Relationship 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 and marketed to other health professions.

As stated in WCPT’s policy on direct access, WCPT believes that “physical therapy professional entry level education prepares physical therapists to be first contact autonomous practitioners, able to examine/assess, evaluate, diagnose, prognose, intervene/treat, determine outcomes and discharge patients/clients without referral from another health professional (e.g. 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 and an indication to examine/assess and intervene/treat. Physical therapists may also accept referrals from other professionals.

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. ², ³ 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 collaborative practice 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. ⁴, ⁵

Glossary

Direct access — the patient/client directly asks the physical therapist to provide services (the patient/client refers themselves) and the physical therapist freely decides his conduct and takes full responsibility for it. Also, the physical therapist has direct access to patients/clients and determines their need for the physical therapist’s examination/assessment and intervention/treatment 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, evaluation, diagnosis, prognosis/plan of care, intervention/treatment, response to intervention/treatment, changes in patient/client status.
relative to the intervention/treatment, re-examination, and discharge/discontinuation of intervention and other patient/client management activities.  

**Referral procedures** — the process by which patients/clients are referred between physical therapists and other 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.

**Scope of practice** — is a statement describing physical therapy within the context of the regulatory environment and the evidence base for practice within a jurisdiction. Scopes of practice are dynamic and evolving in accordance with changes in the evidence base, policy and needs of service users. WCPT describes the parameters of a physical therapist’s scope of practice in its description of physical therapy and member organisations set out the agreed scope of practice in their countries.  

1. **Advanced scope of practice** — physical therapists may develop a scope of practice beyond the usual and customary physical therapist’s practice as a result of attaining significant additional education, professional experience, and/or enhanced competencies. Specialisation is an example of advanced scope of practice.  

**Self-referral** — Patients/clients are able to refer themselves to a physical 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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**Approval, review and related policy information**

| Date adopted: | Approved at the 16th General Meeting of WCPT June 2007, replacing two previous declarations of principle on relationships with medical practitioners and relationships with other health professionals, both approved at the 13th General Meeting of WCPT, June 1995. Edited and re-approved at the 17th General Meeting of WCPT, June 2011. Revised and re-approved at the 18th General Meeting of WCPT May 2015. |
| Date for review: | 2019 |
| Related WCPT policies: | WCPT policy statements:  
  - Autonomy  
  - Description of physical therapy  
  - Primary health care  
  - Records management: record keeping, storage, retrieval and disposal |

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**References**


