Policy statements

Policy statements reflect the Confederation’s agreed opinion on issues affecting the practice of physical therapy.
Position statements have been grouped by category for ease of reference.

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The following education related WCPT guidelines are additionally available for download via the WCPT website at www.wcpt.org/policy-list-by-category:

- WCPT guideline for curricula for physical therapists delivering quality exercise programmes across the life span
- WCPT guideline for delivering quality continuing professional development for physical therapists
- WCPT guideline for physical therapist professional entry level education
- WCPT guideline for qualifications of faculty for physical therapist professional entry level education programmes
- WCPT guideline for standard evaluation process for accreditation/recognition of physical therapist professional entry level education programmes
- WCPT guideline for the clinical education component of physical therapist professional entry level education
Policy statement

Education

The World Confederation for Physical Therapy (WCPT) recognises that the education of physical therapists takes place in very diverse social, economic and political environments throughout the world. Physical therapy education is a continuum of learning, beginning with admission to an accredited/recognised physical therapy school and ending with retirement from active practice.

The first professional qualification should be completion of a curriculum that qualifies the physical therapist for practice as an independent autonomous professional.¹ Education for entry level physical therapists should be based on university or university level courses of at least four years. WCPT acknowledges that there is variation in programme delivery and in entry level qualifications, including Bachelors/Baccalaureate/Licensed or equivalent, Masters and Doctorate entry qualifications. It is expected that any programme, irrespective of its length and mode of delivery, should deliver a curriculum that will enable physical therapists to attain the knowledge, skills and attributes described in the guidelines for physical therapist professional entry level education.¹

The goal of physical therapy education is the continuing development of physical therapists and it should equip them to practise without limitation within the scope of practice defined in individual countries. Life-long learning and professional development are hallmarks of a competent physical therapist. Learning and development take place in a variety of ways. Physical therapists should be encouraged to undertake post-qualifying education in physical therapy or related fields that will advance their professional development.

WCPT encourages and supports national member organisations to:

- implement appropriate entry level educational standards (see WCPT guideline for physical therapist professional entry level education ¹) and a curriculum that:
  - will enable physical therapists to attain the knowledge, skills and attributes described in the WCPT guidelines¹
  - is relevant to the health and social needs of the jurisdiction where physical therapy services are provided
includes direct clinical experience under the supervision of appropriately qualified physical therapists or other relevant health professionals (as skills and experience increase this clinical education will involve access to gradually increasing levels of responsibility)

- equips physical therapists to practise in a variety of health care settings including (but not limited to) institutional, industrial, occupational, private clinics and primary health care, encompassing urban and rural communities

- prepares physical therapists, if possible, to practise in environments that reflect the health care/service delivery models that operate in different countries

- includes research methodology and skills to practise as evidence based practitioners

- is delivered by physical therapists and other appropriately qualified faculty members who:
  - are able to transfer knowledge and skills about physical therapist examination/assessment, evaluation, diagnosis, prognosis/plan of care, and interventions/treatment and their outcomes, including the critical analysis of theories and methods of physical therapy
  - have an awareness and understanding of the culture in which they are teaching
  - have appropriate education and/or credentials to teach basic and foundational sciences (eg anatomy, histology, physiology, imaging, pharmacology), behavioural and social sciences (eg psychology, ethics, sociology), movement sciences (eg kinesiology, biomechanics, exercise science) and research methodology

- develop accreditation/recognition processes that independently validate and assess the standards of entry level education provision to ensure they are of a standard that affords graduates full statutory and professional recognition to practice

- promote knowledge of educational approaches that will help physical therapists communicate, supervise, educate and transfer skills to others

- promote the use of a variety of approaches to assessment of learning linked to outcomes

- explore new clinically and cost effective means of facilitating and keeping a record of learning activities and their outcomes, capitalising on technological developments
Glossary

**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 delivery.³

**Autonomy** — is the ability of a reflective practitioner to make independent judgments; including the ability to initiate, provide services, alter physical therapy interventions or terminate services.⁴

**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.⁵

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Policy statements

Professional issues
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Autonomy

The World Confederation for Physical Therapy (WCPT) believes that physical therapists, as autonomous professionals, should have the freedom to exercise their professional judgment and decision making, wherever they practice, so long as this is within the physical therapist's knowledge, competence and scope of practice.

Physical therapists operate as independent practitioners, as well as members of health service provider teams, and are subject to the ethical principles of WCPT and the codes of ethics and best practice in the country in which they practise. They are able to act as first contact practitioners, and patients/clients may seek direct services without referral from another health care professional. This encompasses health promotion, prevention, examination/assessment, evaluation, interventions/treatments and outcomes assessment. The actions of individual physical therapists are their own responsibility, and their professional decisions cannot be controlled or compromised by employers, members of other professions or other individuals.

In addition to recognising the autonomy of the physical therapist, WCPT’s Description of physical therapy states that ethical principles require a physical therapist to recognise the autonomy of the patient/client or legal guardian in seeking his or her services.

WCPT encourages its member organisations to support and work toward:

- attaining entry level physical therapist professional education requirements that meet WCPT’s guidelines
- recognition by national governments and other professionals of physical therapists as autonomous professionals
- patients/clients having direct access to physical therapists and services that facilitate self-referral
- implementation of procedures that support responsible self-governance of physical therapists
Glossary

**Autonomy** — is the ability of a reflective practitioner to make independent judgments; open to initiate, terminate, or alter physical therapy intervention.⁴

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**References**


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Policy statement

Description of physical therapy

The World Confederation for Physical Therapy (WCPT) advocates that the profession of physical therapy is responsible for articulating the profession’s scope of practice and defining the roles of physical therapists. At a national level, national physical therapy associations are responsible for defining physical therapy and physical therapists’ roles relevant to their nation’s health service delivery needs, ensuring that they are consistent with accepted international guidelines set out by WCPT. National physical therapy associations have a responsibility to seek support for legislation/regulation/recognition which defines the distinctive and autonomous nature of physical therapy practice, including a defined scope of practice.1-2

The scope of physical therapy practice is dynamic and responsive to patient/client and societal health needs. With the development of knowledge and technological advances, periodic review is required to ensure that scope of practice reflects the latest evidence base and continues to be consistent with current health needs. Research is continually providing new evidence upon which future practice will be built. Nowhere is this more apparent than in our understanding of human movement, which is central to the skills and knowledge of the physical therapist.

What is physical therapy?

Physical therapy provides services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by ageing, injury, pain, diseases, disorders, conditions or environmental factors. Functional movement is central to what it means to be healthy.

Physical therapy is concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social wellbeing. Physical therapy involves the interaction between the physical therapist, patients/clients, other health professionals, families, care givers and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physical therapists (appendix 1).
Physical therapists are qualified and professionally required to:

- undertake a comprehensive examination/assessment of the patient/client or needs of a client group
- evaluate the findings from the examination/assessment to make clinical judgments regarding patients/clients
- formulate a diagnosis, prognosis and plan
- provide consultation within their expertise and determine when patients/clients need to be referred to another healthcare professional
- implement a physical therapist intervention/treatment programme
- determine the outcomes of any interventions/treatments
- make recommendations for self-management

The physical therapist’s extensive knowledge of the body and its movement needs and potential is central to determining strategies for diagnosis and intervention. The practice settings will vary according to whether the physical therapy is concerned with health promotion, prevention, treatment/intervention, habilitation or rehabilitation.

The scope of physical therapy practice is not limited to direct patient/client care, but also includes:

- public health strategies
- advocating for patients/clients and for health
- supervising and delegating to others
- leading
- managing
- teaching
- research
- developing and implementing health policy, locally, nationally and internationally

Physical therapists operate as independent practitioners, as well as members of health service provider teams, and are subject to the ethical principles of WCPT. They are able to act as first contact practitioners, and patients/clients may seek direct services without referral from another health care professional.

The education and clinical practice of physical therapists will vary according to the social, economic, cultural and political contexts in which they practice. However, it is a single profession, and the first professional qualification, obtained in any country, represents the

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* Practitioner – the term practitioner encompasses all roles that a physical therapist may assume such as patient/client care, management, research, policy maker, educator and consultant.
completion of a curriculum that qualifies the physical therapist to use the professional title and to practise as an independent professional.6-8

Where is physical therapy practised?
Physical therapy is an essential part of the health and community/welfare services delivery systems. Physical therapists practise independently of other health care/service providers and also within interdisciplinary rehabilitation/habilitation programmes that aim to prevent movement disorders or maintain/restore optimal function and quality of life in individuals with movement disorders. Physical therapists practise in a wide variety of settings (appendix 2).

Physical therapists are guided by their own code of ethical principles.3-4 Thus, they may have any of the following purposes:

- promoting the health and wellbeing of individuals and the general public/society, emphasising the importance of physical activity and exercise
- preventing impairments, activity limitations, participatory restrictions and disabilities in individuals at risk of altered movement behaviours due to health factors, socio-economic stressors, environmental factors and lifestyle factors
- providing interventions/treatment to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life, independent living and workability in individuals and groups of individuals with altered movement behaviours resulting from impairments, activity limitations, participatory restrictions and disabilities
- modifying environmental, home and work access and barriers to ensure full participation in one’s normal and expected societal roles

What characterises physical therapy?
The following assumptions are embedded in this description and reflect the central concerns of physical therapy.

- Movement is an essential element of health and wellbeing and is dependent upon the integrated, co-ordinated function of the human body at a number of levels. Movement is purposeful and is affected by internal and external factors. Physical therapy is directed towards the movement needs and potential of individuals and populations.
- Individuals have the capacity to change as a result of their responses to physical, psychological, social and environmental factors. Body, mind and spirit contribute to individuals’ views of themselves and enable them to develop an awareness of their own movement needs and goals. Ethical principles require the physical therapist to recognise the autonomy of the patient/client or legal guardian in seeking his or her services.3-4
- Physical therapists may direct their interventions to specific populations. Populations may be nations, states and territories, regions, minority groups or other specified groups (eg screening programmes for scoliosis among school children and falls prevention programmes for the aging).
An integral part of physical therapy is interaction between the physical therapist and the patient/client/family or caregiver to develop a mutual understanding. This kind of interaction is necessary to change positively the body awareness and movement behaviours that may promote health and wellbeing. Members of inter-disciplinary teams also need to interact with each other and with patients/clients/family and caregivers to determine needs and formulate goals for physical therapy intervention/treatment. Physical therapists also interact with administration and governance structures to inform, develop and/or implement appropriate health policies and strategies.

Professionally autonomous practitioners are prepared through professional entry-level physical therapy education. Physical therapists exercise their professional judgement to reach a diagnosis that will direct their physical therapy interventions/treatment, habilitation and rehabilitation of patients/clients/populations.

Diagnosis in physical therapy is the result of a process of clinical reasoning that results in the identification of existing or potential impairments, activity limitations, participation restrictions, environmental influences or abilities/disabilities. The purpose of the diagnosis is to guide physical therapists in determining the prognosis and most appropriate intervention/treatment strategies for patients/clients and in sharing information with them. In carrying out the diagnostic process, physical therapists may need to obtain additional information from other professionals. 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.

Principles supporting the description of physical therapy

WCPT has developed this international description of physical therapy based on the following principles, which it encourages its member organisations to use in defining the scope of physical therapy practice nationally.

WCPT advocates that a description must:

- respect and recognise the history and roots of the profession
- build on the reality of contemporary practice and the growing body of research
- allow for variation in: cultures, values and beliefs; health needs of people and societies; the structure of health systems around the world
- use terminology that is widely understood and adequately defined
- recognise internationally accepted models and definitions (eg World Health Organization definition of health, World Health Organisation International Classification of Function)
- provide for the ongoing growth and development of the profession and for the identification of the unique contribution of physical therapy
- acknowledge the importance of the movement sciences within physical therapy curricula at all levels
- emphasise the need for practice to be evidence-based whenever possible
• appreciate the inter-dependence of practice, research and education within the profession
• recognise the need to review continuously the description as the profession changes in response to the health needs of society and the development of knowledge in physical therapy
• anticipate that work will flow from this description as it is used to assist in the development of curricula and identification of areas for research

Glossary
Activity — is the execution of a task or action by an individual.\textsuperscript{10}
Activity limitation — is the difficulty an individual may have in executing an activity.\textsuperscript{10}
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.\textsuperscript{11} Also, the physical therapist has direct access to patients/clients and determines which need a physical therapy assessment/intervention without referral from a third party.
Disability — is the umbrella term for impairments, activity limitations, and participation restrictions that results from the interaction between an individual’s health condition and the personal and environmental contextual 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).\textsuperscript{10}
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).\textsuperscript{12}
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.\textsuperscript{13}
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.\textsuperscript{10}

Participation — is involvement in a life situation.\textsuperscript{10}

Participation restrictions — are problems an individual may experience in involvement in life situations.\textsuperscript{10}

Referral procedures — the process by which patients/clients are referred between physical therapists and other health professionals/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.\textsuperscript{11}

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.\textsuperscript{14}

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.”\textsuperscript{15}
Approval, review and related policy information

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• Patients'/clients’ rights in physical therapy  
• Standards of physical therapist practice |
| WCPT guideline: | • Guideline for physical therapist professional entry level education |

Acknowledgements:

WCPT acknowledges with appreciation the member organisations and individuals who contributed to the description of physical therapy.
References


Bibliography


Appendix 1: The nature of the physical therapy process

Physical therapy is the service provided only by, or under the direction and supervision of, a physical therapist. It includes examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment and re-examination.

Examination/assessment includes:

- the examination of individuals or groups with actual or potential impairments, activity limitations, participation restrictions or abilities/disabilities by history-taking, screening and the use of specific tests and measures
- the evaluation of the results of the examination and/or the environment through analysis and synthesis within a process of clinical reasoning to determine the facilitators and barriers to optimal human functioning

Diagnosis and prognosis arise from the examination and evaluation and represent the outcome of the process of clinical reasoning and the incorporation of additional information from other professionals as needed. This may be expressed in terms of movement dysfunction or may encompass categories of impairments, activity limitations, participatory restrictions, environmental influences or abilities/disabilities.

Prognosis (including plan of care and intervention/treatment) begins with determining the need for intervention/treatment and normally leads to the development of a plan, including measurable outcome goals negotiated in collaboration with the patient/client, family or caregiver. Alternatively it may lead to referral to another agency or health professional in cases that are inappropriate for physical therapy.

Intervention/treatment is implemented and modified in order to reach agreed goals and may include:

- therapeutic exercise
- functional training in self-care
- home management
- work
- community and leisure
- manual therapy techniques (including mobilisation/manipulation)
- prescription, application, and, as appropriate, fabrication of devices and equipment (assistive, adaptive, orthotic, protective, supportive and prosthetic)
- airway clearance techniques
- integumentary repair and protection techniques
- electrotherapeutic modalities
- physical agents and mechanical modalities
• patient-related instruction
• coordination, communication and documentation

Intervention/treatment may also be aimed at prevention of impairments, activity limitations, participatory restrictions, disability and injury including the promotion and maintenance of health, quality of life, workability and fitness in all ages and populations.

Re-examination necessitates determining the outcomes.
Appendix 2: Settings in which physical therapy is practised

Physical therapy is delivered in a variety of settings, which allow it to achieve its purpose.

Prevention, health promotion, treatment/intervention, habilitation and rehabilitation take place in multiple settings that may include, but are not confined to, the following:

- community based rehabilitation programmes
- community settings including primary health care centres, individual homes, and field settings
- education and research centres
- fitness clubs, health clubs, gymnasia and spas
- hospices
- hospitals
- nursing homes
- occupational health centres
- out-patient clinics
- physical therapist private offices, practices, clinics
- prisons
- public settings (eg shopping malls) for health promotion
- rehabilitation centres and residential homes
- schools, including pre-schools and special schools
- senior citizen centres
- sports centres/clubs
- workplaces/companies
Policy statement

Direct access and patient/client self-referral to physical therapy

The World Confederation for Physical Therapy (WCPT) advocates that direct access to physical therapy and patient/client self-referral will allow service users to meet their physical therapy goals. Physical therapy professional entry-level education prepares physical therapists to be first contact autonomous practitioners, able to assess/examine, evaluate, diagnose, treat/intervene, evaluate outcomes and discharge patients/clients without referral from another health professional (eg medical practitioner) or other third party. Further, WCPT advocates for service developments and delivery models that allow patients/clients improved access to physical therapy services through the ability to refer themselves directly to a physical therapist.

The terms direct access* and patient self-referral refer to the circumstances where physical therapy services are available to patients/clients without the requirement of a referral. In many health service delivery systems throughout the world, the users of physical therapy services do not require such a referral. In these instances, direct access to physical therapy services is supported by national/provincial/regional/state legislative frameworks and by the standards of professional practice of physical therapists. A growing body of research evidence supports the clinical and cost effectiveness of such services and their acceptability among service users.

WCPT advocates for the right of users of physical therapy services to self-refer to services if they so desire and believes that this right promotes the autonomy of users of physical therapy services and enables fair and equitable access to such services.

WCPT advocates for health insurance reimbursement models that do not require the referral of a medical practitioner before a patient/client may seek the services of a physical therapist.

*In many instances and service delivery models direct access and patient/client self-referral may be synonymous. However, direct access may include instances where the patient is unable to refer themselves, such as when unconscious in an intensive care unit, and the physical therapist is able to review the notes and decide that they need to assess and treat the patient, without a referral from a third party eg medical practitioner.
WCPT encourages member organisations to:

- advocate for direct access and patient/client self-referral with national/provincial/regional/state health departments, health professions and other organisations, such as those that provide reimbursement for physical therapy expenses and those that represent service user groups
- ensure that physical therapist professional entry level education programmes prepare physical therapists as independent autonomous practitioners able to see patients/clients without a third-party referral
- provide where necessary post-qualifying continuing professional development opportunities to ensure that physical therapists are equipped for direct access and patient/client self-referral
- support research efforts aimed at evaluating direct access and patient/client self-referral services
- make their members aware of resources to support the implementation of direct access and patient/client self-referral services
- make their members aware of their responsibilities when providing direct access to physical therapy services
- share the outcome of direct access and patient/client self-referral services with other member organisations to develop the global evidence base
- promote to the public that direct access to physical therapist services can assist patients/clients to address their health care needs and remain independent in their homes and communities

Glossary

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. Additionally, 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.

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.'
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| | • Autonomy |
| | • Description of physical therapy |
| | • Standards of physical therapist practice |
| | WCPT guideline: |
| | • Guideline for physical therapist professional entry level education |

References


Additional resources

- Dedicated area of the WCPT website: www.wcpt.org/node/34062

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Policy statement

Ethical responsibilities of physical therapists and WCPT members

The World Confederation for Physical Therapy (WCPT) expects its member organisations to:

- have a code of ethics or code of conduct
- publish, promote and circulate their code of ethics or code of conduct for the benefit of their members, the general public, employers, governments and government agencies
- have procedures for monitoring the practice of their members, disciplinary procedures and sanctions for members whose practice falls outside their code of ethics or code of conduct

WCPT offers advice and support to its member organisations wishing to develop codes of ethics or conduct.

The following statements expand on WCPT’s ethical principles. They are intended to help member organisations and individuals interpret WCPT’s ethical principles, with a particular view to supporting those physical therapy organisations wishing to develop codes of ethics that are consistent with WCPT’s own ethical principles.

**Ethical principle 1:**

Physical therapists respect the rights and dignity of all individuals.

Everyone who seeks the services of a physical therapist has the right to service regardless of age, gender, race, nationality, religion, ethnic origin, creed, colour, sexual orientation, disability, health status or politics.

Physical therapists should assure that patients/clients have the right to:

- the highest quality physical therapy services
- information about the physical therapy services
- make an informed consent
- confidentiality
- have access to their physical therapy data
- health education and health promotion services
- choose who should be informed on his/her behalf

**Ethical principle 2:**

Physical therapists comply with the laws and regulations governing the practice of physical therapy in the country in which they practise.

Physical therapists will have a full understanding of the laws and regulations governing the practice of physical therapy. They have the right to refuse to treat or otherwise intervene when, in their opinion, the service is not in the best interests of the patient/client.

Physical therapists have the right to advocate for patient/client access to physical therapist services when, in their opinion, there is restricted access to those who have the capacity to benefit.

**Ethical principle 3:**

Physical therapists accept responsibility for the exercise of sound judgement.

Physical therapists are professionally independent and autonomous practitioners. They make independent judgements in the provision of services for which they have knowledge and skills.

With each patient/client, physical therapists undertake appropriate examination/assessment to allow the development of a diagnosis. In light of the diagnosis and other relevant information about the patient/client and their goals, physical therapists determine the prognosis/plan of care and implement the interventions/treatment. When the goals have been achieved or further benefits can no longer be obtained, the physical therapist shall inform and discharge the patient/client. When the diagnosis is not clear or the required intervention/treatment is not within the realm of physical therapist practice, the physical therapist shall inform the patient/client and facilitate a referral to other professionals.

Physical therapists shall not delegate to another health professional or support worker any activity that requires the unique skill, knowledge and judgement of the physical therapist.

If the patient/client has been referred to the physical therapist by a medical practitioner and the treatment programme prescribed is not appropriate in the judgement of the physical therapist, then the physical therapist should consult with the referring medical practitioner.

Physical therapists have the right to expect co-operation from their colleagues.

**Ethical principle 4:**

Physical therapists provide honest, competent and accountable professional services.

Physical therapists shall:

- ensure that their behaviour and conduct is professional at all times
- deliver timely, patient/client-specific physical therapy intervention/treatment in line with the individual’s goals
- ensure that patients/clients understand the nature of the service being provided, especially the anticipated costs (both time and financial)
• undertake a continuous, planned, personal development programme designed to maintain and enhance professional knowledge and skills
• maintain appropriate patient/client records to allow effective evaluation of the patient's/client's care and evaluation of the physical therapist's practice
• not disclose any information about a patient/client to a third party without the patient's/client's permission or prior knowledge, unless such disclosure is required by law
• participate in peer review and other forms of practice evaluation, the results of which shall not be disclosed to another party without the permission of the physical therapist
• maintain data to facilitate service performance measurement and make that data available to other agents as required by mutual agreement
• not allow their services to be misused

The ethical principles governing the practice of physical therapy shall take precedence over any business or employment practice. Where such conflict arises, the physical therapist shall make all efforts to rectify the matter, seeking the assistance of the national physical therapy association if required.

**Ethical principle 5:**
Physical therapists are committed to providing quality services.

Physical therapists shall:
• be aware of the currently accepted standards of practice and undertake activities which measure their conformity
• participate in continuing professional development to enhance their basic knowledge and to provide new knowledge
• support research that contributes to improved patient/client interventions and service delivery
• keep up to date with the best evidence available and implement it in their practice
• support quality education in academic and clinical settings

Physical therapists engaged in research shall ensure that they:
• abide by all current rules and policies applying to the conduct of research on human subjects
• have obtained subjects’ consent
• protect subjects’ confidentiality
• protect subjects’ safety and well-being
• do not engage in fraud or plagiarism
• fully disclose any research support and appropriately acknowledge any assistance
• report any breaches of the rules to appropriate authorities
freely share the results of their research, especially in journals and conference presentations

Physical therapists in the role of employer shall:

- ensure all employees are properly and duly qualified, ensuring compliance with statutory requirements
- apply current management principles and practices to the conduct of the service, with particular attention to appropriate standards of personnel management
- ensure policies and procedures are properly developed, implemented and monitored
- ensure that clinical practice is appropriately evaluated and audited
- provide adequate opportunities for staff education and personal development based on effective performance appraisal

**Ethical principle 6:**

Physical therapists are entitled to a just and fair level of remuneration for their services.

Physical therapists shall:

- ensure that their fee schedules are based on prevailing market conditions
- ensure that fees charged offer value for money
- ensure as much as possible that reimbursement from third-party funders is reflective of and consistent with good practice (third-party funders should not seek to exert control in any way that restricts the scope of practice of physical therapists or inhibits their right to fair remuneration)
- ensure that influence is not used for personal gain
- ensure that sound business principles are applied when dealing with suppliers, manufacturers and other agents

**Ethical principle 7:**

Physical therapists provide accurate information to patients/clients, other agencies and the community about physical therapy and about the services physical therapists provide.

Physical therapists:

- shall participate in public education programmes, providing information about the profession
- shall inform the public and referring professionals truthfully about the nature of their service so that individuals are more able to make a decision about the use of the service
- may advertise their services
- shall not use false, fraudulent, misleading, deceptive, unfair or sensational statements or claims
- shall claim only those titles which correctly describe their professional status
Ethical principle 8:

Physical therapists contribute to the planning and development of services that address the health needs of the community.

Physical therapists have a duty and obligation to participate in planning services designed to provide optimum community health.

Physical therapists are obliged to work toward achieving justice in the provision of health services for all people.

Glossary

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.²

Ethics — the rules of conduct recognised in certain departments of human life.³

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. 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.⁴⁻⁶

Regulation of the profession — cluster of laws, regulations, directives or rules set by the authority to legislate the physical therapy profession. The regulation can also be in form of self-regulation set by the physical therapy profession (WCPT Member Organisation).⁷
Approval, review and related policy information

| Date adopted:          | Originally adopted at the 13th General Meeting of WCPT June 1995 as an appendix to the Declaration of Principle: Ethical Principles. 
|                       | Revised and re-approved at the 16th General Meeting of WCPT June 2007. 
|                       | Approved at the 17th General Meeting of WCPT, June 2011, with accompanying ethical principles as separate document. |
| Date for review:       | 2015 |
| Related WCPT policies: | WCPT ethical principles 
|                       | WCPT policy statements: 
|                       | • Patients’/clients’ rights in physical therapy |
|                       | WCPT endorsements: 
|                       | • Endorsement: The United Nations Convention on the Rights of the Child 
|                       | • Endorsement: The United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities |

References


Health human resources

The World Confederation for Physical Therapy (WCPT) advocates for appropriate planning, management and development of health human resources. These are fundamental to the provision of patient/client-centred, equitable and responsive health services. An adequately resourced, competent and motivated workforce is essential to strengthening the health of each nation.

WCPT recognises that health human resource planning, management and development is complex. It is driven by various political, economic, cultural, historical and organisational influences, and multiple stakeholders (eg consumers, professionals, service providers, service funders, educators, researchers, policy makers, governments) need to be involved.

WCPT advocates that the following principles should inform effective health human resource planning, management and development and encourages its member organisations to apply them.

- Services should be patient/client-centred.
- Services should be based on population priorities and needs assessment.
- Services should be culturally sensitive.
- Strategies should be sensitive to economic constraints.
- Strategies should provide integrated services across professions, disciplines and localities.
- Reliable data sources should be used to inform decisions.
- Equitable access should be assured to sustainable high quality physical therapy services.
- The scope of practice and services should be clearly defined.
- Professional entry-level physical therapy education should prepare physical therapists for the needs of the workplace.
- Employed staff should have the relevant competencies to match the requirements of the position.
• Best practice is promoted by having positive practice environments\textsuperscript{1} which provide:
  \begin{itemize}
    \item support for continuing professional development and lifelong learning
    \item recruitment and retention strategies
    \item terms and conditions of employment
    \item support for the growth of professional leaders
    \item procedures for risk assessment and risk management
    \item policy and monitoring systems to ensure access to accurate data, design, implementation and evaluation of intervention strategies
    \item practice environments that are free of intimidation, violence, sexual harassment and bullying
    \item appropriate staffing levels (numbers and mix of personnel)
    \item policies for physical therapists practising alone as sole practitioners\textsuperscript{2} or in rural, remote or isolated practice environments
  \end{itemize}

• A sustainable physical therapy workforce is strengthened and supported by a professional organisation, high standards of professional education and licensure/regulation/recognition consistent with international guidelines.\textsuperscript{3-6}

• Health human resources should be continually evaluated and reviewed.

WCPT encourages its member organisations to:
  \begin{itemize}
    \item work with national government health departments and regional and national organisations to ensure appropriate short- and long-term sustainable health human resource planning, management and development
    \item support the World Health Organization’s Global Code of Practice on the International Recruitment of Health Personnel\textsuperscript{7}
    \item identify the issues that inform, and have an impact on, the supply and demand of health personnel within the health services of their country and region
    \item contribute to national dialogue on the role of physical therapy in optimising the health of individuals and populations through health promotion, disease prevention, examination/assessment, evaluation, interventions/treatment (including rehabilitation) and re-examination
    \item contribute to national dialogue on the resource implications for delivering physical therapy services
    \item be familiar with the body of research that informs evidence-based health human resource planning, management and development
    \item ensure that they have access to appropriate data for the planning, management and development of health human resources in physical therapy and are able to analyse and use it to inform discussions and decisions
  \end{itemize}
play a leadership role in discussing physical therapy human resources and promoting long-term sustainability of service provision
• capitalise on national policy changes and other opportunities to review services and health human resource models and seek innovation in service provision
• support research efforts in health service and physical therapy management fields

WCPT strongly supports the involvement of member organisations in the development of any national health human resource planning, management and development strategies.

Glossary

**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).8

**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:

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 organisations9

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Policy statement

Informed consent

The World Confederation for Physical Therapy (WCPT) expects physical therapists to ensure that the patient/client or responsible party (parent, spouse, guardian, caregiver, etc) has given appropriate consent before any physical therapy is undertaken.

Informed consent² is based on the moral and legal premise of patient/client autonomy, whereby a patient's/client's decision to participate in examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment and re-examination, as well as in any research activity, is freely given 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, inducement, or intimidation.

Patients/clients have the right to make decisions about their own participation in examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment, re-examination, as well as in any research, without their physical therapist trying to influence the decision. Patient autonomy does allow for physical therapists to educate the patient/client, but does not allow the physical therapist to make the decision for the patient/client. Informed consent protects the individual's freedom of choice and respects the individual's autonomy.¹⁻⁴

Competent individuals should be provided with adequate, intelligible information about the proposed physical therapy. This information should include a clear explanation of:

- the planned examination/assessment
- the evaluation, diagnosis, and prognosis/plan
- the intervention/treatment to be provided
- the risks which may be associated with the intervention
- the expected benefits of the intervention
- the anticipated time frames

² WCPT understands the term informed consent to be valid consent.
the anticipated costs
any reasonable alternatives to the recommended intervention

The physical therapist should ascertain the ability of the patient/client to understand the above before seeking consent. When the individual is not deemed competent or when the patient/client is a minor, a legal guardian or advocate may act as a surrogate decision-maker.

Physical therapists should record in their documentation that informed consent has been obtained.5

Physical therapists working in team situations are responsible for ensuring that appropriate consent arrangements have been made prior to any examination/assessment, intervention or research. While another member of the team may acquire the consent, it does not negate the physical therapist's responsibility for ensuring that the patient/client is properly informed about the physical therapy service to be rendered.

WCPT encourages its member organisations to ensure that:

- physical therapists comply with all national and local legal and procedural requirements for informed consent
- the responsibility of the physical therapist in relation to informed consent is an essential component of entry level professional physical therapist education programmes
- the responsibility of the physical therapist in relation to informed consent is included in professional standards, codes of conduct and ethical principles

Glossary

**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.5

**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. 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.1-3
Approval, review and related policy information

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WCPT policy statements:  
- Patients'clients' rights in physical therapy  
- Ethical responsibilities of physical therapists and WCPT members  
WCPT endorsements:  
- Endorsement: Rights of the child  
- Endorsement: The United Nations standard rules on the equalisation of opportunities for persons with disabilities |

References


Policy statement

Occupational health and safety of physical therapists

The World Confederation for Physical Therapy (WCPT) advocates for the right of physical therapists to a safe and healthy practice environment that assures their own health and safety and that of their patients/clients. This will enhance positive patient/client outcomes. The term health, in relation to occupational health, indicates not merely the absence of disease or infirmity but also the physical and mental factors that make a workplace safe and hygienic.

WCPT supports international conventions and promotes the development and application of international, national and local policies and/or procedures that will safeguard physical therapists’ rights to safe and healthy practice environments, wherever they practise.

WCPT advocates for the development of occupational health and safety legislation covering physical therapists in their practice environment and mechanisms for physical therapists to participate in the monitoring/elimination of any hazards associated with their professional practice. WCPT also supports the allocation of resources to ensure the best occupational health and safety services and the inspection of practice environments.

WCPT encourages member organisations to do the following.

1. Urge their governments and employers of physical therapists to:
   - ensure that all health agencies are included within the provision of the occupational health and safety legislation (this can be done through lobbying and other strategies, either as individuals or collectively)
   - ensure that health facilities are designed in line with health and safety requirements

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Physical therapists practise in a variety of practice environments, including but not limited to: hospitals; nursing homes; occupational health centres; out-patient clinics; physical therapist private offices, practices, clinics; community based rehabilitation programmes; community settings including primary health care centres, individual homes, and field settings; education and research centres; fitness clubs, health clubs, gymnasias and spas; hospices; prisons; public settings (eg shopping malls) for health promotion; rehabilitation centres and residential homes; schools, including pre-schools and special schools; senior citizen centres; sports centres/sports clubs; workplace/companies.
• adopt and implement all necessary measures to safeguard the health and wellbeing of physical therapists in the course of their practice, including health and safety inspections, health screening and management, vision and hearing checks, and vaccinations if appropriate

• ensure physical therapy personnel have access to, and training in, protective measures and equipment (e.g., clothing, masks, gloves, waste disposal) at no extra cost to them

• ensure access to relevant training in areas such as risk management, infection control and evidence-based management of identified health conditions

• ensure that facilities have health and safety programmes that recognise the staff responsible for managing them, provide training, develop and implement policies and provide coordinated action across the facility

• work collaboratively within multidisciplinary teams to deliver occupational health services

2. Ensure a positive practice environment for physical therapists by:

• encouraging the development of culturally appropriate occupational health and safety policies and intervention/treatment plans

• cooperating with other organisations supporting physical therapists’ rights to a safe and healthy practice environment

• implementing procedures for risk assessment and risk management in practice environments

• supporting physical therapists’ freedom from being intimidated in their role as advocates (e.g., for students, patients/clients, colleagues)

• urging adequate policy and monitoring systems at all levels to ensure access to accurate data, design, implementation and evaluation of intervention strategies

• creating practice environments free of intimidation, violence, sexual harassment and bullying

• advocating for appropriate staffing levels (numbers and mix of personnel) and conditions of employment (e.g., remuneration, sick leave, holiday)

• promoting policies for physical therapists practising alone as sole practitioners or in rural, remote or isolated practice environments

• providing ongoing continuing education related to occupational health and safety issues

3. Raise physical therapists’ awareness of:

• their rights (as practitioners) to a safe and healthy environment

• their obligations to protect and promote their own health and safety and the safety of others
• occupational hazards\(^5\) including violence and abuse, their prevention and management in practice environments, and the need to sensitise employers and the public to these issues
• the emotional, social, psychological, ethical and spiritual demands and stresses of practising in complex political, social, cultural, economic and clinical settings
• the risks inherent in the practice environment, including but not limited to those arising from physical (tasks, equipment, noise, temperature), radiation, chemical, biological and psychosocial sources
• the prevention and management of work-related infection
• the prevention and management of work-related musculoskeletal disorders (WMSDs)

4. Disseminate relevant information including:
• the List of Occupational Diseases Recommendation\(^7\)
• emerging and existing hazards in the practice environment
• employer non-compliance with occupational health and safety legislation, including reporting mechanisms for such violations
• the prevalence, incidence and severity of practice-related accidents, injuries and illnesses of physical therapists

5. Promote research in their countries into the safety and suitability of physical therapists’ practice environments, equipment and risk behaviours.

6. Support their members in seeking treatment, compensation and counselling, as appropriate, in relation to work-related disorders, diseases and/or injuries.

7. Promote the role of physical therapists in occupational health services.

\(^5\) Hazards include, but are not limited to, those arising from materials/equipment, waste, disaster/emergency situations, fire safety, utility systems and environmental factors.
Glossary

**Bullying** — unjust use of power to humiliate, frighten, denigrate or injure.\(^8\)

**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.\(^9\)

**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.\(^10\) 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.\(^11\)

**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.\(^1\)

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**References**


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Patients'/clients’ rights in physical therapy

The World Confederation for Physical Therapy advocates for:

- respect of a patient’s/client’s dignity, integrity and self-determination
- protection of the legal status of the patient/client in connection with the health system and the physical therapist
- patients'/clients’ rights to a relationship based on trust, reliability and confidentiality between them and the physical therapist

Physical therapists are subject to the national laws, regulations and professional standards of practice that govern the profession. They should also be aware of relevant international declarations and national laws in areas such as human rights, equal opportunity, racial and gender discrimination, privacy, freedom of information, workplace accidents and injuries.

WCPT calls on its member organisations to implement the rights set out below.

Patients’/clients’ right to quality physical therapy services

Patients/clients have the right to:

- physical therapy services without discrimination
- services provided by physical therapists who are free to make clinical and ethical judgments without outside interference
- services provided by physical therapists who are free to exercise professional judgment according to their education and experience
- request a second opinion from another physical therapist at any stage
- physical therapy services provided in accordance with their best interests
- choose freely and change their physical therapist or health service institution, whether in the private or public sector
- advocacy, if they are unable to speak on their own behalf
Patients'/clients’ right to information

Patients/clients have the right to:

- information upon which to base the decision to consent or refuse examination/assessment and intervention/treatment
- decline examination/assessment and intervention/treatment at any stage, without it prejudicing future management
- receive information about themselves recorded in their health records
- receive information about practice policies, charges for services, physical therapy goals, desired outcomes and procedures
- choose who, if anyone, should be informed on their behalf
- discuss the physical therapy intervention/treatment options, benefits, risks and side effects
- receive information in a way that is comprehensible and appropriate to their values and cultural and religious beliefs
- receive information about complaints procedures
- complain and to have the complaint managed sensitively

Patients'/clients’ right to informed consent

Patients/clients have the right to provide or withhold informed consent for the type and nature of physical therapy to be provided. Patients/clients need to participate in decisions about physical therapy interventions and make free decisions with knowledge of the consequences of their decisions.¹

Patients/clients need to know:

- the purpose of any examination/assessment or intervention/treatment
- any risk associated with the proposed intervention/treatment
- the expected benefit of the intervention/treatment
- reasonable alternatives to the proposed intervention/treatment
- the implications of withholding consent

Patients'/clients' right to confidentiality

Patients/clients have the right to confidentiality. Any information related to health status, diagnosis, prognosis, interventions/treatment or any other personal information obtained from them should be kept in confidence unless explicit consent is given or the law specifically states otherwise.
Patients'/clients' right to access to data

Patients/clients have the right to:

- have access to all information kept by the physical therapist relating to them
- be notified when their physical therapy data are transmitted to a data bank
- have incorrect data corrected or destroyed

Patients'/clients' right to health education

Patients/clients have the right to health education that will assist them in making informed choices about their personal health, their health promotion, the health services available and the continuity of health services.

Patients'/clients' right to dignity

Patients/clients have the right to:

- be treated with dignity in all interactions with a physical therapist
- be treated courteously
- have their privacy respected at all times in all physical therapy services
- have their culture, values and religious beliefs respected
- die with dignity
- receive humane terminal care

Glossary

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. 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.

Standards of practice — are a collection of documents describing the professional consensus on the practise 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.
Approval, review and related policy information

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• Standards of physical therapy practice  
• Quality services  
• Informed consent  
• Records management: record keeping, storage, retrieval and disposal  
WCPT guidelines:  
• Guideline for standards of physical therapy practice  
• Guideline for records management: record keeping, storage, retrieval and disposal  
WCPT endorsements:  
• The United Nations Convention on the Rights of the Child  
• the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities |

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   www.csp.org.uk/director/members/practice/rulesandstandards.cfm (Access date 23rd March 2010)

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Policy statement

Protection of title

The World Confederation for Physical Therapy (WCPT) claims exclusivity to the professional names “physical therapy” and “physiotherapy”. It further asserts that the professional titles “physical therapist” and “physiotherapist” and all abbreviations referring to these titles (eg “PT”, “FT”, “physio”)5 are the sole preserve of persons who hold qualifications approved by WCPT’s member organisations.

The professional title and term used to describe the profession’s practice varies and depends largely on the historical roots of the profession in the country of the WCPT member organisation. It is WCPT policy to use the term “physical therapy” or “physical therapist” to cover all these titles, but they may be replaced by WCPT member organisations in favour of those terms officially used by them and their members without any change being implied.

WCPT believes it is in the public interest to protect the professional names and titles as part of national legislation/regulation/recognition.¹² This should ensure that qualified physical therapists always have the right to practise as physical therapists. WCPT calls on its member organisations to work with governments to enact legislation/regulation/recognition, where it does not already exist, to protect the public by limiting the use of these titles to appropriately qualified persons.

Glossary

Regulation of the profession — cluster of laws, regulations, directives or rules set by the authority to legislate the physical therapy profession. The regulation can also be in the form of self-regulation set by the physical therapy profession (WCPT member organisation).³

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⁵ This includes any translations of physical therapy/physiotherapy and physical therapist/physiotherapist into languages other than English eg fysiotherapeut, kinesiolog, kinesiotherapie, where they equate to the professional requirements to be recognised as such.
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- Guideline for the development of a system of legislation/regulation/recognition of physical therapists |

### References


**Note:** WCPT is working to develop an appendix containing a list of titles protected under legislation/regulation in the countries of WCPT’s member organisations, including annotating the title(s) recognised by member organisations in the absence of legislation/regulation.

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Policy statement

Quality services

The World Confederation for Physical Therapy (WCPT) recognises that patients/clients, governments and funding agencies have a right to expect that the services provided by physical therapists will be consistent with national quality standards.

Quality physical therapy service means the provision of the best possible service at an appropriate cost, balancing patient/client, organisational and professional considerations. It involves considerations of:

- equity
- efficiency
- effectiveness
- appropriateness
- acceptability
- accessibility
- availability
- safety

To ensure optimal quality physical therapy services there is a need to:

- utilise evidence based practice
- manage change effectively
- evaluate practice structures, processes and outcomes
- monitor efficiency, effectiveness and safety
- measure and respond to patient/client satisfaction
- conduct research
WCPT encourages its member organisations to:

- demonstrate leadership in quality issues by developing practice standards and monitoring procedures
- contribute to the development of professional tools, such as clinical guidelines, designed to facilitate evidence based practice
- work collaboratively across professions to raise standards of health services
- explore opportunities for international collaboration in developing resources

Glossary

Clinical 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.¹,²

Evidence based practice (EBP) — is an approach to health care wherein health professionals use the best available evidence from systematic research, integrating it with clinical expertise to make clinical decisions for individual patients. 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 care is individualised and ever changing and involves uncertainties and probabilities.³

Standards of practice — are a collection of documents describing the professional consensus on the practise 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.⁴

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| Date adopted: | First adopted at the 13th General Meeting of WCPT June 1995.  
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- Standards of physical therapy practice  
- Evidence based practice  
- Patients'/clients' rights in physical therapy  
WCPT guideline:  
- Guideline for standards of physical therapy practice |
References


Reciprocity – mutual recognition

Many physical therapists choose to seek practice opportunities at some time in their professional careers, in a country other than the one in which they qualified, and the World Confederation for Physical Therapy (WCPT) supports the opportunities this provides. It also recognises the value of reciprocity, where one country recognises the physical therapy qualifications of another. Although this type of mutual recognition facilitates professional mobility, it can only exist when two or more legislative/regulatory/recognition authorities agree that their physical therapy qualifications are substantially equivalent and that there are enough similarities in professional practice to ensure protection of the public.1-2

National and international trade agreements and the global economy provide new incentives to encourage registering authorities to consider such agreements. However, while mutual recognition may be highly desirable between some countries, it will be considered a disadvantage to others – for example, where vital qualified physical therapists are attracted away from under-served/low resource areas to practise in higher resourced countries or where there are fears that under-qualified staff will be permitted to practise. WCPT accepts that, while some barriers to practice are legitimate and necessary in order to protect the public from practitioners who have inadequate preparation for the type of practice in a given country, restrictions which serve only to protect national or local professional interests are not in the best interests of the profession. WCPT notes with concern that some regulatory requirements and qualification recognition procedures act, or can appear to act, as barriers to worldwide professional mobility.

WCPT believes that mutual recognition of professional qualifications is a matter that needs to be organised by the legislative/regulatory/recognising authorities and professional bodies of the countries concerned and is not something that can be governed internationally. It accepts that regulatory authorities may wish to retain the right to require applicants to demonstrate understanding of local laws, health regulations, and rules and standards of professional conduct. WCPT believes that an efficient, effective, fair and appropriate legislative/regulatory/recognising system is the prerequisite for both the individual and the mutual recognition of professional qualifications. WCPT advocates for the implementation of the World Health Organization’s Global Code of Practice on the International Recruitment of Health Personnel.3
WCPT encourages member organisations to support mechanisms that:

- facilitate the international occupational mobility of physical therapists
- are in the public interest and ensure public safety
- maintain the professional standards expected in any jurisdiction

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|                | - Autonomy
|                | - Description of physical therapy
|                | - Regulation of the physical therapy profession
| WCPT guideline:
|                | - Guideline for the development of a system of legislation/regulation/recognition of physical therapists |

References


Policy statement

Regulation of the physical therapy profession

The World Confederation for Physical Therapy (WCPT) advocates for regulation of the physical therapy profession through recognised and valued systems. These systems should assure protection of the public through mechanisms including responsible self-governance of physical therapists.

Models of professional regulation vary between countries and are influenced by many factors, including the system of government, the health system and the history of the profession. In order to be effective, any system of regulation must take into account the economic, political and cultural context in which the system is being implemented.

WCPT recognises that physical therapists may be regulated through a legislated system that includes licensing or registration by the profession or an external regulatory authority. Alternatively, in some countries, the profession is regulated by physical therapists meeting membership criteria for the professional organisation.

Physical therapy is an internationally recognised health profession which should only be practised by qualified physical therapists. Where required by state or national legislation, they are entitled to hold a valid registration/licence to practise physical therapy and/or use the title physical therapist. In the absence of regulatory legislation, physical therapists are recognised through their eligibility for membership of the WCPT member organisation in that country.

WCPT encourages member organisations to work towards a system of regulation that focuses on the public interest. Such a system will promote trust and confidence in the profession. The system can achieve this through mechanisms that ensure only physical therapists, who are duly educated and competent, are able to use the title physical therapist or physiotherapist.

Effective regulation is characterised by four key elements:

- assurance that educational programmes have met the professional entry level education standards for practice
- continuing assurance of standards of professional competence or proficiency
- standards of professional ethics and conduct
- the maintenance of a register of licensed/regulated/recognised physical therapists
These four key elements are inter-related and represent the pillars that underpin regulatory approaches that serve the public interest.

In many cases, effective regulation can be achieved by embedding standards of professional education, performance, conduct and competence within the system of regulation. These standards, together with mechanisms to monitor and foster practitioner compliance and manage non-compliance, provide the means by which the profession can protect the public interest.

WCPT encourages member organisations to ensure that a mechanism is in place by which the public can report or make a complaint about a licensed/regulated/recognised physical therapist to an appropriate authority. Contemporary complaint mechanisms include dispute resolution methods such as mediation and conciliation rather than only “command and control” methods or more punitive approaches.

WCPT encourages member organisations to work towards regulation systems that:

- define the qualifications required for licensure/regulation/recognition to practise physical therapy
- restrict use of the titles physical therapist and physiotherapist, and their abbreviations, to licensed/registered/recognised physical therapists
- set and monitor standards of competence to practise physical therapy
- establish processes to assure the competence of applicants seeking recognition to practise the profession
- establish processes to assure that licensed/registered/recognised physical therapists maintain competence, such as continuing professional development and requirements for practice
- set and monitor standards for the practice of physical therapy by recognised/registered/licensed physical therapists
- establish processes to deal with complaints regarding licensed/registered/recognised physical therapists
- establish processes to deal with the findings of investigations into complaints relating to licensed/registered/recognised physical therapists
- are based on cooperative discussions with the regulatory body, ensuring the impartiality and independence of the regulator, whilst developing, securing, implementing and maintaining engagement with high standards of education, practice and professionalism

WCPT encourages member organisations to support systems of regulation where requirements to practise physical therapy are:

- the same for all applicants regardless of nationality, race, ethnicity, politics, gender, sexual orientation or social status
- based upon fair, objective and transparent criteria related to professional education, experience and/or assessment of competence
• not more burdensome than necessary, in ensuring that only competent physical therapists are able to use the title physical therapist or physiotherapist²
• not used for the sole purpose of restricting the supply of physical therapists in the country concerned
• are communicated in plain language
• include responsible self-governance of physical therapists

WCPT encourages member organisations to advise their members of the WCPT guideline for the development of a system of legislation/regulation/recognition.

Glossary

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 delivery.

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. (In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy.)³

Licence/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.⁴

Regulation of the profession — cluster of laws, regulations, directives or rules set by the authority to legislate the physical therapy profession. The regulation can also be in form of self-regulation set by the physical therapy profession (WCPT member organisation).⁵

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.⁶
Approval, review and related policy information

Date adopted:  
Approved at the 17th General Meeting of WCPT in June 2011.  
Replaced the Position Statement: regulation and reciprocity, approved at the 14th General Meeting of WCPT May 1999 which was revised and re-approved at the 16th General Meeting of WCPT June 2007. Stand alone policy statement on reciprocity developed 2011.

Date for review:  2015

Related WCPT policies:  
WCPT ethical principles  
WCPT policy statements:  
- Protection of title  
- Education  
- Reciprocity – mutual recognition  
- Standards of physical therapist practice  
WCPT guidelines:  
- Guideline for standards of physical therapy practice  
- Guideline for physical therapist professional entry level education  
- Guideline for the development of a system of legislation/regulation/recognition of physical therapists

References


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Policy statement

Relationships with other health professionals

Physical therapists practise in partnership with other health professionals to manage and provide services to patients/clients.

The World Confederation for Physical Therapy (WCPT) expects physical therapists to have an understanding of the role and function of the other professions, appreciating core differences as well as common features.

It is the responsibility of WCPT’s member organisations, as well as individual physical therapists, to have strategies in place so that the roles and functions of physical therapists and the efficacy of physical therapy services can be demonstrated to other health professions and marketed more generally.

As stated in WCPT’s policy on direct access, “WCPT believes that physical therapy entry level education should equip physical therapists to be first contact autonomous practitioners, able to assess and treat patients/clients without referral from a medical practitioner or other third party.”¹ Where a medical referral is required to initiate physical therapy services, the referral should contain essential medical/health information. Physical therapists may also accept referrals from other health professionals.

Whether a referral is made or not, physical therapists are qualified to undertake a comprehensive examination/assessment of the patient/client to formulate a diagnosis and prognosis/plan of care, to implement a therapeutic intervention/treatment programme if appropriate, to evaluate the outcome of any intervention/treatment, and to determine discharge arrangements.²³ In doing so physical therapists practise with other health professionals to act in the best interests of their patients/clients.

WCPT encourages its member organisations to raise awareness and educate other professions of the scope of physical therapist practice in order to enhance inter-professional relations and to benefit patients/clients.

Physical therapists should have policies and procedures in place to ensure communication with their patients’/clients’ medical practitioners and other relevant professionals. These policies and procedures will facilitate consultation and accurate documentation and reports by physical therapists to other service delivery providers.⁴⁵
**Glossary**

**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.\(^6\) 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.

**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.\(^4\)

**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.\(^6\)

**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.\(^7\)

**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.”\(^8\)

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**Approval, review and related policy information**

<table>
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<th>Date adopted:</th>
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<td>• Records management: record keeping, storage, retrieval and disposal</td>
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References


Research

The World Confederation for Physical Therapy (WCPT) advocates that the generation and dissemination of evidence through research is essential to the development of evidence based physical therapy.

WCPT encourages member organisations to do the following.

- Promote and support research that meets ethical requirements and quality standards and ensures appropriate collaboration and dissemination.

- Urge their members to follow research standards that ensure the quality of research being conducted and supports research that is ethical, thus promoting confidence in the results of the research. This includes:
  - appropriate management and monitoring
  - accountability (including financial and reporting)
  - confidentiality of data and intellectual property
  - ensuring the integrity of the results
  - reporting of adverse incidents
  - reporting results of the research endeavour, both positive and negative

- Advocate for their members engaged in research to conduct it with the approval of a local/national research ethics review committee. If no such review body exists, then research activities should be conducted in accordance with internationally recognised ethical principles and guidelines.1-5

- Support and promote collaboration in research endeavours. Collaboration can play a vital role in the success of any research efforts, and the process should include all those who can make a valuable contribution with respect to the initial concept, design, planning, execution, analysis, discussion and dissemination. Increasingly, collaboration within the profession and with other professions or disciplines, as well as with users of
services††, is a requirement for research funding bodies. Collaboration can take place at the local, national and/or international level.

- Make their members aware of their responsibility to share freely the results of such research through a range of dissemination routes including databases, publication in appropriate professional journals, conference presentations, electronic media and the national press.
- Recognise the role they can play in promoting the evidence to support the practice of physical therapists.

WCPT believes that research in physical therapy should encompass all domains that impact on the practice of physical therapy. These include, but are not limited to:

- basic sciences
- examination, diagnosis, prognosis/plan, and interventions/treatment
- technological advances
- theory development
- service delivery and organisation of service delivery models/systems
- economic analyses (eg cost effectiveness studies)
- implementation sciences
- development of outcome measures
- educational approaches
- social-anthropological studies
- health and social care policy
- patient/client perspectives
- effectiveness of interprofessional practice and multimodal interventions

While not all physical therapists are expected to be active researchers, it is a professional responsibility for all physical therapists to use research findings to inform their practice.

†† The term users is used to refer to patient/clients, patient/client representatives, user organisations, purchasers of services, patient advocacy groups, member organisations or other individuals/bodies relevant to the research subject.
Approval, review and related policy information

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Related WCPT policies:

WCPT policy statements:
- Education
- Evidence based practice
- Informed consent

References


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Policy statement

Standards of physical therapist practice

The World Confederation for Physical Therapy (WCPT) recognises the absolute importance of developing and documenting agreed standards for the practice of physical therapy. These standards are necessary to:

- demonstrate to the public that physical therapists are concerned with the quality of the services provided and are willing to implement self-regulatory programmes to maintain that quality
- guide the development of professional education
- guide practitioners in the conduct and evaluation of their practices
- provide governments, regulatory bodies and other professional groups with background information about the professional nature of physical therapy
- effectively communicate with members of the profession, employers, other health professions, governments and the public

WCPT recognises the diverse social, political and economic environments in which physical therapy is practised throughout the world.

WCPT encourages its member organisations to:

- develop specific standards for physical therapy practice to suit prevailing circumstances
- unite to formulate agreed standards where appropriate to the political environment
- consider the following principles in the process of developing standards:
  - reflect the values, conditions and goals necessary for the continuing advancement of the profession
  - base values on valid principles and make them measurable
  - design standards to help the profession meet the changing needs of the community
  - base standards upon clear definitions of the scope of practice and accountability
- make standards sufficiently broad and flexible to achieve their objectives and at the same time permit innovation, growth and change
- subject standards to regular review with revision as required

- set national practice standards in the following areas:
  - administration and practice management
  - community responsibility
  - education
  - informed consent
  - patient/client management
  - quality assurance
  - support personnel
  - communication
  - documentation
  - ethical behaviour
  - legal
  - personal/professional development
  - research

**Glossary**

**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.¹

**Standards of practice** — are a collection of documents describing the professional consensus on the practise 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.²
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- Quality services  
WCPT guideline:  
- Standards of physical therapist practice |

## References


Policy statements

Professional practice
Community based rehabilitation

The World Confederation for Physical Therapy (WCPT) supports the development of community based rehabilitation (CBR) as a means of empowering people with disabilities to maximise their physical, mental and social abilities.

Community change is often necessary to promote and fulfil the human rights of people with disabilities and allow them to become active members of their communities. WCPT recognises that CBR extends beyond health and rehabilitation and encompasses educational, social, vocational and economic strategies. Collaboration between agencies, sectors and professionals is vital at all levels to support this comprehensive approach to rehabilitation. Health professionals practise with individuals and local communities as partners in service planning, operation and monitoring.

Physical therapists are equipped through education and continuing professional development to practise in both urban and rural settings and have an important contribution to make in CBR. This includes:

- providing physical therapy examination/assessment, evaluation, diagnosis, prognosis/plan of care and intervention/treatment aimed at promoting health, preventing disease and enhancing movement and function
- achieving physical therapy and patient/client goals by educating and transferring selected skills to other staff, carers and community members
- providing consultancy, advice, support and supervision to other health, education and social care/service personnel
- initiating and managing programmes
- providing policy advice to governments, non-governmental organisations and disabled people’s organisations

WCPT believes that physical therapists whether practising in rural and urban communities have a right to equal status and calls on its member organisations to support this.

WCPT supports the use of the World Health Organization CBR Guidelines and encourages its member organisations to work with national governments and non-governmental organisations to develop policies that support CBR.
Glossary

**Community based rehabilitation (CBR)** — is a strategy within community development for the rehabilitation, equalisation 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.¹

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• Primary health care |

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### References


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Policy statement

Evidence based practice

The World Confederation for Physical Therapy (WCPT) believes that physical therapists have a responsibility to use evidence to inform practice and ensure that the management of patients/clients, carers and communities is based on the best available evidence. They also have a responsibility not to use techniques and technologies that have been shown to be ineffective or unsafe.

Evidence should be integrated with clinical experience, taking into consideration beliefs, values and the cultural context of the local environment, as well as patient/client preferences. Evidence based practice (EBP) is more easily achievable in environments that embrace and promote it.

WCPT encourages its member organisations to:

- work with managers and organisations to provide appropriate support structures, resources, facilities and learning opportunities to ensure the delivery of the highest quality of physical therapy services possible
- ensure that physical therapists are able to evaluate practice critically, including being able to identify questions arising in practice, accessing and critically appraising the best evidence, and implementing and evaluating the outcomes of their actions
- facilitate the provision of relevant life-long learning activities that are fundamental to evidence based physical therapy practice, which should be introduced in entry-level physical therapy education programmes and should extend through continuing professional development opportunities\(^1\)\(^2\)
- promote collaboration within the profession and with other professions or disciplines at local, national and international levels to facilitate information generation, sharing and implementation
- develop partnerships and collaborations on projects relevant to EBP
- call on national governments and non-governmental organisations to facilitate and promote evidence based health services (eg through providing appropriate resources such as computers, internet access, on-line databases, libraries, and training in EBP skills).
Glossary

Evidence based practice (EBP) — is an approach to health care wherein health professionals use the best available evidence from systematic research, integrating it with clinical expertise to make clinical decisions for individual patients. 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 care is individualised and ever changing and involves uncertainties and probabilities.3

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  - Ethical responsibilities of physical therapists and WCPT members  
  - Research  
  - Standards of physical therapy practice |

References


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Infection prevention and control

The World Confederation for Physical Therapy (WCPT) advocates that infection prevention and control is the responsibility of all those involved in health services delivery and should be embedded into everyday practice. This relates to health service acquired infections and those that result from other sources, not just those that are considered high-risk infectious diseases. Early diagnosis, along with strategies to manage and contain infections, is essential for the wellbeing of patients/clients and all health professionals.

WCPT encourages its member organisations to ensure that:

- physical therapists familiarise themselves with the standards for infection prevention and control at the facility in which they practise and also the standards recommended by their national/provincial/state/local health departments
- physical therapists implement best practice in infection prevention and control when working in any practice setting
- employers and physical therapists have access to relevant and current information on infection prevention and control
- physical therapists are familiar with the International Health Regulations (IHR)¹ as they relate to infectious diseases
- physical therapists have a safe work environment that provides:
  - guidelines and policies on infection prevention and control
  - appropriate protection (eg vaccinations, equipment and supplies)
  - training to support awareness and good practice in infection prevention and control
  - mechanisms to monitor and review infection prevention and control procedures
  - appropriate care of physical therapists affected by infections in the workplace
  - protection from discrimination if they are infected
WCPT member organisations are urged to support national efforts to build, strengthen and maintain the capacities required under the IHR – to prevent, protect against, control and provide public health responses to the international spread of disease and to advocate for the role of physical therapists in the amelioration of the effects of such diseases.

**Glossary**

**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.”

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**References**


Policy statement

Physical therapist practice specialisation

The World Confederation for Physical Therapy (WCPT) supports the right of member organisations to make national policies which permit practice specialisation, where such activity is considered by them to benefit the public and the profession by promoting higher standards of physical therapy.

WCPT wishes to harmonise and co-ordinate the development of practice specialisation by adopting consistent principles, definitions and guidelines.¹

WCPT advocates that member organisations should encourage and support the following.

- The qualification of a physical therapist specialist will include a formal process for testing and acknowledging the advanced clinical knowledge and skills of the speciality. It is expected that the formal process will be fully documented.

- A physical therapist can demonstrate advanced clinical competence in their speciality by obtaining formal recognition of his/her knowledge and skills through a member organisation or accredited agent.

Specialisation is not to be considered, or implied, to mean a limitation on practice. The field of activity recognised as physical therapy will remain open to all appropriately qualified physical therapists, both specialist and non-specialist, practising within their respective levels of competence.
Glossary

Advanced clinical competence — is the demonstration of knowledge and skills beyond those required for entry to basic professional practice.

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.

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 be expected to also be involved in research and evaluation and practice/service development relevant to their practice setting.

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.

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| Related WCPT policies: | WCPT policy statement:  
• Description of physical therapy  
WCPT guideline:  
• Guideline for physical therapist practice specialisation |

References

Policy statement

Physical therapist support personnel

The World Confederation for Physical Therapy (WCPT) advocates that policies for using physical therapist support personnel have to be determined at a national level.

Physical therapy is an internationally recognised health profession. It may be practised only by qualified and, where required by state or national legislation, duly licensed/registered physical therapists. WCPT advocates that where physical therapist support personnel are utilised, direction and supervision from a physical therapist are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, the needs of the patient/client, as well as the organisational structure in which the physical therapy services are provided.

WCPT acknowledges the different stances held by member organisations about the employment of support personnel, some of whom may decide that they do not support the employment of physical therapist support personnel in direct patient/client physical therapy services.

The term support personnel is used in a generic sense to encompass a range of employment classifications, such as physical therapist assistant, physical therapist aide, physical therapist technician or physical therapist helper.

Where physical therapist support personnel are employed, WCPT advocates that member organisations should ensure that:

- physical therapist support personnel only assist the physical therapist in administration of physical therapist selected interventions/treatment and only in a properly conducted physical therapy service under the direction and supervision of the physical therapist
- supervision of physical therapist support personnel by the physical therapist requires that the physical therapist is preferably physically present and immediately available
- the physical therapy profession is actively involved in human resource discussions, decisions and policy changes concerning the potential use of physical therapy support personnel and their roles and required competencies
they use effective consumer and marketing policies to assure that employers, governments and the community understand that such support personnel do not replace a qualified physical therapist.

- the scope of work for physical therapist support personnel must be clearly identified to ensure compliance with state or national legislation/regulation/recognition.

- physical therapist support personnel are adequately trained to perform effectively and safely any direct intervention/treatment which the member organisation has deemed within the province of a physical therapist to delegate.

- services employing physical therapist support personnel ensure they are always clearly identified so that the patient/client is not in doubt that the person is not a physical therapist.

- the ethical principles guiding the conduct of physical therapists should contain specific reference to the proper use of physical therapist support personnel in direct patient/client intervention/treatment.\(^1\)\(^2\)

WCPT advocates that, regardless of the setting in which the physical therapy service is provided, the following responsibilities must be carried out solely by the physical therapist and may not be delegated to physical therapist support personnel:

- interpreting referrals when available.

- performing the patient/client examination/assessment, evaluating the data from the examination/assessment, establishing the diagnosis and prognosis/plan, and providing interventions/treatments that should not be delegated.

- developing or modifying the plan of care which is based on the initial examination/assessment or re-examination and which includes the physical therapy anticipated goals and expected outcomes.

- determining when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally provide the treatment/interventions and when it may be appropriate to utilise the physical therapist support personnel.

- determining the most appropriate utilisation of the physical therapist support personnel that provides for the delivery of a service that is safe, effective, and efficient.

- re-examining the patient/client in light of their goals, revising the plan of care when indicated, implementing those interventions which should not be delegated.

- establishing the discharge plan and documenting the discharge summary.
Glossary

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.

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References


Physical therapists as exercise experts across the life span

The World Confederation for Physical Therapy (WCPT) believes that with growing numbers of people leading increasingly sedentary lifestyles, it is imperative that effective strategies for exercise across the lifespan are implemented. As experts in movement and exercise and with a thorough knowledge of risk factors and pathology and their effects on all systems, physical therapists are the ideal professionals to promote, guide, prescribe and manage exercise activities and efforts. Exercise promotes wellbeing and fitness. It is a powerful intervention for strength, power, endurance, flexibility, balance, relaxation, and the remediation of pathophysiology, impairments, activity limitations and participation restrictions. Regular exercise also helps open up the potential of physical activity as a means of recreation.

To promote the role of physical therapists as exercise experts, WCPT encourages and supports member organisations to do the following.

- Assure a comprehensive knowledge base in physical therapist professional education, particularly regarding the examination/assessment and intervention/treatment of patients’/clients’ exercise needs across the life span. This will be accomplished through, but not limited to:
  - the curriculum content on exercise and physical activity in all physical therapist entry level professional education programmes\(^1\)^\(^2\)
  - inclusion in the curriculum of the multifaceted nature of physiological decline that occurs across the age span
  - educational materials about the unique opportunities physical therapists have to promote physical wellbeing for patients/clients through exercise
  - educational and practice resources about exercise for patients/clients
  - inclusion of evidence based exercise education programmes for patient/clients at WCPT, regional and national conferences
  - continuing education programmes on exercise prescription for patients/clients
Support practice guidelines for safe and effective exercise parameters for patients/clients across the life span including:
- guidelines for safe exercise programmes for patients/clients based on available evidence
- guidelines for screening programmes (eg community, school, senior citizen programme) assessing exercise needs

Enable consistent integration of the best evidence to support exercise across the life span by:
- utilising existing databases and evidence-based literature on exercise for patients/clients
- publicising funding sources for research on exercise programmes for patients/clients

Educate professional communities about the role and benefits of physical therapists as exercise experts for patients/clients across the life span through:
- information in professional publications on exercise for patients/clients
- regional networking groups
- raising awareness within the medical profession of the important role of physical therapists as exercise experts in the provision of exercise programmes for patients/clients
- information exchange (eg websites, forums) between physical therapists on exercise for patients/clients

Educate consumer communities on the role and benefits of physical therapists as exercise experts for patients/clients across the life span through:
- coordinating communications strategies to inform the public
- providing resource materials (eg websites, brochures, interactive formats) for the public on the role of physical therapists in exercise programmes;
- establishing links with related organisations and groups (eg World Health Organization, schools, retired persons groups, osteoporosis groups, diabetes foundations) to cooperate and develop common goals and promote the role of physical therapists as exercise experts for patients/clients
**Glossary**

**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.³

**Physical activity** — is defined as any bodily movement produced by skeletal muscles that requires energy expenditure.⁴

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Policy statement

Physical therapy records management: record keeping, storage, retrieval and disposal

The World Confederation for Physical Therapy (WCPT) aims to improve the quality of global healthcare by encouraging high standards of physical therapy education and practice. WCPT recognises the importance and legal requirement for high quality, accurate and comprehensive records. This is an expectation set out in agreed standards for physical therapy practice and viewed as essential for the protection and care of service users.¹

Records provide valuable information that can be used to:

- show evidence of informed consent
- facilitate clinical decision making
- demonstrate duty of care
- improve services including safety and quality of care through clear communication of intervention/treatment rationale
- facilitate a consistent approach to team work, particularly in the context of multidisciplinary records
- ensure continuity of service provision and management between different service providers
- support other activities such as teaching, research, audit, quality assurance programmes and outcomes monitoring
- demonstrate that physical therapists have selected and provided the highest quality services appropriate for their patients/clients
- provide evidence in the event of litigation
- provide a vital source of statistical and managerial information for the day to day running and future planning of physical therapy and health service provision
WCPT advocates that member organisations should:

- provide support to their members regarding record keeping, storage, retrieval and disposal and in particular the application of national/provincial/state legislation and standards
- professional accountability for the services provided by a physical therapist and for high quality service provision and patient/client management
- ensure that their members implement procedures for the safe storage, retrieval and disposal of all records
- ensure that their members record, store, transmit and dispose of patient/client data taking into consideration the requirements for confidentiality
- make their members aware that individuals have the right to receive information about themselves recorded in any of their records and that this information should be given in an easily understandable format that is accessible to the individual and sensitive to their needs
- ensure that physical therapist professional entry level education and continuing professional development covers records management
- advise their members of the WCPT guidelines for records management\(^2\)
- that the electronic systems for record keeping and communication are functional and secure

Glossary

**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. 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.\(^3-5\)
Approval, review and related policy information

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Related WCPT policies:
- WCPT policy statements:
  - Quality services
  - Standards of physical therapy practice
  - Relationship with other health professionals
  - Support personnel for physical therapy practice
  - Description of physical therapy
- WCPT guidelines:
  - Standards of physical therapy practice
  - Records Management: record keeping, storage, retrieval and disposal

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  - ERUS Information Paper H&S 8: Repetitive Strain Injuries (1999)
Policy statement

Physical therapy services for older people

The World Confederation for Physical Therapy (WCPT) advocates for member organisations to work with legislative and regulatory bodies and service providers to incorporate the following principles into their national planning and programmes for older people.¹

- Physical therapists with appropriate knowledge and experience should be actively involved in developing policy and planning relating to services for older people at local, national and international levels.

- Prompt and coordinated services, including promotion, prevention, treatment/intervention and rehabilitation, provided by physical therapists should be available and accessible to older people experiencing, or at risk of experiencing, limitations in their ability to function optimally.

- Physical therapy services for older people who live at home, such as home physical therapy and out-patient physical therapy clinics should be available as an alternative to high cost hospital or institutional care.

- Physical therapy services should be available for all older people regardless of their circumstances. Particular regard should be shown to those who do not have direct access to conventional services, for example older people in rural areas.

- Services for older people should be extended to people with characteristics of ageing acquired at a chronologically earlier age than the general population, regardless of the age at which “older person” is defined.
Glossary

**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.1

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**Approval, review and related policy information**

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| Related WCPT policies: | WCPT policy statement:  
- Specialisation |

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Primary health care

The World Confederation for Physical Therapy advocates for the provision of primary health care that is sensitive to local cultural, socio-economic and political circumstances and provides equitable access to effective services. Individuals, their carers and communities must have access to primary health care services if health services are to be responsive to their needs.

WCPT recognises that there are principles of best practice that should be evident in any model of health services delivery, not just primary care. WCPT supports an approach that:

- is flexible and innovative, using models of service delivery that have been developed in response to an assessment of local needs, mindful of the ethical use of resources
- is developed taking account of local cultural and social norms
- is based on collaboration within and across professions, agencies and sectors (e.g., health, education, social welfare)
- involves local communities and individuals as partners in health service delivery, planning, operating and monitoring
- ensures that health services are equally accessible to all
- supports communities and individuals to be self-reliant
- implements relevant research and evaluation findings to ensure best practice
- has mechanisms in place to monitor and evaluate services and procedures for review and modification
- incorporates health promotion, disease prevention and treatment/intervention/rehabilitation

WCPT encourages its member organisations and individual physical therapists to raise awareness of the important role and contribution of physical therapists in primary health care as:

- direct and indirect providers of services
- members of multi-professional teams
• consultants to governments, non-governmental organisations (NGOs) and disabled people’s organisations (DPOs)
• developers, implementers and managers of services
• educators of other health personnel and support staff

Physical therapist entry level education and continuing professional development opportunities need to adequately prepare and equip physical therapists to practise in a variety of settings for both urban and rural communities. These opportunities also need to ensure that physical therapists’ roles as facilitators and educators of other health personnel are recognised.¹

WCPT encourages its member organisations and physical therapists to work with governments, NGOs and DPOs to facilitate the development of primary health care and promote the contribution of physical therapists.

Glossary

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.²

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Private practice

The World Confederation for Physical Therapy (WCPT) advocates that physical therapists as autonomous practitioners should be allowed to engage in private practice, free of restrictions imposed by other professions on how they should practise. Physical therapists working in private practice should deliver services to patients/clients within their scope of practice in accordance with national/state/provincial government laws, rules and/or regulations and in accordance with WCPT policies.

WCPT believes that physical therapists in private practice should receive just and equitable remuneration for their services. WCPT encourages its member organisations to support physical therapists in private practice to achieve this remuneration and, where appropriate, negotiate on their behalf with funders.

Glossary

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.
# Approval, review and related policy information

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## References


Policy statements

Social issues
Disaster management

The World Confederation for Physical Therapy (WCPT) recognises that disasters resulting from natural, environmental and technological hazards (includes biological, geological, hydrometeorological and socio-natural hazards) have a major and long-lasting impact on people and the countries in which they live.

WCPT encourages member organisations to facilitate the contribution of physical therapists, as experts in physical therapy intervention/treatment including rehabilitation, to national and local disaster preparedness and management strategies. Physical therapists should:

- be involved in the process of developing policies and plans that help areas, countries and regions prepare for disasters
- be involved in preventive education and measures before, during and after disasters
- provide interventions/treatment, including rehabilitation to those affected by disasters
- ensure that populations affected have access to physical therapy intervention/treatment, including rehabilitation services to achieve the highest attainable level of health and function

WCPT encourages member organisations to:

- work with national governments, non-governmental organisations (NGOs), aid agencies and others to develop disaster prevention plans, preparedness and response strategies, provision of coordinated responses to situations
- facilitate discussion, share resources and provide guidance to individual physical therapists wishing to respond/volunteer in emergency relief situations
- encourage professional entry level physical therapy programmes to include disaster management in their curricula
Glossary

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.”¹

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.¹

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.”¹

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).”¹

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.”¹

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, hallstorms, tornados, blizzards, heavy snowfall, avalanches, coastal storm surges, floods including flash floods, drought, heatwaves and cold spells).”¹

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 subset 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.”¹

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.”²

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.”¹

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).”¹

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• Description of physical therapy |
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References


Female genital mutilation

The World Confederation for Physical Therapy (WCPT) opposes all forms of female genital mutilation (FGM). FGM is a fundamental violation of girls’ and women’s rights, including the right to life, the right to physical integrity and the right to health. In the absence of any medical necessity, FGM subjects girls and women to health risks and has life-threatening consequences. Further, it contravenes the UN Convention on the Rights of the Child and violates the fundamental ethical principle of “do no harm”. WCPT advocates that physical therapists should be aware that this practice has serious physical and mental health consequences.

FGM, often referred to as “female circumcision”, comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reasons. WCPT recognises that change in this practice may require time and great sensitivity to culturally accepted norms, but that every effort should be made to protect girls and women from FGM and to educate and modify behaviour to bring about its elimination.

The World Health Organization (WHO), together with a wide range of international organisations including WCPT, maintain the view that there is no justification for FGM. WCPT recognises the important role that the International Organisation of Physical Therapists in Women’s Health has played in raising awareness of this issue. WCPT offers its full support to its position statement on FGM.

Further, WCPT supports:

- the global strategy to stop health care providers from performing female genital mutilation
- the joint WHO/UNICEF/UNFPA policy statement on FGM that promotes policy development and action at the global, regional and national level
- the Cairo Declaration for the Elimination of Female Genital Mutilation
- the World Medical Association Statement on FGM and its Resolution on Violence Against Women and Children
• the International Confederation of Midwives Statement on Female Genital Mutilation\textsuperscript{8}
• the Stop FGM Campaign\textsuperscript{9}

WCPT urges all member organisations to join national and international efforts to oppose and eliminate this practice and believes that only through international collaboration will efforts to eliminate FGM be realised.

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The consequences of armed violence, landmines and other weapons of war

The World Confederation for Physical Therapy (WCPT) believes that physical therapists play a vital role in dealing with the health problems and functional limitations that are the direct consequence of armed violence and the use of landmines and other weapons of war, even in peace times. Health service delivery systems in countries where significant violence has occurred rarely have the capacity to respond to the demands placed on them. Landmines, cluster munitions and remnants of weapons of war, in particular, pose an indiscriminate threat to health and continue to be active long after conflicts have ended. Rehabilitation services and equipment provision are often poorly funded and inadequate to enable individuals to achieve the full functional recovery of which they are capable and to which they have a right.¹

Physical therapists are among the health professionals instrumental to the effective treatment, rehabilitation and social inclusion of civilian populations, refugees, evacuees, internally displaced people, returnees and wounded armed forces personnel. Access to physical therapist interventions is essential for those populations that are in need of physical rehabilitation services. Where physical therapists practise in conflict zones, WCPT believes that they have a right to be protected in carrying out their service provision.

Physical therapists support the development of national policies, programmes, services and systems whereby physical therapy can be delivered effectively to people living with the consequences of armed conflict, landmines and other weapons of war.

WCPT opposes the unintentional or intentional use of landmines, nuclear, chemical and biological agents, and other weapons of armed violence, all of which undermines health and threatens survival. To this end WCPT supports:

- the Universal Declaration of Human Rights²
- the Treaty on the Non-proliferation of Nuclear Weapons³
- the Ottawa Convention on the Prohibition of Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction⁴
- the Convention on the Prohibition of the Development and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction⁵
• the Convention on Cluster Munitions

Peace and security are fundamental requirements for health and development. WCPT advocates for peaceful conflict resolution through negotiation and diplomatic solutions.

WCPT encourages member organisations to work towards the elimination of landmines, nuclear, chemical, biological and other weapons of armed violence.

Member organisations can do this by:

• encouraging their national governments to sign and comply with the relevant international declarations, conventions and treaties
• adopting a proactive role in providing physical therapy services to survivors of conflict including refugees, evacuees, internally displaced persons and returnees
• raising awareness of the broad ranging consequences of armed violence, landmines and other weapons of war not only on impairments but also on the way people manage their lives
• adopting a proactive role in disaster response and preparedness plans

Further, member organisations can:

• prepare physical therapists for dealing with the consequences of armed violence, landmines and other weapons of war through education
• participate in the formulation and development of national policies and programmes orientated to advocating for post-conflict societies

Glossary

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.

Evacuee — a civilian removed from a place of residence by military direction for reasons of personal security or the requirements of the military situation.

Internally displaced persons — a person may have been forced to flee their home for the same reasons as a refugee, but has not crossed an internationally recognised border.

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…”

Returnees — are refugees who have voluntarily returned to their own countries.
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References


(Access date 17th November 2010)

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(Access date: 22nd March 2010)

(Access date 17th November 2010)

11. United Nations High Commission for Refugees. UNHCR: Definitions and obligations-basic definitions. New York, USA: UNHCR; 2010 (cited 17th November 2010); Available from:  

(Access date 22nd March 2010)

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Policy statement

Torture

The World Confederation for Physical Therapy (WCPT) calls on its member organisations and physical therapists globally to adhere to the following principles.

- Physical therapists shall not countenance, condone or participate in the practice of torture or cruel, inhuman or degrading procedures. This applies in all situations including armed conflict and civil strife – whatever the offence, whatever a person’s beliefs or motives, and whether a person is accused or guilty.

- Physical therapists shall not provide any premises, instruments, substances or knowledge that facilitates torture or other forms of cruel, inhuman and degrading treatment or that diminishes the ability of a person to resist such treatment.

- Physical therapists shall not be present during any procedure where cruel, inhuman or degrading treatments are being used or threatened.

- Physical therapists’ fundamental role is to alleviate distress. No motive – whether personal, collective or political – shall prevail against this higher purpose.

- Practising physical therapists should understand the general and specific physical and psychological functional limitations and impairments that can result from torture, and the appropriate functional assessments and treatments for survivors.

- The curriculum for professional physical therapist entry level and continuing professional development programmes should include the prevention and prohibition of torture as well as the examination/assessment/evaluation and intervention/treatment of victims of torture.

WCPT supports the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and encourages its member organisations to call on their national governments to sign and comply with the convention.

WCPT will support and encourage the international community, its member organisations and physical therapists to support fellow physical therapists and physical therapists’ families in the face of threats or reprisals resulting from a refusal.
### Approval, review and related policy information

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<td>• The consequences of armed violence, landmines and other weapons of war</td>
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### References