



PRACTICE STATEMENT

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TOPIC: **PHYSIOTHERAPISTS ASSIGNING PHYSIOTHERAPY CARE (SUPPORT PERSONNEL)**

Preamble:

The physiotherapist shall ensure that no service that requires the skill, knowledge and judgment of a professional physiotherapist is delegated to support personnel.

In providing effective client care, physiotherapists may *assign* part of the client's treatment plan to support personnel. When tasks are assigned, the physiotherapist maintains responsibility and accountability for the safety and quality of the entire treatment plan including the assigned components. The physiotherapist must be confident that the individual being assigned tasks has the knowledge and skills to carry out the task.

This position statement applies only when support personnel are performing part of the physiotherapist's treatment plan NOT when another practitioner is providing services independently of the physiotherapist (e.g. athletic therapist).

Physiotherapist Accountability:

The physiotherapist is responsible and accountable for the physiotherapy care of the client including any components of care that are assigned to support personnel by a physiotherapist. If the standards of practice are not met or harm comes to a client as a result of assigned physiotherapy treatment rendered by support personnel, the physiotherapist is accountable. When assigning tasks to support personnel, and when determining the level of supervision, the following should be considered:

- **the risks to the client.** Some tasks in some circumstances carry sufficient risk that they should only be performed by a physiotherapist.
- **the quality of the care being provided.**

- **the individual client's unique characteristics and circumstances including acuity and complexity.** The more acute or complex the client's condition is, the greater the risks inherent in assignment. Care provided to more chronic and stable clients receiving maintenance therapy might not require close supervision.
- **the environment and the supports available.** The risks in a sole charge setting may be greater than in a setting with multiple professionals.
- **the likelihood that the physiotherapist will be needed for an immediate intervention.**
- **the physiotherapist's regulatory accountability.**
- **the support person's education, training, and competence.**

Physiotherapist Responsibilities:

1. Ability

Physiotherapists are required to make a judgment about the knowledge, skills, judgment and abilities of the support personnel prior to assigning tasks.

Before assigning a task the physiotherapist should have a clear understanding of the support personnel's training, experience and ability, including a direct observation of the task being performed.

It is important to ensure that the support personnel understands the instructions and the limitation/scope of his/her clinical practice.

2. Communication

Communication is an essential component that must exist or be negotiated in the relationship between the physiotherapist and the support personnel. Physiotherapists and support personnel need to establish a process to ensure that an ongoing, collaborative communication exists between the various parties.

3. Initiating and Modifying Treatment

Following initial assessment, and/or re-assessment by the physiotherapist, he/she must document the treatment plan and any changes to the treatment plan.

4. Identification

The physiotherapist must ensure that all support personnel are clearly and correctly identified to clients. The role of the support personnel must be explained to clients.

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

5. Supervision

The physiotherapist should provide the appropriate level of supervision to ensure that the care is performed safely and effectively.

The physiotherapist is responsible to ensure that in his/her absence, there is a defined reporting structure in place for the support personnel to report problems/concerns.

6. Billing

Physiotherapists who bill for their services on a fee-for-service basis should ensure that the funder is aware if the services are provided by support personnel. Some funders require and expect service provided by support personnel to be billed at a different rate. In no circumstances should the funder be misled or confused as to who provided service. The College of Physiotherapists of Manitoba can provide advice on such matters.

Physiotherapists Must Not Assign:

The following tasks are considered to be of an evaluative nature, and therefore within the exclusive scope of physiotherapy, and must not be assigned:

- Interpretation of referrals, diagnosis, or prognosis;
- Assessment or reassessment;
- Interpretation of assessment findings, treatment procedures and goals of treatment;
- Planning, initiation or modification of treatment program beyond established limits;
- Discussion of treatment rationale, clinical findings, and prognosis;
- Documentation that should appropriately be completed by a physiotherapist;
- Discharge planning;
- Any task or procedure that requires continuous clinical judgment e.g. any intervention that has an evaluative component that immediately influences the treatment program;
- Manual therapy e.g. mobilizations;
- Assignment of duties that are not within the physiotherapist's own level of competence.

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Teaching Skills to Adjuvants

Adjuvants, who provide care to clients in the manner described below, are not considered support personnel for the purposes of these guidelines.

Physiotherapists are often asked to provide guidance or exact instruction for an ongoing program custom tailored to a specific client (for example, a teacher's aide in a child's classroom or a recreation worker in a nursing home). In these situations, the physiotherapist may have assessed the client and suggested a program of care, but is not involved in the ongoing assessment, treatment or care of the client and has discharged the client. In these circumstances, the individual carrying out the program is not considered to be a support person for the purposes of this guideline.

Once the client is discharged, the physiotherapist should no longer be involved in the supervision of the care of the client until a new referral is initiated. Clients that require ongoing modification or assessment should not be discharged.

Legislative Reference:

Regulations Schedule A – Standards of Practice – Clause 10