



# PRACTICE STATEMENT

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## TOPIC: OXYGEN MANAGEMENT BY PHYSICAL THERAPISTS

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### STATEMENT:

There are clinical situations where it is appropriate for the physical therapist to adjust the flow rate of prescribed low flow supplementary oxygen. This adjustment is required to support physiological demands related to physical therapy interventions.

#### Items for consideration:

1. Clinical situations where flow rate adjustment by physical therapists might be warranted:
  - Medical patients receiving comprehensive medical management including physical therapy
  - Post-operative patients in the recuperation phase of their surgical management, participating in supervised exercise programs
2. The flow rate adjustment should maintain the SpO<sub>2</sub> at the percentage documented in the medical orders.
3. If a situation arises where the physical therapist determines that it is necessary to initiate low flow oxygen to maintain adequate oxygenation (e.g. during exercise), it is the physical therapist's responsibility to communicate with physician regarding this decision and to document same.

Education on the adjustment of low flow oxygen by physical therapists is provided as part of a “*physical therapist’s entry-level university education in physical therapy, during post professional education and/or post graduate education combined with clinical practice*”<sup>1</sup>

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<sup>1</sup> College of Physiotherapists of Manitoba, Practice Statement 4.7 Spinal Manipulation (Dated: Nov 14, 2000)

<sup>2</sup> College of Physiotherapists of Manitoba, Code of Conduct, item 1.9 Competence (Dated: Feb 17, 2004)

**A Practice Statement is a formal position of the College with which members shall comply.**

The College of Physiotherapists of Manitoba expects that all physical therapists practice within the scope of physical therapy practice and within their individual knowledge, skills and abilities. A physical therapist “*has an obligation to keep his / her knowledge and skills current throughout his /her career*”.

Physical therapists who adjust low flow oxygen must:

1. Be able to comprehensively assess their client, utilizing oxygen saturation as only one parameter in a complete cardio-respiratory assessment.
2. Provide safe and client centered exercise and airway clearance programs.
3. Advise clients on the benefits and risks of their physical therapy program and ways to evaluate their own perceived exertion.
4. Be aware of the potential adverse consequences (e.g. medical and legal) related to the use of low flow oxygen.
5. Be in communication with the client’s physician regarding the physical therapy care of the client and their outcomes.

### **EXCLUSIONS**

This practice statement does not address clinical situations where:

1. Adjustment of oxygen flow rate is part of endotracheal airway suctioning
2. The pathophysiological process is such that the client is not deemed to be stable by the medical team.

### **EDUCATION GUIDELINES**

1. The adjustment of low flow supplementary oxygen and the monitoring of all required parameters including SpO<sub>2</sub> are taught during entry-level university education, post-professional education and / or post-graduate education, combined with clinical practice.
2. Course content must include, but is not limited to:
  - relevant anatomy and physiology of the cardio-respiratory system
  - theoretical basis of exercise physiology for healthy individuals and those with medical and / or surgical conditions
  - integration of the cardio-respiratory, musculo-skeletal and neuro-muscular systems in evaluating the client

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- indications, contra-indications and precautions re: supplemental oxygen use and SpO2 monitoring.
- oxygen management as a component in the continuum of client care
- technique, e.g. correct monitoring procedures and use of oxygen equipment
- potential adverse reactions and emergency responses

## REFERENCES

1. Cole, Bev et al – Physical Rehabilitation Outcome Measures, 1 st ed. Publisher – CPA with Health and Welfare Canada,, 1994.
2. Bourbeau, Jean et al, Comprehensive Management of Chronic Obstructive Pulmonary Disease, BC Decker, 2002
3. American College of Sports Medicine, Guidelines for Exercise Testing and Prescription, 6<sup>th</sup> ed. Lippincott, Williams and Wilkins, 2000.
4. American Association of Cardiovascular and Pulmonary Rehabilitation, Guidelines for Pulmonary Rehabilitation Programs (3<sup>rd</sup> ed.) Human Kinetics, 2004.
5. Scanlan, Spearman and Sheldon. Egan's Fundamentals of Respiratory Care, 7<sup>th</sup> Ed. Mosby Year Book Inc
6. American Journal of Respiratory and Critical Care Medicine Vol. 159 1999.p 329-330.

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