger organisation, between the service and the other components of that organisation
- ensures that the service is directed by a physical therapist
- defines supervisory structures within the service
- reflects current personnel functions

## **2.1.7 Physical setting**

2.1.7.1 The physical setting is designed to provide a safe and accessible environment that facilitates fulfilment of the mission, purposes and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

2.1.7.2 The physical setting is planned, constructed and equipped to provide adequate space and the proper environment to meet the professional, educational, and administrative needs of the service with safety and efficiency.

2.1.7.3 The physical setting shall:

- meet all applicable legal requirements for health and safety
- have fire exits that are clearly marked and kept free of obstruction
- meet space needs appropriate for the number and type of patients/clients served
- provide reception and waiting facilities with consideration to people with disabilities
- provide treatment areas that offer privacy, security and comfort

## **2.1.8 Equipment**

2.1.8.1 The equipment meets all applicable legal requirements for health and safety and accessibility.

2.1.8.2 The equipment is inspected and maintained routinely.

## **2.1.9 Policies and procedures**

2.1.9.1 The physical therapy service has written policies and procedures that reflect the mission, purposes and goals of the service, and are consistent with the WCPT Member Organisation's standards, policies, positions, guidelines and Code of Ethics.

2.1.9.2 The written policies and procedures:

- are reviewed regularly and revised as necessary
- apply to, but are not limited to:
  - clinical education
  - clinical research
  - collaboration
  - competency assessment
  - continuing education/professional development
  - criteria for access to care
  - criteria for initiation and continuation of care
  - criteria for referral to other appropriate health care providers

- criteria for termination of care
- disaster plan
- documentation
- emergency plans (to include patient/client and facility)
- equipment maintenance, including urgent repair and replacement
- fiscal management
- improvement of quality of care and performance of services
- infection control
- job/position descriptions
- patient/client and environmental safety and health issues
- patient/client management, including guidelines
- personnel
- rights of patients/clients
- staff orientation
- transfer of patients

#### **2.1.10 Referral**

2.1.10.1 A referral system is in place to ensure that patients/clients can access a physical therapist either by direct access or from an appropriate referral source.

#### **2.1.11 Staff**

2.1.11.1 The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient in number to achieve the mission, purposes and goals of the service.

2.1.11.2 The physical therapy service has staff that:

- meet all legal requirements regarding licensure, registration and certification of appropriate personnel
- ensure that the level of expertise within the service is appropriate to the needs of the patients/clients served

2.1.11.3 Staff members are aware of their responsibilities as employees under any appropriate Health and Safety Acts and attend training sessions as necessary.

2.1.11.4 Staff members participate in the quality assurance programme, and information from quality assurance activities is accessible to all staff.

#### **2.1.12 Staff development**

2.1.12.1 The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

2.1.12.2 The staff development plan:

- includes self-assessment, individual goal setting and organisational needs in directing continuing education and learning activities

- includes strategies for lifelong learning and professional and career development
- includes mechanisms to foster mentorship activities

## **2.2 Communication**

- 2.2.1 The physical therapist knows that communication is an integral element of every patient/client and professional encounter and facilitates the provision of effective and appropriate physical therapy services.
- 2.2.2 The physical therapist communicates and coordinates all aspects of patient/client management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis/plan of care, intervention/treatment, response to interventions/treatment, changes in patient/client status relative to the interventions/treatments, re-examination and discharge/discontinuation of intervention/treatment and other patient/client management activities.
- 2.2.3 The physical therapist provides the patient/client or parents, guardians, carers or others designed to act on the behalf of the patient/client who is not competent with relevant clear, concise written and verbal information ensuring that:
- the role of the physical therapist is explained during the initial contact
  - the discretion of the physical therapist is used in the discussion of the diagnosis with the patient/client
  - treatment plans, goals and expected outcomes are agreed upon between the patient/client and the physical therapist and any changes in previously agreed intervention/treatment plans are discussed and agreed upon with the patient/client
- 2.2.4 The physical therapist, when communicating with appropriate carers, respects the wishes of both the patients/clients and carers.
- 2.2.5 The physical therapist communicates with other physical therapists to ensure continuity of effective patient/client services and facilitates the use of available clinical expertise.
- 2.2.6 The physical therapist, when communicating with members of a multi-professional team providing services for the patient/client, ensures that information is both sought and communicated promptly and clearly within the team, and a system exists for written communication with other members of the team.

## **2.3 Community responsibility**

- 2.3.1 The physical therapist takes an active part and demonstrates community responsibility by, for example, participating in community and community agency activities, educating the public, formulating public policy, providing consultative services for the member organisation's public health infrastructure or providing pro bono physical therapy services.

## **2.4 Cultural competence**

- 2.4.1 The physical therapist acquires skills to better understand people from differing cultures in order to achieve the best possible health outcomes.
- 2.4.2 Physical therapists show respect and sensitivity to people and communities, taking into account their spiritual, emotional, social and physical needs.
- 2.4.3 Physical therapy is planned and delivered in a way that respects cultural values, requirements and variations.
- 2.4.4 Physical therapists should identify their own cultural realities, knowledge and limitations.
- 2.4.5 The cultural values of the physical therapist are acknowledged and respected.

## **2.5 Documentation**

- 2.5.1 The physical therapist clearly documents all aspects of the patient/client management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis/plan of care, intervention/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.<sup>7-8</sup>
- 2.5.2 Physical therapists ensure that the content of documentation:
  - is accurate, complete, legible and finalised in a timely manner
  - is dated and appropriately authenticated by the physical therapist
  - records equipment loaned and/or issued to the patient/client
  - includes, when a patient/client is discharged prior to achievement of goals and outcomes, the status of the patient/client and the rationale for discontinuation
  - includes reference to appropriate outcome measures, where possible
- 2.5.3 Physical therapists make sure that documentation is used properly by ensuring it is:
  - stored securely at all times in accordance with legal requirements for privacy and confidentiality of personal health information
  - only released, when appropriate, with the patient's/client's permission
  - consistent with reporting requirements
  - consistent with international and national data standards where possible

## **2.6 Education**

- 2.6.1 The physical therapist contributes to the education of health professionals.
- 2.6.2 The physical therapist participates in the education of students by supervision.
- 2.6.3 The physical therapist educates and provides consultation to other health professionals regarding the purposes and benefits of physical therapy.
- 2.6.4 The physical therapist contributes to the education of the public.

- 2.6.5 The physical therapist educates and provides consultation to consumers, the general public, community organisations, clubs and associations regarding the purposes and benefits of physical therapy, the roles of the physical therapist and the roles of other support personnel.

## **2.7 Ethical behaviour**

- 2.7.1 The physical therapist practices according to a Code of Ethics that is consistent with WCPT's ethical principles.<sup>9-10</sup>

### **Informed consent**

- 2.8.1 The physical therapist shall inform the patient/client verbally, and where required, in writing of the nature, expected duration and cost of intervention/treatment prior to the performance of such activities.
- 2.8.2 The physical therapist shall document in the clinical notes when consent is received, implied or expressed. Once consent has been received, the intervention/treatment plan may be instituted.
- 2.8.3 Patients/clients, wherever possible, are given information as to the physical therapy interventions/treatments proposed, so that the patient/client is:
- aware of the findings of the examination/assessment
  - given an opportunity to ask questions and discuss with the physical therapist the preferred interventions/treatments, including any significant side effects.
  - given the opportunity to decline particular modalities in the plan of intervention/treatment
  - given the opportunity to discontinue intervention/treatment
  - encouraged to be involved in the examination/assessment process and to volunteer information that may have a bearing on the physical therapy programme
- 2.8.4 For patients/clients who are determined not competent to give informed consent (eg children, individuals who are unconscious, individuals who have mental health problems, or individuals who are confused), consent is obtained wherever possible from parents, guardians, carers, or others designed to act on their behalf. In each case, the physical therapist shall:
- provide the patient's/client's agent with all relevant information and give the agent the opportunity to decline the physical therapy intervention
  - ascertain which agency or person is acting on the patient's/client's behalf
  - provide information to patients/clients in such a way as to allow for nonverbal responses
- 2.8.5 The physical therapist obtains the consent of the patient/client prior to touching the patient/client in any part of the patient/client management process.

- 2.8.6 The physical therapist obtains written consent of the patient/client for participation in teaching of physical therapy and in physical therapy research.
- 2.8.7 The procedure for informed consent must comply with local legislation.

## **Legal**

- 2.9.1 The physical therapist complies with all the laws and legal requirements of the jurisdiction in which they practice and the body which regulates the practice of physical therapy.<sup>11-12</sup>
- 2.9.2 The physical therapist possesses a license to practice that is granted for the legislative jurisdiction in which the physical therapist practices.
- 2.9.3 The physical therapist shall not release patient information to a third party without consent of the patient/client or legal authorisation.
- 2.9.4 The physical therapist with first-hand knowledge shall report violations by physical therapy personnel of laws and legal requirements of the jurisdiction.

## **2.10 Patient/client management**

### **2.10.1 Initial examination/assessment, evaluation, diagnosis, and prognosis/plan of care**

- 2.10.1.1 The physical therapist performs an initial examination/assessment and evaluation to establish a diagnosis and prognosis/plan of care prior to intervention/treatment.
- 2.10.1.2 The physical therapist examination:
  - is documented, dated, and appropriately authenticated by the physical therapist who performed it
  - identifies the physical therapy needs of the patient/client
  - incorporates appropriate history taking, systems review and tests and measures to facilitate outcome measurement
  - produces data that are sufficient to allow evaluation, diagnosis, prognosis/plan of care, and determination of interventions/treatment
  - may result in recommendations for additional services to meet the needs of the patient/client
  - provides written evidence of the reasons why no further management has been given to the patient/client and, when appropriate, to the carer

### **2.10.2 Interventions/treatments**

- 2.10.2.1 The physical therapist determines the interventions/treatments and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis/plan, anticipated goals and expected outcomes of the planned interventions/treatments for identified impairments, activity limitations and

participation restrictions and/or for prevention, health promotion, fitness, and wellness.

- 2.10.2.2 The physical therapist collaboratively involves the patient/client and others as appropriate in the planning, implementation, and assessment of the intervention/treatment.
- 2.10.2.3 The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes and provides for appropriate follow-up or referral.
- 2.10.2.4 The intervention/treatment:
- is based on the examination, evaluation, diagnosis, and prognosis/plan and informed by current evidence
  - identifies anticipated goals and expected outcomes
  - describes the proposed intervention/treatment, including frequency and duration
  - is at a level that is consistent with current physical therapy practice
  - is interprofessional when necessary to meet the needs of the patient/client
  - includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan

### **2.10.3 Interventions/treatments provided by physical therapist support personnel**

- 2.10.3.1 The physical therapist provides or directs and supervises the physical therapy intervention/treatment consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care/intervention/treatment.<sup>13</sup>
- 2.10.3.2 When interventions/treatments are provided by physical therapist support personnel, they are:
- provided by or under the ongoing direction and supervision of the physical therapist
  - provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist support personnel
  - altered only by the physical therapist in accordance with changes in response or status
  - includes documentation of the intervention/treatment that is consistent with established guidelines and that is dated appropriately and authenticated by the physical therapist<sup>13</sup>

### **2.10.4 Re-examination**

- 2.10.4.1 The physical therapist re-examines the patient/client as necessary during an episode to evaluate progress or change in patient/client status and modifies the plan accordingly or discontinues physical therapy services.

2.10.4.2 The physical therapist re-examination:

- is documented, dated, and appropriately authenticated by the physical therapist who performs it
- includes modifications to the intervention/treatment or referral to other practitioner/professional

**2.10.5 Discharge/discontinuation of intervention/treatment**

2.10.5.1 The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

2.10.5.2 The physical therapist discontinues intervention/treatment when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

2.10.5.3 The physical therapist recognises that the patient/client has a right to discontinue treatment/intervention at any time.

**2.10.6 Patient/client collaboration**

2.10.6.1 Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services.

**2.10.7 Referral**

2.10.7.1 Where the examination, diagnostic process, or any change in status reveals findings outside the scope of knowledge, experience, and/or expertise of the physical therapist, the patient/client shall so be informed and referred to the appropriate practitioner/professional.

2.10.7.2 A referral system should be in place to other clinical specialists.

2.10.7.3 A procedure should be in place for the transfer of patients/clients.

**2.11 Personal/professional development**

2.11.1 The physical therapist is responsible for individual professional development and must maintain a high level of professional competence by continued participation in varied learning experiences.

2.11.2 The physical therapist identifies their learning needs with support from appropriate peers/managers taking account of: development needs related to the enhancement of the individual's scope of practice, feedback from performance data, mandatory requirements, new innovations in practice, the needs of their organisation and career aspirations.

- 2.11.3 The physical therapist continues to update and extend their knowledge and skills through a variety of learning opportunities and keeps up to date with developments in research and evidence based practice.<sup>14-15</sup>
- 2.11.4 The physical therapist is an active participant of an appropriate peer review appraisal system in their practice environment.
- 2.11.5 The physical therapist complies with regulatory requirements in their country, where they exist.

## Quality assurance

- 2.11.6 The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.<sup>16</sup>
- 2.11.7 The physical therapist shall demonstrate commitment to quality assurance by peer review and self-assessment.
- 2.11.8 The improvement plan:
  - provides evidence of ongoing review and evaluation of the physical therapy service
  - provides a mechanism for documenting improvement in quality of services and performance
  - is consistent with requirements of external agencies, as applicable
  - includes specification of contracts with purchasers
- 2.12.4 Quality assurance activities focus on service user satisfaction by ensuring that:
  - a system is in place for monitoring service user satisfaction
  - service users are invited to make suggestions about services provided
  - a complaints procedure exists including a system for response

## Research

- 2.11.9 The physical therapist applies research findings to practice and encourages, participates in and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.<sup>14-15</sup>
- 2.11.10 The physical therapist shall advance the science of physical therapy by conducting and/or supporting research activities or by assisting those engaged in research.
- 2.11.11 The physical therapist:
  - ensures that their knowledge of the research literature related to practice is current
  - ensures that the rights of research subjects are protected, and the integrity of research is maintained
  - participates in the research process as appropriate with the physical therapist's education, experience and expertise
  - educates physical therapists, students, other health professionals and the

general public about the outcomes of physical therapist practice

- 2.11.12 The physical therapist recognises research as an integral part in the continuing growth and development of the profession.
- 2.11.13 The physical therapist conducting a research project has sufficient knowledge of research principles and methodology and adheres to international standards for performing research on human subjects.

### **Physical therapist support personnel (where applicable)**

- 2.11.14 Support personnel must be clearly identified as 'physical therapist support personnel' so that the patient/client is never in doubt that the employee is not a physical therapist.<sup>13</sup>
- 2.11.15 Support personnel must at all times be under the direction and supervision of the physical therapist when implementing direct interventions/treatment. This should reflect WCPT's position statement on physical therapist support personnel.
- 2.11.16 The physical therapist should not delegate any activity that requires the unique skill, knowledge and judgment of the physical therapist.

### **Glossary**

**Clients** — are: a) individuals who are not necessarily sick or injured but who can benefit from a physical therapist's consultation, professional advice, or services, or b) businesses, schools systems, and others to whom physical therapists offer services. See also patients.<sup>17</sup>

**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.<sup>18</sup> 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.<sup>19-20</sup>

**Patients** — are individuals who are the recipients of physical therapy and direct interventions. Individuals who are recipients of physical therapy may also be referred to as clients.<sup>17</sup>

**Referral procedures** — the process by which patients/clients are referred between physiotherapists 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.<sup>21</sup>

**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.<sup>13</sup>

## Resource documents

American Physical Therapy Association (2003) Standards of Practice for Physical Therapy APTA, Alexandria, USA.

European Region of WCPT (2002) European Core Standards of Physiotherapy Practice. ER-WCPT, Brussels, Belgium.

New Zealand Society of Physiotherapists (2006) *Standards of Physiotherapy Practice*. New Zealand Society of Physiotherapists, Wellington, New Zealand.

## References

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