

What Life Care Planners Need to Know About the Professional Discipline of Physical Therapy

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Abstract

The profession of physical therapy began during WWI with “reconstruction aides”. Since then, the profession has grown to a doctoral entry level degree with many diverse specialties. The licensure requirements vary some from state to state and between the USA and Canada. The universal goal of physical therapy is, in collaboration with other health care team members, to restore functional mobility and quality of life. Many of the core components of a life care plan fall under the professional education, scope of practice, professional experience and domain of the physical therapist. Physical therapists are well prepared to make valuable contributions to the life care planning profession.

History and development of this profession

The profession of physical therapy began with the reconstruction aides who were civilian employees of the Medical Department of the United States Army during World War I (American Physical Therapy Association [APTA], 2018). Marguerite Sanderson oversaw the first reconstruction aides and established the Division of Physical Reconstruction. Mary McMillan was the first female appointed as the first reconstruction aide in February 1918. She organized the Physiotherapy Department at Walter Reed General Hospital. Of the original 18 Aides, 16 of them created the American Women's Physical Therapeutic Association, which is now known as the American Physical Therapy Association (APTA) (APTA, 2018). The original reconstruction aides were college-educated, but their clinical education consisted of on-the-job training. In 1928, reconstruction aides participated in a 9-month, 1,200-hour program.

Education to enter the profession

Over the decades, physical therapy evolved from a Bachelor's of Science to a Master's of Science degree, and in 2015, all accredited and developing physical therapist programs evolved into a post-baccalaureate 3-year Doctor of Physical Therapy (DPT) degree (APTA, 2015). In 2000, the American Physical Therapy Association (APTA) passed its *Vision 2020* statement, which advocates for direct access to physical therapy evaluation and treatment without a physician's referral (APTA, 2000). As of January 1, 2015, all 50 states and the District of Columbia allow some form of direct access to physical therapists. Physical therapy/therapist is also referred to as physiotherapy/therapist, but the two nomenclatures are interchangeable. Although physiotherapy/therapist is British in origin, it is not common in the U.S but is used in Canada and

Australia.

Basic physical therapy curriculum includes, but is not limited to, the following courses: Functional, Neuromuscular and Musculoskeletal Anatomy with Dissection Lab, Neuroanatomy and Neurophysiology, Exercise Physiology, Musculoskeletal Disorders, Neurorehabilitation, Pharmacology for Physical Therapy Practice, Principles of Disease, Radiology and Diagnostic Imaging in Physical Therapy Practice, Motor Control/Therapeutic Modalities (therapeutic intervention skills – including manual skills, exercise, and neuro rehab intervention), Differential Diagnosis, Prosthetics and Orthotics, Evidence Based Practice, Health Promotion and Wellness, and Clinical Skills, Psychosocial/Behavioral Content, Ethics, Human Development/Life Span, and Business Principles.

Licensing or mandated certification requirements and authorizing entity that permits someone to practice in this profession

Physical therapists are currently licensed and regulated in all 50 states and the District of Columbia, Puerto Rico and the U.S. Virgin Islands (APTA, 2015). Each state requires state licensure which must be renewed on a regular basis. Each of the states in the United States of America has its own licensing board for physical therapists. Following a passing score on the National Physical Therapy Exam, licensure candidates may apply for a license in the state in which they reside and/or work.

Students in Canada must take and pass the Physiotherapy Competency Examination, which is administered by the Canadian Alliance of Physiotherapy Regulators. The requirements and fees are similar state to state and province to province, but are separate and individual to that state/province. These requirements can be found easily with an online search. Once physical therapists are licensed in a particular state, they must abide by those laws and practice regulations. Most states offer a renewal every two years and require a minimum number of continued education hours along with a fee, for those renewals. Physical therapists may legally only provide physical therapy services in states where they hold active licensure. Recently, the PT Compact, an interstate agreement between member states began its work and is adding states systematically as each state's legislation allows. Ultimately, this Compact will allow physical therapists to practice across state lines. This will allow for easier access to physical therapy through telehealth or mobile platforms.

In Canada, the profession of physiotherapist is regulated in all Canadian provinces and territories (except the Northwest

Territories and Nunavut). The provincial / territorial regulators set the standards for licensure. A candidate must meet all the licensing or registration requirements of the province or territory where they wish to work.

Common specialty areas, roles, and credentials that can expand expertise and scope of contribution to life care plans

Programs such as clinical residencies, clinical fellowships, and certified clinical specialization allow physical therapists to expand their expertise within defined areas of practice, or “specialties” (APTA, Specialty areas offered by the American Board of Physical Therapy Specialties include cardiovascular and pulmonary physical therapy, geriatrics, neurology, orthopedics, pediatrics, sports, women’s health, and clinical electrophysiology.

The focus of physical therapy specific to cardiovascular and pulmonary physical therapy focuses on treating clients who have experienced heart attacks, constructive pulmonary obstructive disease (COPD), pulmonary fibrosis and related diseases. Geriatric physical therapy, however, includes treatment related to injuries and illnesses of older adults, including arthritis, cancer, osteoporosis, joint replacements and balance problems. Spinal cord injury and disease, cerebral vascular accident (CVA), brain injury, multiple sclerosis, and Parkinson’s disease are just a few examples of neurological conditions and impairments on which the clinical specialty of neurology focuses. Orthopedic physical therapy centers primarily on injury and dysfunction of musculoskeletal system. Pediatric physical therapy treatment is aimed at children with birth defects, genetic disorders, childhood muscle diseases, acute injuries, head trauma and a vast array of disabilities. Women’s health focuses on issues including as pelvic pain, and urinary incontinence. Lastly, electrophysiology focuses on electromyography (EMG) and nerve conduction studies (NCS) which can be utilized to create a physical therapy treatment plan.

Many residency programs prepare therapists to apply for clinical specialization exams. Other certifications in areas such as but certainly not limited to strength and conditioning, various manual therapy methods, vestibular rehabilitation, dry needling, and nutrition can be attained by physical therapists practicing in a particular niche. Practicing physical therapists have a diversity of certifications and specialty areas. A physical therapist’s curriculum vitae should include the physical therapist’s licensure, education, certification credentials, continuing education, certification credentials, work history, publications and presentations, as well as specialization, if any.

Scope of Practice

Physical therapists are trained and experienced in collaboratively working with a multi-disciplinary team, consisting of, but not limited to, physicians, psychotherapists, occupational and speech therapists, orthotists, prosthetists, nurses, vocational evaluators, massage therapists, acupuncturists, social workers, personal trainers, attendant and companion caregivers in settings such as home care, skilled

nursing, and intermediate and assistive care facilities, as well as hospitals, school systems, and outpatient practices. Physical therapists treat clients with various treatment modalities and teach them how to safely and effectively use medical and durable medical equipment, such as walkers, canes, wheelchairs and accessories, power scooters, shower benches, grab bars, TENS units, braces and splints, as well as a wide variety of exercise equipment. It is within a physical therapist’s scope of practice and clinical experience as a rehabilitation professional and educator to provide recommendations related to these types of rehabilitation equipment with reasonable replacement schedules.

A physical therapy treatment begins with an evaluation with an interview of the client or caregiver. Through careful questioning and listening, the primary problems, and impairments, co-existing conditions, past medical and surgical history, medications, support systems, functional goals, pain levels, psychosocial and cognitive issues, and previous or current medical and social services are identified. Limitations in functional mobility can be due to both objective and subjective impairments. During this initial interview, any pain, dizziness, or other reported discomfort is identified and documented, often with ratings by the client using to a numerical scale.

The objective portion of the evaluation includes general system screens, more in-depth exams, and special tests. General screens include basic soft tissue evaluation, range of motion, strength, sensory systems, gait analysis, flexibility, balance, and functional mobility such as transfers. With the information obtained from the subjective reporting, as well as findings on general screens, a physical therapist knows what areas to further examine/ treat. More specific exams include, but are not limited to a neurological exam, joint mobility, an in-depth soft tissue exam, detailed gait analysis, cardiovascular fitness testing, vestibular testing, specific manual muscle testing, and functional capacity testing. Some of these are very extensive, such as vestibular and post-concussion testing or functional and work capacity testing, and may require a second visit in order to fully complete the evaluation. Within these more detailed examinations, physical therapists have a wide range and depth of specialized standardized tests and measures in order to identify the originating and contributing causes of impairment, measure the disabilities, and provide baseline levels from which to establish goals and treatment plans.

In addition to these goals and treatment plans, physical therapists make recommendations for equipment, make referrals to other professionals (i.e., physician specialist or orthotist) and provide information related to general health, safety and condition related precautions or restrictions. In many situations, a physical therapist is one of the most qualified professionals to make recommendations related to return to work, school or athletic activities.

The role of a physical therapist overlaps that of other medical professionals. In the area of Activities of Daily Living (ADL), occupational and physical therapists work closely together. Occupational therapists usually have more training in specific adaptive equipment. In some settings, occupational

therapists prescribe wheelchairs, and in others physical therapists make those recommendations. In most settings with both professions, a physical therapist will make the recommendations for equipment related to walking, transfers, and gross motor mobility. An occupational therapist will make recommendations for equipment related to self-care. Orthotists and physical therapists can overlap as well. Some physical therapists are specially trained in evaluating for and providing orthotics. It is more typical that a physical therapist would evaluate the functional impairments and communicate the improvements desired from an orthotic. The orthotist would then fit and provide the product, with the physical therapist making the final assessment of the benefits gained.

Physical therapists working in home care settings provide functional mobility strengthening and balance training, teach energy conservation techniques and offer recommendations for architectural modifications. As rehabilitation professionals and educators, it is within the physical therapy scope of practice to provide recommendations for adaptive aids used for cooking, bathing, and grooming, as well as widening of doors and installation of ramps for wheelchair accessibility, railings for stair navigation, and walk-in showers for safe bathing. Physical therapists evaluate critical work-related physical demands by providing job-site analyses and functional capacity evaluations. A Functional Capacity Evaluation (FCE) is a comprehensive battery of performance-based tests that is used to measure a worker's safe physical capacities, as well as limitations in respect to work, activities of daily living, or leisure activities.

Physical therapists who are trained in FCE's provide objective and clinical data that can be integrated into services related to gardening, handyman services and heavy housecleaning. For example, if a client exhibits trunk flexion range of motion and strength limitations, poor grip and manual and finger dexterity, and the FCE demonstrates that the client is unable to lift/carry more than three pounds, the physical therapist can provide recommendations for assistance with activities of daily living and household services.

The kinds of patients and problems usually seen and addressed

Physical therapy services are provided by physical therapists with the goal of maintaining or regaining maximum movement, strength and function to clients of all ages with regard to injury, pain, and disease. Physical therapists (PT) evaluate and treat adult and pediatric clients who have sustained brain injuries, spinal cord injuries, traumatic amputations, orthopedic injuries, and neurological conditions and chronic pain and other physical impairments related to musculoskeletal function. Physical therapists are equipped to advise patients/clients on issues related to general health and wellness in the realm of functional mobility in addition to pathological conditions. Physical therapists also have the breadth of knowledge to serve as an advocate or case manager for individuals who have multiple and diverse needs best provided by a team of specialized health care providers. According to the American Physical Therapy Association (2012), the physical therapist's responsibility in the diagnostic process is

to organize and interpret information collected through taking a relevant history, conducting a systems review and selecting and administering specific tests and measure (APTA, 2012). In doing so, a physical therapist may order appropriate tests to be performed by themselves or other health care professionals (APTA, 2012).

Physical therapists are health care professionals who maintain, restore, and improve movement, activity, and health enabling individuals of all ages to have optimal functioning and quality of life (APTA, 2011). Physical therapist interventions include therapeutic exercises, manual therapy (including mobilization/ manipulation); electrotherapeutic and ultrasound modalities; functional activity training; transfer and gait training; training in the use of assistive technology; home care, including activities of daily living (ADL) training; community integration; fabrication of devices and equipment; teaching safe patient handling techniques to families and health providers; and providing airway clearance. The goals of physical therapy include mobility restoration, pain reduction, home exercise program and self-care implementation, increasing physical fitness, increasing endurance, regaining or maintaining maximal or functional independence, and reducing or preventing potential illness or injury. In summary, physical therapy intervention focuses on improving, maximizing or maintaining an individual's independence, activity level and health well-being, as well as preventing injuries.

Differences between Canadian and U.S. practitioners in this profession

Though the clinical practice of physical therapy is very similar in the United States and Canada, the access to physical therapy and licensing practices differ, due to the differences in the health systems. Differences in settings and salaries exist within each country based on area of the country and demand for physical therapists.

Other information important for life care planners to know

Art Peddle, in his chapter on the role of the physical therapist in life care planning, indicates that, "Physical therapists serve as facilitators of health" (Weed, 2010, p. 124). A physical therapist evaluates body systems, areas of dysfunction and injury, and potential for return to activities of daily living, work related skills, and recreational activities. During the evaluation, which includes interview, examination and assessment, the physical therapist determines impairments to function, provides functional diagnoses, and develops a treatment plan and recommendations in order to return an individual to a maximal level of functional independence, physical comfort, and safety. These functional goals are dependent upon the extent and type of impairments, which inform the physical therapist's assessment of potential. Physical therapists are either generalists or specialists with regard to age groups and disability types. This is much like a physician model of specialization. A generalized physical therapist can assess most any physical mobility problem and knows when the problem requires a more specialized clinician.

An important role of the physical therapist in life care planning is the assessment of future needs. When there is a disability or impairment in some aspect or multiple aspects of mobility, the wear and tear on the body is altered from that of a typically aging individual. The systems which were possibly once injured in isolation from other body systems, with time can affect the health of other parts. Art Peedle (Weed, 2010, p. 131) describes an example of an individual who is unable to use her lower body and requires a wheelchair for mobility. Over time, she has wear and tear on her upper body and therefore may in the future require medical attention which might not have otherwise been required. This same individual may have had no integumentary problems initially, but because of the inability to move out of a chair, is at much greater risk of pressure related issues in the future. Because of the in-depth training and education in musculoskeletal, neurological, and biomechanical systems, a physical therapist is able to predict and advise potential secondary system impairments which might require care in the future.

The individual who has a life care plan will likely be one who will have physical therapy treatment as part of that plan. Generally, physical therapy treatment is episodic. These episodes begin with an evaluation for one or more specific problems. Treatment goals, a plan and an estimated time frame are established. The patient is discharged from physical therapy at the conclusion of this sequence of treatment visits. Length of visits, frequency and total duration of the episode of care varies greatly based on the impairments, treatment goals, and prognosis. An individual with a chronic condition will likely require at least one episode of care per year, and many times several. There are instances when it is determined that ongoing maintenance care provided by a skilled physical therapist is the only option available to provide the treatment needed to prevent a decline in function. These ongoing treatment plans are not typical, but at times necessary to prevent more costly future treatment.

Other life care planning considerations for which a physical therapist is capable of advising might include predicted replacement of mobility equipment, a change of equipment due to predicted mobility changes of the client over time, home adaptations for increased safety and independence, amount and frequency of caregiver assistance required, and transportation needs and adaptations.

According to Paul M. Deutsch (1994), the tenants of life care planning include the consideration of many elements. Listed below are considered areas with additional comments by these authors related to the role of physical therapy in life care planning.

- **Projected evaluations-** Physical therapists are able to project the frequency of physical therapy evaluations for the evaluatee, as well as lend assistance to the life care planner in suggestions of the likelihood of various other medical evaluations which might be required. The life care planner would need input from disciplines outside of physical therapy.
- **Projected therapeutic modalities-** Physical therapists are

able to project the frequency of physical therapy treatments for the evaluatee, as well as lend assistance to the life care planner in suggestions of the likelihood of various other medical evaluations which might be required. The life care planner would need input from disciplines outside of physical therapy.

- **Diagnostic testing and educational assessments-** Physical therapists are able to advise on, but not order, diagnostic testing. Those physical therapists working in the U.S. military system are legally able to order limited diagnostic tests.
- **Wheelchair-** Physical therapists have the skill, education and legal ability to advise, fit, and prescribe wheelchairs. Due to physical therapist specialization, some physical therapists might defer to other professionals for this area.
- **Wheelchair accessories and maintenance-** Physical therapists have the skill, education and legal ability to advise on this topic. Due to physical therapist specialization, some physical therapists might defer to other professionals or wheelchair manufacturers and vendors.
- **Orthopedic equipment-** In most cases, physical therapists have the skill, education, and training to advise and collaborate with others in this area.
- **Orthotic or prosthetic requirements-** Due to the immense advances in prosthetic technology, a physical therapist typically will work with a prosthetist to make decisions about prosthetic limbs. The physical therapist is the functional mobility expert as well as the one projecting the future needs and capabilities for the client. The prosthetist is able to provide expertise on how best to meet those needs with the prosthetic device. Training of the client is also usually a collaborative effort. Orthotics are similar, however, at times can be handled solely by the physical therapist.
- **Home furnishings and accessories-** Physical therapists are able to provide a wide variety of recommendations in this category.
- **Aids for independent function-** Physical therapists are able to provide a wide variety of recommendations in this category.
- **Medication-** Physical therapists have the education to make recommendations for consults with physicians, physicians' assistants, or nurse practitioners on impairments which might be improved by certain classes of medication. For example, a physical therapist might recommend that the evaluatee discuss with the physician the possibility of muscle relaxer in order to improve mobility.
- **Supply needs-** Physical therapists are able to recommend supplies related to physical therapy treatments and those conditions requiring care from a physical therapist.
- **Home care or facility-based care needs-** Because they are highly skilled in determining the independence and safety of the evaluatee in terms of physical mobility, physical therapists have valuable recommendations and

considerations for this area. Collaboration with occupational therapy and possibly neuropsychology is beneficial.

- **Projected routine future medical care-**Physical therapists would, in some cases have input in this area; however, would likely defer to physicians.
- **Projected surgical treatment or other aggressive medical care-** Physical therapists would, in most cases defer to physicians and surgeons.
- **Transportation needs-** Some physical therapists have advanced knowledge in this area. Occupational therapists typically are in these care roles.
- **Architectural renovations-** Physical therapists are able to provide a wide variety of recommendations in this category. Collaborating with a carpenter skilled in making home modifications, allows for the evaluatee's needs to be matched with the ability of the home to be modified in such ways as to provide the necessary safety and independence.
- **Leisure or recreational equipment-** Many physical therapists are highly skilled in this area. Occupational and recreational therapists are as well.

While also following the methodology of consultation with the client's team and lead physician, physical therapists who are practicing as life care planners may consider projected therapeutic evaluations and modalities, wheelchair needs, orthopedic equipment needs, home furnishings and accessories, aids for independent functions, recreational equipment, durable medical supplies, transportation needs, architectural renovations and home care versus facility based care among the items and services that they can recommend when preparing a life care plan.

Conclusion

Many of the core components of a life care plan fall under the professional education, scope of practice, professional experience and domain of the physical therapist. As rehabilitation specialists, physical therapists focus on maximizing functional abilities of individuals with disabilities of all ages with the goal of restoring patients or clients to their maximum level of function, the basis for life care planning. Those life care planners in professions other than physical therapy, should consider consultation with a physical therapist in the areas involving functional mobility and physical independence. The process of evaluation and treating a patient has strong parallels to the methodology used in life care planning. Physical therapists are well prepared to make valuable contributions to the life care planning profession.

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