Chapter 1

What Are the Concepts of Patient/Client Management?

The following key concepts serve as the foundation of physical therapist practice and patient/client management and are the building blocks of the Guide to Physical Therapist Practice (Guide):

- **Physical therapists are health care professionals** who help patients/clients maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life. **Physical therapist services** prevent, minimize, or eliminate impairments of body function and structure, activity limitations, and participation restrictions. Physical therapists may have other roles, including those of consultant, educator, researcher, and administrator. (See “Description of Physical Therapist Practice.”)

- **Physical therapist practice is based on a biopsychosocial model of health.** This model reflects the dynamic interactions among health conditions, functioning, environment, and personal factors that influence an individual’s health and well-being. (See “The Biopsychosocial Model.”)

- **Physical therapist practice incorporates all components of evidence-based practice (EBP),** integrating the best available research, clinical expertise, and patient/client values.
and circumstances into decision making regarding services for patients/clients, practice
management, and health policy. (See “Evidence-Based Practice.”).

- Physical therapists measure the quality and effectiveness of their services by
  assessing structure, process, and outcome, using many different approaches, including
development of policies, procedures, and clinical guidelines to review and improve the
care provided to patients/clients. (See “Quality Assessment.”)

- Physical therapists demonstrate professional values in all their interactions with
  patients/clients and relevant others. They work collaboratively with patients/clients,
  professional providers, and relevant others to meet the needs of patients/clients at all
  stages of life. Physical therapists are responsible and accountable for exercising
  professional judgment within their scope of practice. They are guided by the Code of
  Ethics for the Physical Therapist and the accompanying Guide to Professional Conduct, which
  are the profession’s statements of required behavior for all physical therapists, and by the
  Standards of Practice for Physical Therapy and the corresponding Criteria for Standards of
  Practice in Physical Therapy, which are the profession’s statements of conditions and
  performances that are essential for high-quality professional service to individuals and
  society. Furthermore, physical therapists are responsible and accountable for ensuring
  that the provision of physical therapy is in accordance with American Physical Therapy
  Association (APTA) policies and positions. (See “Professional Values and Guiding
  Documents.”)
• Physical therapists practice in collaboration with other health care professionals and members of the health care team to meet the needs of their patients/clients. They are responsible for consulting with and, in some cases, referring to other professionals when the patient/client problem is outside the scope of physical therapist practice, when additional information is needed in order to effectively manage the care of a patient/client, and when the patient/client has needs that can best be met by another provider of services. (See “Collaboration.”)

• Using a person-centered focus and the best available evidence, physical therapists manage the processes of evaluation—including examination, diagnosis, and prognosis—and intervention to achieve optimal outcomes. (See “Physical Therapist Patient/Client Management.”)

Description of Physical Therapist Practice

Physical therapists are health care professionals who help patients/clients maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life. Their services prevent, minimize, or eliminate impairments of body functions and structures, activity limitations, and participation restrictions. Physical therapist services are provided for individuals of all ages who have or may develop impairments, activity limitations, and participation restrictions related to (1) conditions of the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and/or integumentary systems or (2)
the negative effects attributable to unique personal and environmental factors as they relate to human performance.

Physical therapists play vital roles in today’s health care environment and are recognized as essential providers of rehabilitation and habilitation, performance enhancement, and prevention and risk reduction services. Patient/client goals for physical therapy often relate to the capacity of patients/clients to do what is important to them in their daily activities and roles. Physical therapists design individualized plans of care based on clinical judgment, best available evidence, and patient/client situation and goals. Physical therapists collaborate with other health care professionals to address patient needs and provide efficient and effective care across the continuum of health care settings. Physical therapists provide consultation to individual clients, other health care practitioners, and facilities and organizations in assessing the need for physical therapist services and the type of services needed for the patient/client.

Physical therapists promote health and facilitate wellness in a wide range of populations. Their roles range from helping individuals with chronic conditions engage in physical activity programs, to advising elite athletes on sports performance enhancement.

Physical therapists play important roles in prevention:
• Identify risk factor and implement services to reduce risk in individuals and populations 
  \(\text{(primary prevention)}\).

• In populations with an identified condition, prevent or slow the progression of functional 
  decline and disability and enhance activity and participation in chosen life roles and 
  situations \(\text{(secondary prevention)}\).

• Reduce the degree of disability by restoring—or by preventing the deterioration of—
  skills and independence in patients/clients with chronic health conditions, to allow 
  optimal activity and participation \(\text{(tertiary prevention)}\).

With the increased impact of chronic diseases around the world, the role of physical therapists in 
health and wellness is valuable and bridges medical care and public health. Particularly in 
populations with identified disease, injury, or illness, physical therapists can decrease the 
duration, severity, and sequelae of these health conditions. For example, physical therapy 
intervention for individuals with disability arising from chronic illness may help them maintain 
maximal function and participation throughout the course of the disease and may help them 
participate in wellness/prevention activities to maintain or improve their health and functional 
abilities.

Physical therapists assume additional roles, including consultation, education, research, and 
administration. For example, physical therapists:
• Provide consultative services to health facilities, community- and school-based programs, businesses, industries, third-party payers, and governmental organizations and agencies.

• Provide education and other professional services to students, facility staff, communities, and organizations and agencies.

• Engage in research activities, including basic science, clinical science, and health services research to measure and improve service provision.

• Provide administrative services as owners and managers in practice, research, and education settings.

• Help shape community services and policies.

**Education/Qualifications**

Physical therapists are professionally educated at the college or university level and are required to be licensed in the state or states in which they practice. Graduates from 1926 to 1959 completed physical therapy curricula approved by appropriate accreditation bodies. Graduates from 1960 to the present have successfully completed professional physical therapist education programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). As of January 2002, CAPTE accreditation is limited to only those professional education programs that award a postbaccalaureate degree.
Physical therapists also may be certified as clinical specialists through the American Board of Physical Therapy Specialties (ABPTS).

The Physical Therapy Service: Direction and Supervision of Personnel

Physical therapy is provided by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist in accordance with APTA policies, positions, guidelines, standards, and ethical principles and standards.

Direction and supervision are essential to the provision of high-quality physical therapy. The degree of direction and supervision necessary for ensuring high-quality physical therapy depends on many factors, including the education, experience, and responsibilities of the parties involved; the organizational structure in which the physical therapy is provided; and applicable state law. In any case, supervision should be readily available to the individual being supervised.

The director of a physical therapy service is a physical therapist who has demonstrated qualifications based on education and experience in the field of physical therapy and who has accepted the inherent responsibilities of the role. The director of a physical therapy service must:

- Establish guidelines and procedures that will delineate the functions and responsibilities of all levels of physical therapy personnel in the service and the supervisory relationships inherent to the functions of the service and the organization.
• Ensure that the objectives of the service are efficiently and effectively achieved within
the framework of the stated purpose of the organization and in accordance with safe
physical therapist practice.

• Ensure that services provided are in accordance with established policies and procedures.

• Ensure compliance with local, state, and federal regulation.

• Ensure compliance with APTA policies, positions, guidelines, standards, and ethical
principles and standards, including *Standards of Practice for Physical Therapy and the
Conduct, Standards of Ethical Conduct for the Physical Therapist Assistant, and Guide
for Conduct of the Affiliate Member.*

• Foster the professional growth of the staff.

**The Physical Therapy Service: Direction and Supervision of Personnel**

Written practice and performance criteria should be available for all levels of personnel in a
physical therapy service. Regularly scheduled performance appraisals should be conducted by
the supervisor based on applicable standards of practice and performance criteria.

Responsibilities should be commensurate with the qualifications, including education, training,
experience, and skill level of the individuals to whom the responsibilities are assigned. When the
physical therapist of record directs and supervises physical therapist assistants to perform
specific components of physical therapy interventions, that physical therapist remains
responsible for the physical therapist services. Regardless of the setting in which the services are
given, the following responsibilities must be borne solely by the physical therapist:

- Interpretation of referrals, when referrals are available
- Initial evaluation, including examination, diagnosis, and prognosis
- Development or modification of a plan of care that is based on the initial examination or
  the reexamination and that includes physical therapy goals and expected outcomes
- Determination of (1) when the expertise and decision-making capability of the physical
  therapist requires the physical therapist to personally render physical therapy
  interventions and (2) when it may be appropriate to utilize the physical therapist assistant.
A physical therapist determines the most appropriate utilization of the physical therapist
assistant that will ensure the delivery of service that is safe, effective, and efficient.
- Reexamination of the patient/client in light of the goals and expected outcomes, and
  revision of the plan of care when indicated
- Establishment of the discharge plan and documentation of discharge summary/status
- Oversight of all documentation for services rendered to each patient
The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO preamble). The biopsychosocial model of health (Fig. 1-1) is a theoretical construct that elaborates on this definition. According to this model, a person’s health status is determined by the interplay of the person’s status in the biological, psychological, and social domains. For example, 2 people with the same pathology who have different levels of motivation and different levels of socioeconomic resources might have very different outcomes in terms of functional status and level of participation.

Figure 1-1. The biopsychosocial model.
WHO has expanded the biopsychosocial model, using a classification system designed to describe, from the person’s perspective, a continuum of health and health states. The *International Classification of Functioning, Disability and Health* (ICF) moves beyond the original model to provide a means not only to describe the states of illness and disability but to classify the components and magnitude of the level of health. The ICF also provides a methodology for using disablement-enablement models in research and practice. In the ICF, the functioning of a patient/client in his or her environment is the focus of classification. Complementary to the ICF is the *International Classification of Diseases* (ICD), another member of the WHO family of classification systems.

Because of the focus on the components of health rather than on the consequences of disease—and because functioning is central to the ICF—the APTA House of Delegates endorsed the ICF as the language to use in describing physical therapist practice.

A goal of the ICF is to provide a unified, standard language and framework that enables the collection of data for practice and research—language that describes how people function in their daily lives rather than focusing exclusively on their medical or disease-specific diagnosis. The universality of the ICF language and framework allows a shared conceptual understanding of health, bridging disciplines, sectors, cultures, and geographic regions. The *International Classification of Functioning, Disability and Health for Children and Youth* (ICF-CY) is a derived version of the ICF that provides a common and universal language to facilitate the
There are 2 major parts to the ICF (Fig. 1-2). Part I is a description of the components of functioning and disability that are associated with a health condition. These components include body functions and body structures and the changes that occur in them, activities that the person carries out, and the participation of the person in life situations. Activities and participation can be further qualified by considering a person’s capacity (ie, what could be done in a controlled environment) and performance (ie, what the person actually does in his or her current environment). Functioning is used to encompass all body functions and structures, activities, and participation; conversely, disability is used to encompass impairments of body functions and structures, activity limitations, and participation restrictions. Functioning and disability exist along a continuum of health.
Figure 1-2. Structure of the *International Classification of Functioning, Disability, and Health* (ICF). Adapted with permission from *International Classification of Functioning, Disability and Health* (ICF). Geneva, Switzerland: World Health Organization; 2001.

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The ICF recognizes all of these components as interactive constructs (Fig. 1-3) and focuses on the complexity of the interactions among body functions and structures, activities, participation, and environmental and personal factors to fully describe a person’s health status. Adverse changes in one aspect of the model do not necessarily result in adverse changes in another. For example, changes in body functions and structures that result in abnormalities (ie, impairments) do not necessarily result in disability.
Evidence-Based Practice

Physical therapist practice incorporates all components of evidence-based practice (EBP) (Fig. 1-4), integrating best available research evidence, clinical expertise, and patient/client values and circumstances into decisions regarding services for patients/clients, practice management, and health policy.

Use of best available evidence requires that physical therapists access relevant literature, assess its quality, and determine whether the information can be appropriately applied to the care of individual patients/clients or to the care of patient/client groups through the development of patient care policies. Physical therapists use the best available information from the literature, including clinical guidelines, systematic reviews, clinical prediction rules, and individual research articles.
In addition to using the best available evidence to guide clinical decisions, the physical therapist respects the values and circumstances of the patient/client, also ensuring that the patient/client understands the available options for care, including potential benefits, risks, and costs. Based on this therapeutic relationship, the therapist works collaboratively with the patient/client to make decisions about the plan of care. When the patient/client is unable to participate personally or independently in this process, the therapist works with relevant family members, significant others, and caregivers to reach collaborative decisions.

When using evidence to guide clinical decisions, the physical therapist makes sound decisions about the quality of the evidence, the applicability of the evidence to the patient/client, the use of other sources of evidence when adequate information is not available, and the physical
therapist’s own clinical expertise. This decision-making process may be hypothesis-driven, as described in the Hypothesis-Oriented Algorithm for Clinicians, or it may be based on forward reasoning. Models for and examples of decision making by physical therapists demonstrate an integration of the concepts from the ICF and the patient/client management model with evidence from the literature.12,13

To learn more about EBP and clinical judgment, see Chapter 2. Courses on EBP are available at the APTA Learning Center.

Quality Assessment

Physical therapists measure the quality of their services by assessing structure, process, and outcome, using many different approaches. These quality assessments of structure, process, and outcome include, but are not limited to, the review of the care provided to patients/clients (level of the individual), the development of practice policies (level of the group or institution), and the use of EBP.

Quality assessment is continuous and systematic and includes:

- Assessment of the structure of physical therapist services
- Assessment of processes of care, such as adherence to well-documented practice policies or clinical decision rules
- Measurement of outcomes of care through data collection and analysis
These quality processes may include facility-developed activities, participation in programs provided by voluntary organizations, and participation in payer-sponsored programs.

More information on quality assessment and quality management in physical therapist practice is available on APTA’s web site here and here.

Professional Values and Guiding Documents

Physical therapists demonstrate professional values in their interactions with patients/clients and colleagues. Physical therapist practice is predicated on certain behaviors that are expected of all physical therapists and that are integral to all practice settings. These behaviors have been identified as core values (Table 1.1):

- Accountability
- Altruism
- Compassion/caring
- Excellence
- Integrity
- Professional duty
- Social responsibility
Table 1.1 PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES BOD P05-04-02-03 [Amended BOD 08-03-04-10]

<table>
<thead>
<tr>
<th>Value</th>
<th>Definition</th>
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<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist, including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.</td>
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<tr>
<td>Altruism</td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients (ie, the physical therapist assuming the fiduciary responsibility of placing the needs of the patient/client ahead of his or her own self-interest).</td>
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<tr>
<td>Compassion/Caring</td>
<td>Compassion is the desire to identify with or sense something of another’s experience—a precursor of caring. Caring is the concern for, empathy for, and consideration of the needs and values of others.</td>
</tr>
<tr>
<td>Excellence</td>
<td>Excellence is physical therapist practice that consistently uses current knowledge and theory while understanding personal limits, integrating judgment and the patient/client perspective, embracing advancement, challenging mediocrity, and working toward the development of new knowledge.</td>
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<tr>
<td>Integrity</td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards (eg, truthfulness, fairness, doing what you say you will do).</td>
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<tr>
<td>Professional Duty</td>
<td>Professional duty is the commitment to meeting obligations as a physical therapist to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
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Based on these core values, it is expected that physical therapists work collaboratively with patients/clients and with other health care providers to meet patient/client needs at all stages of life. This requires that the physical therapist honor the patient/client as the focus of all care and
respect the contributions made by all other health care practitioners to the success of
patient/client care. In addition, it is expected that physical therapists accept full responsibility
and accountability for exercising professional judgment within their scope of practice. Physical
therapists are responsible to ensure that their professional judgment and the needs of the
patient/client have primacy over organizational, payment, or other pressures that might arise that
conflict with what the therapist judges to be the appropriate action on behalf of the patient/client.

The Code of Ethics for the Physical Therapist (Code of Ethics) and the accompanying Guide for
Professional Conduct are the profession’s statements of required behavior for all physical
therapists. The Code of Ethics comprises statements of the expected behaviors and performance
of individual physical therapists. The Code of Ethics defines the ethical principles that form the
foundation of physical therapist practice in patient/client management, consultation, education,
research, and administration. The principles are directly related to the core values for
professionalism in physical therapy.

The Standards of Practice for Physical Therapy (Standards of Practice) and the corresponding
Criteria for Standards of Practice in Physical Therapy (Criteria) are the profession’s statements
of conditions and performances that are essential for high-quality, professional service to society.
The Standards of Practice and corresponding Criteria address elements expected in all physical
therapist practice across all settings. These documents identify criteria in the areas of ethical and
legal considerations, administration of physical therapy services, patient/client management,
education, research, and community responsibility.
There are additional APTA policies and procedures (Fig. 1-5) relevant to the clinical provision of care, supervision of personnel, and administration of service delivery that physical therapists should be aware of and integrate into their practice. Physical therapists also are expected to know and comply with other state, federal, and local regulations that may apply to their practice.

**Figure 1-5.** Policies and positions of the American Physical Therapy Association (APTA) relevant to the clinical provision of care, supervision of personnel, and administration of service delivery.

**Collaboration**

Through the execution of the patient/client management model, the physical therapist determines the need for physical therapy and other services and develops the plan of care in collaboration with the patient/client, caregivers, and other health care professionals involved in the care. As
integral members of a collaborative, multidisciplinary health care team, physical therapists aim to provide patient/client-centered care (Fig. 1-6).

**Figure 1-6.** Care delivery paradigm envisioned by the Physical Therapy and Society Summit (PASS). Adapted with permission from Kigin CM, Rogers MM, Wolf SL. The Physical Therapy and Society Summit (PASS) Meeting: Observations and Opportunities. *Phys Ther.* 2010;90:1559.
Physical Therapist Patient/Client Management

The management model (Fig. 1-7) consists of the following:

- Evaluation
- Examination
- Diagnosis
- Prognosis
- Intervention
- Outcomes

Figure 1-7. Physical Therapist Patient/Client Management Model.

The management model is applied for purposes of rehabilitation, habilitation, the maintenance of health or function, the prevention of functional decline, and, in healthy persons, and the enhancement of performance.
Management starts at the beginning of the evaluation, even as information is gathered prior to meeting with a patient/client and continues throughout the defined episode of physical therapist care. This includes coordination, collaboration, communication, and documentation to ensure optimal management of services provided.

Physical therapists are responsible and accountable for ensuring that the provision of services is in accordance with APTA policies and positions.

The examination includes:

- History (including symptom investigation and review of systems)
- Tests and measures (including a screening of the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary systems)

Physical therapists conduct the patient/client history and perform tests and measures in order to make the diagnosis and to determine the needs of the patient/client. The physical therapist has the responsibility to determine that there is sufficient information to inform decision making regarding:

- Whether the patient/client would benefit from physical therapy
- Selection of interventions
- Development of the plan of care
- Progression of the patient/client
At a minimum, a physical therapist examination must be conducted during the initial session with the patient/client; however, the examination is an ongoing process that occurs throughout the episode of physical therapy care.

**Patient/Client Management: Not a Linear Process**

The physical therapist’s management of the patient or client is an ongoing and iterative process that begins during the very first contact with the patient/client, including when the physical therapist starts gathering patient/client health information. The management model does not describe a linear process as much as it describes the elements of management that focus on the evolving needs of each patient/client.

Evaluation is a necessary process at the start of care to determine the diagnosis, prognosis, and select interventions; however these elements may change throughout the episode of care based on additional information gathered during the examination and on the condition and response to care of the patient/client. As part of the evaluation, the physical therapist also considers the patient/client response to tests, measures, and interventions, and integrates this information into the plan for the patient/client.

Collection of data and information also is performed as part of each visit to determine any changes since the last visit and current status in specific areas and to determine whether progression toward goals is as expected.
Patients/clients may be seen for tertiary, secondary, and/or primary prevention. (See “Key Concepts.”) In tertiary and secondary prevention, the evaluation generally is focused either on events that have occurred or on chronic conditions. In primary prevention, the evaluation is focused on potential diseases, health conditions, and injuries. A patient/client may be evaluated for purposes of primary prevention concurrently with secondary and tertiary prevention.

**Plan of Care**

The management process for each patient/client is determined during the evaluation and is communicated in the plan of care. The plan of care is the documentation of:

- A summary or impression of the examination findings, a diagnosis, or both
- A prognosis or predicted level of optimal improvement, including specific goals that reflect the desired outcome status and expected outcome measurements that will quantify the outcome status at the end of the episode
- Specific interventions to be used, with proposed duration and frequency of the interventions that are required to reach the expected outcomes
- Expected continuation of services to another setting or provider, as needed
- The plan for discontinuation of or discharge from the episode of care

Goals indicate the changes in impaired body functions and structures, activity limitations, and participation restrictions and the changes in health, wellness, and fitness that are expected as the result of management. Goals address risk reduction, environmental factors, and individual
satisfaction. The goals and expected outcomes in the plan of care should be measurable, functional, and time limited.

Coordination, Collaboration, Communication, and Documentation

The processes of communication, coordination, collaboration, and documentation are critical to ensure that patients/clients receive appropriate, comprehensive, efficient, patient-centered, and high-quality care from admission through discharge. Physical therapists are responsible for relevant coordination, collaboration, and communication across all settings for all patients/clients.

Documentation is any entry into the patient/client health record—such as consultation reports, initial examination reports, progress notes, flow sheets, checklists, reexamination reports, or summations of care—that identifies the care or service provided and the patient/client response to that care or service.

Appropriate documentation of physical therapy services is crucial because it:

1. Serves as a record of patient/client care, including a report of patient/client status, physical therapist management, and outcome of physical therapy intervention; serves as a tool for the planning and provision of services; and serves as a communication vehicle among providers.

2. Informs others about physical therapists’ abilities and unique body of knowledge and about the services provided by physical therapists and physical therapist assistants.
3. May be used to demonstrate compliance with federal, state, payer, and local regulations.

4. Provides an historical account of patient/client encounters that can be used as evidence in potential legal situations.

5. May be used to demonstrate appropriate service utilization and reimbursement for many third-party payers.

6. May be used for policy or research purposes, including outcomes analysis.

Documentation should follow APTA’s *Guidelines: Physical Therapy Documentation of Patient/Client Management*.

**References**


13. Godges J, Irrgang JJ. International Classification of Functioning and Disability: use of the International Classification of Functioning and Disability to develop evidence-based practice guidelines for treatment of common musculoskeletal conditions. Orthopaedic Section, American...