



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.³⁻⁴ They are able to act as first contact practitioners, and patients/clients may seek direct services without referral from another health care professional.⁵

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

* 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.⁶ 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)⁹⁻¹⁰
- 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.¹⁰

Activity limitation — is the difficulty an individual may have in executing an activity.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.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).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).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.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.¹⁰

Participation — is involvement in a life situation.¹⁰

Participation restrictions — are problems an individual may experience in involvement in life situations.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.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.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.”¹⁵

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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