

**GUIDELINES: DEFINING PHYSICAL THERAPY IN STATE PRACTICE ACTS BOD G03-00-16-38** [Amended BOD 03-98-11-31; BOD 03-96-17-49; BOD 03-93-18-45; BOD 03-85-36-115; Initial BOD 11-78-46-133] [Guideline]

1. The definition should be broadly inclusive of all those acts and purposes which together comprise the practice of physical therapy.
2. The definition should not include an enumeration of the examination, tests and measures, methods, or procedures used in interventions. The enumerations (such as those involving electrodiagnostic and electrophysiologic tests and measures) could appear in regulations where they may be more readily changed as needed or desired. Whether in regulations or law, the enumerations should be prefaced by the phrase, "including but not limited to... ." An exhaustive list of things to be enumerated is not possible, but the following should be considered:
  - a. Tests and Measures:
    - aerobic capacity/endurance
    - anthropometric characteristics
    - arousal, attention, and cognition
    - assistive and adaptive devices
    - circulation (arterial, venous, lymphatic)
    - cranial and peripheral nerve integrity
    - environmental, home, and work (job/school/play) barriers
    - ergonomics and body mechanics
    - gait, locomotion, and balance
    - integumentary integrity
    - joint integrity and mobility
    - motor function (motor control and motor learning)
    - muscle performance (including strength, power, and endurance)
    - neuromotor development and sensory integration
    - orthotic, protective, and supportive devices
    - pain
    - posture
    - prosthetic requirements
    - range of motion (including muscle length)
    - reflex integrity
    - self-care and home management (including activities of daily living and instrumental activities of daily living)
    - sensory integrity
    - ventilation and respiration/gas exchange
    - work (job/school/play), community, and leisure integration or reintegration (including instrumental activities of daily living)
  - b. Interventions:
    - coordination, communication and documentation
    - patient/client-related instruction
    - procedural interventions including:
      - therapeutic exercise
      - functional training in self-care and home management (including activities of daily living and instrumental activities of daily living)
      - functional training in work (job/school/play), community and leisure integration or reintegration (including instrumental activities of daily living, work hardening, and work conditioning)
    - manual therapy techniques (including mobilization/manipulation)
    - prescription, application, and, as appropriate, fabrication of devices, and equipment (assistive, adaptive, orthotic, protective, supportive, and prosthetic)
    - airway clearance techniques
    - integumentary repair and protection techniques
  - c. Electrotherapeutic Modalities:
    - biofeedback
    - electrotherapeutic delivery of medications

- electrical stimulation
- d. Physical Agents:
    - athermal agents
    - cryotherapy
    - hydrotherapy
    - light agents
    - sound agents
    - thermotherapy
  - e. Mechanical Modalities:
    - compression therapies
    - gravity assisted compression devices
    - mechanical motion devices
    - traction devices
  - f. Other provisions - provisions should be made either in the law or the regulations for recognition of the physical therapist's ability to perform tissue penetration for debridement; needle insertion for electromyography (EMG); manual therapy techniques (including mobilization/manipulation) and administration of certain chemical agents, such as pharmaceutical aerosols for airway clearance techniques, topical medical agents (steroids or analgesics) for musculoskeletal treatment using iontophoresis or phonophoresis.
3. The practice act should not require referral from a physician or other licensed practitioner as a condition for examination and evaluation or intervention by a licensed physical therapist.
  4. Consideration should be given to include recognition that physical therapists are competent to establish a diagnosis and confirm the impairment, functional limitation or disability for which the patient/client will be receiving physical therapy intervention. This recognition should be included either in law or in regulations or both. The wording should indicate that the examination functions as the basis for this process.
  5. Consideration should be given to protecting the use of the terms physical therapy, physiotherapy, physical therapist, physiotherapist, and any other synonym. In addition, wording should be included which prohibits the practice of physical therapy or physiotherapy or use of the terms physical therapy or physiotherapy in advertising unless he/she hold such a license.

Relationship to Vision 2020: Evidence Based Practice; (State Government Affairs, ext 8533)

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/**month/year/page/vote** in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure