Position Statement – NC Board of Physical Therapy Examiners

17. Utilization of the Physical Therapist Assistant to Assist the Physical Therapist With Patient Screens

Adopted July 17, 1997

Reviewed by Board – September 23, 2010, June 17, 2015, June 6, 2018

Position Statement

It is the position of the North Carolina Board of Physical Therapy Examiners that the physical therapist assistant (PTA) is qualified and permitted by the North Carolina Physical Therapy Practice Act to assist the physical therapist (PT) with the performance of patient screens. A physical therapist assistant may not perform screens independently. The following assumptions support this position:

- The physical therapist retains the ultimate responsibility for the provision of physical therapy services.
- The purpose of a screen is to determine if an examination of a patient by a physical therapist is indicated.
- Screens may be either "hands-on" or "hands-off" procedures.
- The physical therapist should only delegate aspects of a patient screen that are appropriate to the assistant's education, experience, knowledge, and skill according to the guidelines identified herein under: Delegation and Supervision.
- The physical therapist assistant may participate in the collection of data. It is the responsibility of the physical therapist to interpret the data.
- The physical therapist assistant may review the patient medical record to gather information to assist the physical therapist with the screen.
- The physical therapist assistant should **never** make a determination whether the patient needs to be seen by a physical therapist or another healthcare professional.

Definition of Screening [1]

Screening is a preliminary process of gathering and integrating information to determine the need for further examination or intervention. Screening is based on a problem-focused, systematic collection and analysis of data to: 1). Identify individuals in need of physical therapy intervention or other health care services , or 2). Ascertain current status of individuals to determine if their condition has improved, deteriorated, or remained unchanged.

Support Statement

Physical therapist assistants are permitted by North Carolina law to assist the physical therapist with the performance of patient screens. According to the definition of the physical therapist assistant in the North Carolina Physical Therapy Practice Act (GS 90-270-24. 3), "Physical therapist assistant means any person who assists in the practice of physical therapy in accordance with the provisions of this Article, and who works under the supervision of a physical therapist by performing such patient-related activities assigned by a physical therapist which are commensurate with the physical therapist assistant's education and training, but an assistant's work shall not include the interpretation and implementation of referrals from licensed medical doctors or dentists, the performance of evaluations, or the determination or major modification of treatment programs." [2] **Therefore, the physical therapist assistant is not allowed to independently screen patients and decide which patients will be reviewed by the physical therapist.**

Physical therapist assistants are qualified to assist the physical therapist with the performance of patient screens. They have completed a program of education accredited by the Commission of Accreditation in

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[1] Based on the American Physical Therapy Association: A Guide to Physical Therapist Practice, Volume 1: A Description of Patient Management, 1995

[2] North Carolina Physical Therapy Practice Act (GS 90-270.24 - 90-270.39)

Physical Therapy Education (CAPTE). [3] CAPTE has established curricular standards for physical therapist assistant education which include content areas directly related to patient assessment and measurement in the following areas:

- *architectural barriers and environmental modifications*
- *endurance*
- *flexibility / joint range of motion and muscle length*
- *functional activities*
- *gait and balance*
- *pain*
- *posture*
- *righting and equilibrium reactions*
- *segmental length, girth and volume*
- *skin and sensation*
- *strength*
- *vital signs*

Delegation and Supervision

Knowledge of the scope of a physical therapist assistant's qualifications for assisting in the provision of physical therapy treatment enhances the physical therapist's ability to appropriately delegate screening activity. The physical therapist assistant's experience, participation in continuing education courses, and education in other areas, should be considered by the physical therapist when delegating screening duties to the physical therapist assistant.[4] Physical therapists should only delegate measurement procedures that are commensurate with the physical therapist assistant's education and training.

The classic model for *Task Analysis and Division of Responsibility in Physical Therapy* developed by Watts remains an invaluable guide for physical therapist / physical therapist assistant supervisory relationships. Watts proposed a systematic approach for the division of responsibility. The tasks involved should be analyzed in terms of the process (decision-making or doing), the purpose or function, and the locale or physical proximity in which the task will be performed. The five major factors to be considered when delegating tasks to other personnel are:

1. Predictability of the consequences ***(the situation is predictable and the consequences of an action are not perilous)***
2. Stability of the situation ***(the stability of the situation is great and dramatic change is unlikely to occur)***
3. Observability of basic indicators ***(the observability of basic indicators of problems with the patient is immediately apparent and readily experienced)***
4. Ambiguity of basic indicators ***(basic indicators of problems with the patient are clear and unambiguous and the indicators are not easily confused with other phenomena)***
5. Criticality of results ***(the consequences of an inappropriate choice of goals or methods will not seriously endanger the patient)***

The physical therapist's recognition of and adherence to these factors is paramount to the task of determining the appropriate delegation of physical therapy services *(in this case screening duties)*. According to Watts' Model, physical therapist assistants are able to perform tasks in Levels II and III as noted by Watts (See attachment: Taxonomy of Physical Therapy Tasks).[5] Ultimately, decisions about delegation must be based on the requirements defined by the North Carolina Practice Act and by concerns for the health, safety, and welfare of the citizens of North Carolina.

Recommendations:

- The physical therapist shall define the physical therapist assistant's participation in the screening of each patient within the parameters specified in this Position Statement.
- If the physical therapist assistant is assigned screening duties, then there must be interaction between the supervising physical therapist and the physical therapist assistant.

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[3] Commission on Accreditation of Physical Therapy Education (CAPTE: Evaluative Criteria for Accreditation of Education Programs for the Physical Therapist Assistant, Effective July 1, 1994)

[4] APTA Section on Pediatrics - Utilization of Physical Therapist Assistants in the Provision of Pediatric Physical Therapy

[5] Watts, N. Task Analysis and Division of Responsibility in Physical Therapy, 1971, **Physical Therapy**, Vol. 51, No. 1, pp 23-35.

- The physical therapist will interpret the data compiled from the screen and make the appropriate recommendation for physical therapy or additional services based on the results of the screen.
- Individuals participating in the screen should document which aspect of the screen they performed.

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ATTACHMENT 1

Taxonomy of Physical Therapy Tasks, by Nancy T. Watts, Ph.D.
Physical Therapy, January 1971, Vol 51, page 28

Categories of Tasks	Illustrative Examples
Level 1 Tasks which can largely be standardized or reduced to routine procedures and which deal with material and equipment rather than people.	• Housekeeping • Preparation of treatment areas and equipment. • Some record keeping such as billing and patient census.
Level II Tasks which can be standardized to the degree that: (a) general guidelines can describe most aspects of the basic procedure applicable to most patients (b) specific procedure for any given patient can be described rather fully, and carried out in a relatively unchanging way over a span of at least several days or treatment sessions (c) little instruction of others is called for (d) little needs to be observed and reported	• Preparation of patients for treatment. • Assistance with equipment and protective support during progressive resistance exercise, crutch-walking, application of simple modalities, tilt-table, etc. once the program has been established and response is highly predictable • Verbal approval of patient improvement when demonstrated by concrete measures such as increased tolerance for standing on tilt-table.
Level III Tasks which can be standardized to such a degree that: (a) only a limited number of alternatives exist for suitable methods of performing the task (b) the bases for selecting the appropriate variation in procedure to be used with an individual patient rely on readily observable aspects of the patient's response, hence guidelines for procedure under a few definite contingency situations can be established in advance. (c) the bases for varying treatment do not vary rapidly or unexpectedly (d) there may be some need for instruction but it principally involves transmission of standardized information (e) there may be some need for reporting of observed phenomena, but they are readily identifiable signs which may be checked and reported in a routine way which calls for little interpretation.	• Application of modalities and of some exercise programs where the patient's response is not yet fully established but can be fairly well predicted. • Instruction in simple functional activities, e.g., crutch walking where there are no special problems. • Some measurement--e.g., Range-of-motion measurements and electrodiagnostic testing where the procedures can be standardized and patient motivation, understanding and response pose no special problems. • Conversation with patients during rest or waiting periods when primary need is for diversion and general reassurance that program is proceeding satisfactorily.
Level IV Instructional and / or treatment tasks in which decisions about procedure require important and rapid modifications based on observed and interpreted responses of the patient or person instructed includes: (a) treatment in which the patient's response fluctuates rapidly and somewhat unpredictably. (b) treatment in which the phenomena on which decisions are based are difficult to discern or interpret, or may require special and varied techniques to elicit. (c) treatment in which fluctuation in patent response calls for immediate response in change of treatment to avoid injury or discomfort	• Evaluation of pain or spasticity • Therapeutic exercise making use of varied forms of sensory input when the most effective pattern is not yet established • Teaching complex functional activities to patients. • Motivation of a patient at the point when failure to achieve a desired goal must be faced and a less desirable goal accepted. • Constructive response to hostility from a patient in the early stages of adaptation to a new body image.
Level V Tasks which primarily involve formulation of decision and direction and supervision of others in the performance of the selected procedure, or which require reporting of information to other specialists when interpretation, recommendations, or highly technical requests for information are involved.	• Formulation of an initial treatment plan and identification of factors to be used in judging its effectiveness. • Teaching and supervision of those who will carry out treatment activities. • Discussion with the physician of possible reasons for lack of success in initial treatment program. • Interpretation to a mother of reasons for use of supportive equipment to prevent deformity in her child.
Level VI Tasks which involve decisions about whole patterns of activity for groups of people	• Administrative tasks involving long-range planning, policy making, establishment of priorities, public relations, etc.
Level VII Tasks which have as their purpose the critical assessment or expansion of the theoretical bases for decision making in the field.	• Research (design, data analysis and interpretation, and communication phases in particular.)

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