



Position Statement

Description of Physical Therapy

The World Confederation for Physical Therapy (WCPT) is committed to supporting Member Organisations. It is in this spirit that this description of physical therapy has been drawn up in response to the expressed need of members. As a Position Statement it is open to Member Organisations to adopt fully or in part or to develop further to meet the evolving needs of the profession.

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. The uniqueness of the contribution which physical therapy can make to health care/services in the coming years remains to be fully defined. This statement is the basis upon which subsequent reviews will build, in response to developing knowledge in physical therapy and the profession's response to society's changing health needs.

What is physical therapy?

The nature of 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, disease 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 well being. Physical therapy involves the interaction between 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.

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Physical therapists are qualified and professionally required to:

- Undertake a comprehensive examination/assessment/evaluation of the patient/client or needs of a client group
- 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.

Physical therapists operate as independent practitioners,¹ 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.

Physical therapy is an established and regulated profession, with specific professional aspects of clinical practice and education, indicative of diversity in social, economic, cultural and political contexts. But it is clearly a single profession, and the first professional qualification, obtained in any country, represents the completion of a curriculum that qualifies the physical therapist to use the professional title and to practice as an independent professional.

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 of care/intervention and re-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 of individuals/groups and/or the environment through analysis and synthesis within a process of clinical reasoning to determine the facilitators and barriers to optimal human functioning

¹ **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.

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

Intervention/treatment is implemented and modified in order to reach agreed goals and may include manual handling; movement enhancement; physical, electro-therapeutic and mechanical agents; functional training; provision of assistive technologies; patient related instruction and counselling; documentation and co-ordination, and communication. 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.

Where is physical therapy practised?

The scope of physical therapy services

Physical therapy is an essential part of the health and community/welfare services delivery system. Physical therapists practice independently of other health care/service providers and also within interdisciplinary rehabilitation/habilitation programmes to prevent, gain, maintain or restore optimal function and quality of life in individuals with loss and disorders of movement.

Physical therapists are guided by their own code of ethical principles. Thus, they may be concerned with any of the following purposes:

- **promoting** the health and well being 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 or medically related 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

Physical therapists may also contribute to the development of local, national and international health policies and public health strategies.

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, gymnasias and spas
- hospices
- hospitals
- nursing homes
- occupational health centres
- out-patient clinics
- physical therapist private offices, practices, clinics
- prisons
- public settings (e.g., 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

What characterises physical therapy?

Assumptions underlying the knowledge and practice of physical therapy

The following assumptions are embedded in this description and reflect the central issues of physical therapy.

Movement

The capacity to move is an essential element of health and well-being. Movement is dependent upon the integrated, co-ordinated function of the human body at a number of different 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

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.

Populations

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 amongst school children and falls prevention programmes for the elderly).

Interaction

A mutual understanding between the physical therapist and the patient/client/family or care giver is an integral part of physical therapy.

This kind of interaction is necessary to positively change the body awareness and movement behaviours that may promote health and well-being.

Members of inter-disciplinary teams also need to interact with each other, and with patients/clients/family and care givers, 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.

Professional autonomy

Professional education prepares physical therapists to be autonomous practitioners.

Physical therapists exercise their professional judgement to reach a diagnosis which will direct their physical therapy interventions/treatment, habilitation and rehabilitation of patients/clients/populations.

Diagnosis

Diagnosis in physical therapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, functional limitations and abilities/disabilities.

The purpose of the diagnosis is to guide physical therapists in determining the prognosis and most appropriate intervention 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.

Where are we now?

Principles supporting the description of physical therapy

In order to make explicit the underlying values upon which this international description of physical therapy is based there follows a list of **principles** which are recognised as important by WCPT.

WCPT believes 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; and 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 Organisation definition of health)
- 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 continuously review 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 through utilisation of the document to assist in the development of curricula and identification of areas for research

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American Physical Therapy Association: Guide to Physical Therapist Practice, *Physical Therapy*. 77, November 1997

Cott CA, Finch E, Gasner D, Yoshida K, Thomas SG, Verrier MC(1995): The Movement Continuum of Physical Therapy, *Physiotherapy Canada* 47:87-95

Higgs J, Jones M (eds) (1995): *Clinical Reasoning in the Health Professions*, Butterworth-Heinemann, Oxford

Standing Liaison Committee of Physiotherapists in the European Union: *The Practice of Physiotherapy in the European Union*, 1996

Tornebohm H(1991): What is worth knowing in Occupational therapy? *American Journal of Occupational Therapy*, Vol.45 No.5 p.451-454

World Health Organisation (WHO)(2001): The International Classification of Functioning, Disability and Health. Geneva: WHO.

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Related WCPT Policies:	<p>WCPT Guidelines for Physical Therapist Professional Entry-Level Education Programmes</p> <p>Declaration of Principle: Autonomy</p> <p>Declaration of Principle: Education</p> <p>Declaration of Principle: Patients'/clients' rights in physical therapy</p> <p>Declaration of Principle: Ethical Principles</p>