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Core Competencies for Entry-Level Physical Therapist Assistants in the Acute Care Setting

Academy of Acute Care Physical Therapy – APTA PTA Task Force

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Introduction

Acute care physical therapist assistants (PTAs) must possess the knowledge and skills suitable to thoroughly and appropriately provide physical therapy interventions according to a physical therapy plan of care (POC) under the direction and supervision of a physical therapist (PT) for patients in medically compromised situations across the lifespan in any acute care hospital environment. There is a need for all members of the interprofessional team to provide safe, efficient, and effective treatment for patients in acute care. PTAs are essential members of the interprofessional team, providing physical therapy interventions in acute care settings through implementation of a physical therapy POC. To prepare future PTAs for these environments, academic and clinical educators are tasked with teaching students how to adequately treat a patient with any diagnosis admitted to the acute care environment as part of entry-level clinical practice. The focus of the Academy of Acute Care Physical Therapy (AACPT) PTA Task Force was to clarify the necessary skills required for an entry-level PTA to be safe and effective on day one of employment. The outcome of this task force is the following document: “Core Competencies for the Entry-Level Physical Therapist Assistant in the Acute Care Setting.”

In 2015, the “Core Competencies for Entry-Level Practice in Acute Care Physical Therapy” was created to provide a single guiding document for entry-level physical therapists (PTs) in the acute care setting. These competencies were presented in five sections: clinical decision-making (an integral component of all of the sections); communication; safety; patient management; and discharge planning. Each of these sections is interconnected. The PT and PTA must be capable in all sections for safe and effective patient care. In 2016, the AACPT PTA-at-Large was charged with creating a task force to create a document to provide PTAs with the same guidance. A task force of volunteers composed of clinicians and educators convened to create “Core Competencies for the Entry-Level Physical Therapist Assistant in the Acute Care Setting.”

Clinical decision making is the first section of this document. The primacy of this section is to emphasize that all acute care actions, behaviors, and skills are to be guided by the best evidence and the ability to shift thinking in complex, and often medically challenging, environments. The entry-level PTA must be able to make competent and confident clinical decisions within the framework of an established physical therapy POC to provide the best individual care for each patient across the lifespan. Due to the constant changes in patient status and environment of care, it is essential to possess the ability to synthesize acute care knowledge and skills. Clinical decision making for the PTA in the acute care environment is a constantly evolving process that involves collaboration with the PT.

The remaining four sections – communication, safety, patient management skills, and discharge planning –complete the five-section framework that was established by the preceding document for the PT. Each of these additional sections is imperative for the entry-level PTA to provide physical therapy interventions. The entry-level acute care PTA, guided by sound clinical decision making, is able to assist the PT in directing patients to achieve their optimal health outcomes as part of physical therapy best practice in acute care.

Each individual facility has a unique structure of staff orientation. This document is focused on acute care-specific standards and is not intended to assist the entry-level PTA with obtaining the individual facility-specific competencies. In the truest sense of entry-level, these competencies are expected to be achieved by graduation, not through post-graduation orientation and mentoring. This document provides a framework that represents best practices encompassing the majority of patient situations in most acute care hospital environments. It is designed to accompany all core documents from the American Physical Therapy Association, including: Minimal Required Skills of Physical Therapist Assistant Graduates at Entry-Level; Guide for Conduct of the Physical Therapist Assistant; Values Based Behaviors for the Physical Therapist Assistant; and Standards of Ethical Conduct for the Physical Therapist Assistant. While it is impossible to describe the actions necessary for every patient encounter in the acute care environment, an entry-level PTA will be best equipped to perform patient care in the acute environment efficiently, effectively, and safely by demonstrating competence through the knowledge, actions, and behaviors outlined in this document. The creation and evolution of this document has occurred over the past 14 months, with multiple clinicians and educators providing feedback.

Entry-Level Clinical Decision-Making in Acute Care

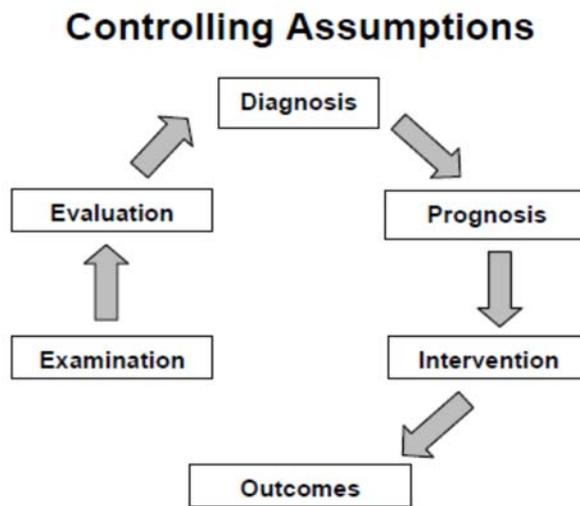
Clinical reasoning is the deliberation about a course of action within a specific context with the ability to anticipate outcomes guided by a framework of previous experiences and knowledge of best evidence. The PTA must be able to function within the PT/PTA team and demonstrate competence in assisting the PT in all areas, including communication, safety, discharge planning, and patient management.

Acute care decision making centers around the impact of the patient's current and evolving medical status as it relates to their physical function. This includes the daily assessment and interpretation of patients' health conditions, vital signs, lab values, co-morbid conditions, medications, possible adverse drug events, anticipated clinical course, and the possibility of multiple simultaneous precautions.

To assist in making competent clinical decisions, the APTA Department of Education, Accreditation, and Practice developed the algorithm on the following pages. The first part of the algorithm is Controlling Assumptions; these assumptions allow the PTA to use the algorithm on a daily interaction or episode of care with a patient. The PT is ultimately responsible for the Evaluation, POC establishment, and direction of care.

Problem-Solving Algorithm Utilized by PTAs in Patient/Client Intervention

This algorithm, developed by APTA's Departments of Education, Accreditation, and Practice, is intended to reflect current policies and positions on the problem-solving process utilized by physical therapist assistants in the provision of selected interventions. The controlling assumptions are essential to understanding and applying this algorithm. (This document can be found in *A Normative Model of Physical Therapist Assistant Education: Version 2007*.)

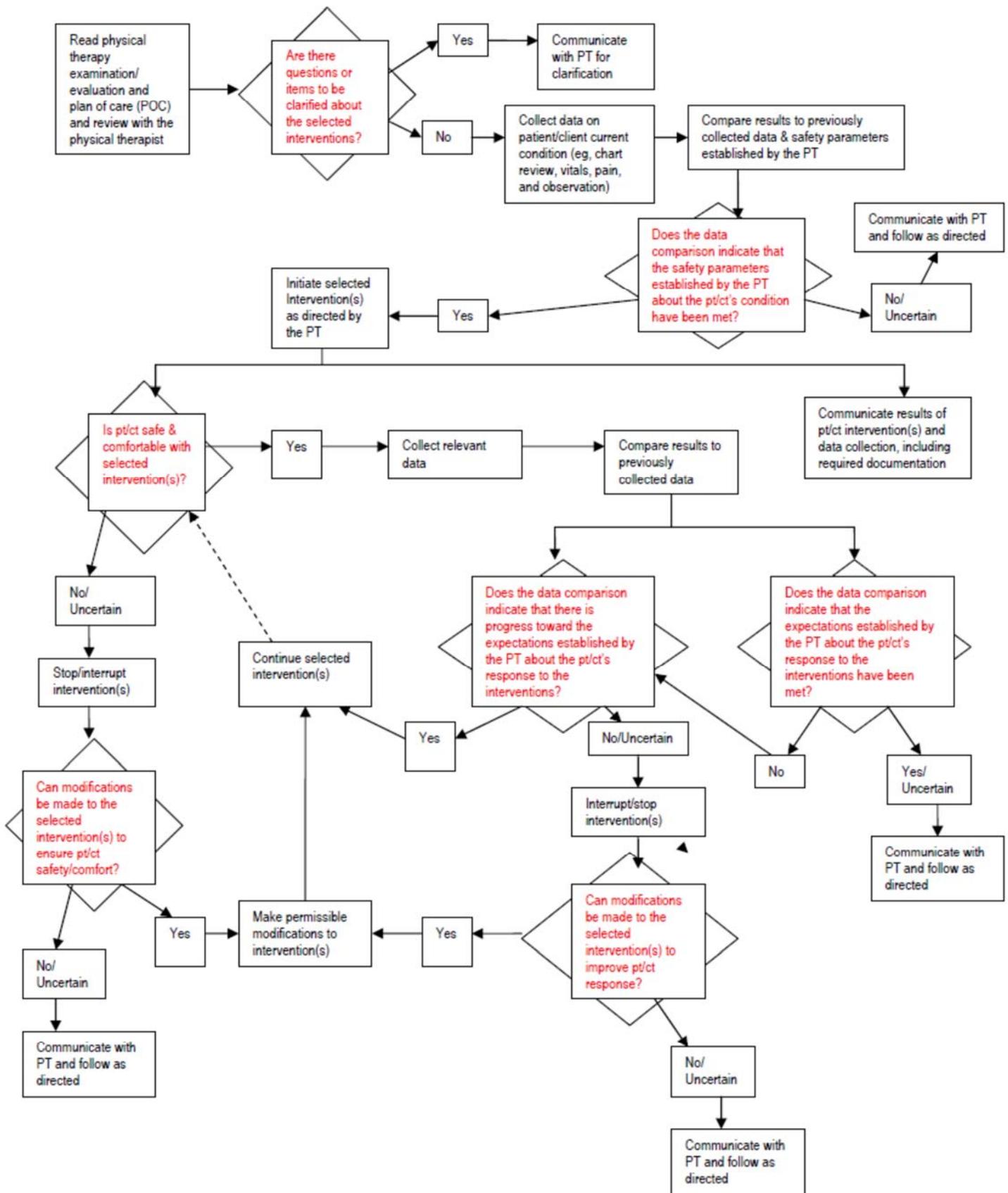


- The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes. Responsibility for completion of the examination, evaluation, diagnosis, and prognosis is borne solely by the physical therapist. The physical therapist's plan of care may involve the physical therapist assistant to assist with selected interventions. This algorithm represents the decision making of the physical therapist assistant within the intervention element.
- The physical therapist will direct and supervise the physical therapist assistant consistent with APTA House of Delegates positions, including Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26); APTA core documents, including Standards of Ethical Conduct for the PTA; and federal and state legal practice standards; and institutional regulations.

- All selected interventions are directed and supervised by the physical therapist. Additionally, the physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions.
- Selected intervention(s) includes the procedural intervention, associated data collection, and communication, including written documentation associated with the safe, effective, and efficient completion of the task.
- The algorithm may represent the thought processes involved in a patient/client interaction or episode of care. Entry into the algorithm will depend on the point at which the physical therapist assistant is directed by the physical therapist to provide selected interventions.
- Communication between the physical therapist and physical therapist assistant regarding patient/client care is ongoing and required when there is a change in patient status that might require a change in the plan of care. The algorithm does not intend to imply a limitation or restriction on communication between the physical therapist and the physical therapist assistant.

Problem Solving Algorithm Utilized by PTAs in Patient/Client Intervention

* See Controlling Assumptions*



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Utilizing the above algorithm, the entry-level PTA shall:

- Be aware of one's own limitations in knowledge, skill, and experience within the scope of the PTA.
- Be observant of detail in the patient's history and PT examination, as well as the complex environment.
- Integrate information from multiple sources and distinguish the relevant from the irrelevant to treat the patient's physical therapy diagnosis and impairments.
- Predict patient presentation and anticipate needed resources.
- Screen, where applicable by law, the medical record to determine if the patient will benefit from physical therapy services at that point in time, and clearly communicate clinical rationale to the PT post-assessment.
- Choose appropriate intervention elements within the physical therapy POC throughout the session.
- Assess the patient in the moment, and adjust intervention choices and dosage based on patient response, including withholding treatment if necessary.
- Identify underlying health conditions, body and system impairments, contextual factors, activity limitations, and participation restrictions to address the impact on the patients' function.
- Critically reflect on information, knowledge, experience, and evidence to follow a comprehensive physical therapy POC, which is individualized and focused on patient and caregiver goals and circumstances.
- Perform specific interventions per physical therapy POC to improve function, safe mobility, quality of movement, and assist in preparing the patient for discharge.

Entry-Level Communication in Acute Care

Entry-level PTAs are expected to communicate with all members of the interprofessional medical team – including the patient and family – in a manner that shares information to ensure the patient receives optimal care. This includes the ability to:

- Select the most appropriate communication style, with consideration of the patient's age, learning style, cognition, culture, and communication needs.
- Clearly communicate with the PT and other appropriate team members in regard to the patient's safe mobility status, need for ongoing therapy services in the acute care environment, referral for additional services (occupational therapy, speech therapy, social work, orthopedics, neurology, clergy, medical-psychiatric liaison, etc.), needed assistance from the interprofessional team post discharge, and future physical therapy needs, while including supporting data as available.
- Collaborate with the interprofessional team to create an environment that promotes safe and effective care while eliminating the patient's individual barriers to physical therapy services.
- Educate members of the interprofessional team in regard to the patient's circumstances that impact the physical therapy POC, including safe mobility status, tolerance of activity, and coordination of therapy services, with medical interventions and medications as directed by the PT.
- Provide clear instruction to support personnel (physical therapy aides) and other members of the interprofessional team in order to supplement the patient's physical therapy POC.
- Communicate aspects of the patient's care through formal and informal conferencing in a manner that respects regulations, team members, and the patient's wants and needs.
- Initiate and maintain professional communication with every team member at all times, including adverse, challenging, and crucial conversations.

Entry-Level Safety in Acute Care

Due to the medical complexity of patients in the acute care setting, the entry-level PTA must possess the ability to create and maintain a safe environment and follow a physical therapy POC. This includes the ability to:

- To determine a daily precautions list and plan, integrate information from the medical record including the patient's past medical history, current medical status, laboratory values, and medication. Encompassed in this process is observation of the patient's mental status, fall risk, and risk of further deterioration.
- Review information obtained from the medical chart, patient's self-reporting, vital sign monitoring, and communication with the interprofessional team to determine the appropriateness of physical therapy services, the extent (intensity and duration) of physical therapy services, and the appropriate monitoring parameters for the patient as set by the PT.
- Consider, anticipate, and plan for the possibilities whereby movement might compromise medical stability, or how medical conditions or medications might affect the patient's physiological responses to movement or compound safety issues. Be able to discuss how those considerations impact each specific patient with the interprofessional team.
- Determine the need for, and don/doff personal protective gear prior to, during, and after the physical therapy session to protect the patient, the PTA, and the environment from infection transmission. Follow hospital protocol for infection control as it impacts patient mobility.
- Prior to initiation of mobility, survey the patient and the environment for all barriers to safe movement. This includes but is not limited to: locking all moveable objects; donning non-slip foot wear; applying gait belt (if appropriate); clearing a space sufficient to allow for maximal mobility (yet prepared for minimal mobility as well); positioning beds and chairs optimally; and locating all lines, tubes, and monitoring equipment.
- Identify what role the line/tube is serving for the patient and the specific precautions related to it, and pre-position the patient/environment to manage it during mobility without disruption of the line/tube, and with minimal effect on the patient's mobility.
- Independently and safely manage the patient's lines and tubes, consulting with medical staff or supervising PT, when needed. Decide the following: "I can manage;" "I need help managing;" or "I need further training to manage." (*NOTE: This document is not meant to outline which lines and tubes the entry-level PTA should be able to manage and which ones they will need assistance with, as this standard will change over time as practice changes. In the majority of situations, the entry-level PTA should be able to manage lines and tubes without needing assistance or further training.*)
- Demonstrate basic understanding of ventilator settings and equipment as they impact the patient's physical therapy POC, and possess the didactic knowledge appropriate for additional clinical training.
- Independently seek assistance from the interprofessional team, colleagues, and/or supervising PT for managing patients that require intensive monitoring, when deemed necessary for the safety of the patient.
- Utilize and manage all common equipment encountered in the acute care setting, including hospital beds, commodes, air mattresses, bed alarms, call bells, and wheelchairs. In case of unfamiliarity, seek self-directed help in understanding the equipment prior to use.
- Integrate the use of lifting technologies into patient care in a manner that simultaneously maximizes patient function and promotes safety for the patient, the PTA, and other staff.
- Respond to any emergent situation by identifying needs, keeping the patient safe, activating emergency response systems, communicating with responders, and being ready to assist as needed.

Entry-Level Patient Management

Entry-Level Medical Record Review and Documentation

The medical record serves as the official record of the patient's past and current status, along with a documentation of all procedures the patient has experienced. It is one of the sources for the PTA to gain information about the patient as well as to share the pertinent details of the patient's therapy session. In all aspects of medical record review, the entry-level PTA maintains confidentiality of protected-health information (PHI) based on ethical and regulatory guidelines, including HIPAA and the APTA Standards of Practice for the PTA. **Table 1** details a medical record review.

In regard to medical record review and documentation, the entry-level PTA is expected to:

- Gather medical information to determine the appropriateness of therapy on a daily basis in the context of potential medical instability and unpredictability (right patient, right time, and right setting). In communication with the PT, the PTA is expected to articulate clinical rationale to the referring provider when mobilization is not indicated on the basis of available chart information and communication.
- Create clear and defensible documentation, consistent with facility-specific standards.
- Reflect all relevant aspects of the patient encounter in a manner that can be understood by all members involved in the patient's care – including patient medical status, safety items, and parameters that guide intervention – and ensure it can be reproduced and continued by other PTs and PTAs.
- Document immediately following care to establish patient medical status and facilitate healthcare provider communication.
- Document changes in condition and communicate with PT any need to update the POC.
- Use clinical judgment to determine when immediate communication beyond documentation is required for safe coordinated patient care.

Daily Assessment

A thorough and thoughtful assessment of the patient is an essential component to manage any given patient in acute care. Based on the initial physical therapy evaluation, the PTA must select the appropriate components of the POC to help define the patient's current and emerging physical therapy needs and potential needs.

Table 2 illustrates components that a PTA might perform in daily assessment/treatment.

Entry-Level Interventions

The entry-level PTA must be able to assist the PT in determining if follow-up care and physical therapy interventions are indicated for patients in the acute care setting. These decisions consider:

- the patient's length of stay;
- discharge destination;
- whether an anticipated intervention will lead to significant improvement in a reasonable time frame;
- whether interventions require the level of complexity and sophistication that only a qualified PT can achieve;
- whether the care can be provided by a physical therapist assistant;
- and/or whether the establishment of a functional maintenance program is warranted.

A description of common interventions is found in **Table 3**.

Entry-Level PTA Contributions to Discharge Recommendations

The entry-level acute care PTA must be able to work within the PT/PTA team to provide the PT with the information necessary for him or her to make clinical decisions surrounding a safe discharge plan. The PTA must then communicate these decisions with all members of the interprofessional medical team – including the patient and caregiver(s) – in a manner that ensures the patient receives optimal care. The entry-level PTA must be able to assist the PT with the following in order to provide optimal discharge recommendations:

- Determine destination, level of support, the need for continuity of care in post-acute settings (rehab, outpatient, home, sub-acute or other), additional services, and follow-up needs.
- Assess patient safety including cognition and function.
- Determine optimal equipment needs in context of available funding and patient's individual circumstances, with consideration of reasonable and necessary standards.
- Synthesize patients' life context: pre-hospitalization status, age, suitability of home environment, caregiver support, follow-up/transportation needs, risk factors for re-hospitalization, and economic resources.
- Assess expectations and desires of stakeholders (such as the patient, family, caregiver, medical services, and surgical services).
- Understand regulations imposed by the healthcare systems and payers.

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Table 1: Elements of a Medical Record Review

1. Confirm physical therapy referral and patient-specific orders (restrictions, activity orders, weight bearing status, etc.)
2. Study the physical therapy evaluation and have a thorough understanding of the problems list, goals, and approved interventions.
3. Read and have a thorough understanding of prior treatment sessions, limitations, and stated plans for the next session.
4. Review provider progress notes and have a thorough understanding of recent changes in medical status and each medical diagnosis that is being actively managed by the provider.
5. Develop an understanding of the meaning of resulted and pending lab values.
6. Check nursing notes for any significant events that might impact the execution of the physical therapy POC (activity/safety, pain, incisions/drains, overnight events, recent medication administration, and family involvement).
7. Review any consult/specialist notes that have occurred since the physical therapy evaluation.
8. Check patient's most recent vital signs, and be prepared for the impact they might have on a successful intervention session.
9. Read any operative and anesthesia reports that might have occurred since the physical therapy evaluation. Be prepared to either hold physical therapy or obtain new orders after such an event, and refer the patient back to the primary PT for re-evaluation.
10. Review and have a thorough understanding of any imaging and radiology reports that might have been resulted since the physical therapy evaluation.
11. Comprehend any medications patient might be taking that will impact the physical therapy session (i.e. use of the BORG scale to determine exercise tolerance when patient is taking beta blockers).
12. Recognize resuscitation status, power of attorney, medical release authorizations, clinical pathways, person to notify, and next of kin. Be judicious in determining patient's visitors and the authorization to discuss the patient in their presence.

Table 2: Elements of a Daily Physical Therapy Assessment/Treatment Session

1. Obtain the patient's consent.
 - a. Introduce yourself – first and last name – and role.
 - b. Confirm the patient's identity through use of two patient identifiers.
 - c. Educate patient regarding reason for planned intervention and role of physical therapy.
 - d. Determine relationship(s) and name(s) of all individuals present/involved in care, and confirm if it is appropriate to proceed and/or discuss health information in their presence.
 - e. Determine patients' understanding of hospitalization and ability to benefit from physical therapy.
 - f. Use motivational techniques, collaborative discussion, and problem solving when reviewing PT-established goals, ensuring alignment with patient's goals.
2. Anticipate and perform actions necessary to maintain patient's physical, emotional, and personal modesty and privacy.
3. Perform proper hand hygiene and follow all infection control policies as warranted.
4. Facilitate an environment that promotes and ensures patient safety – including use of safety equipment, securing furniture and chairs, managing lines/tubes/drains, and utilizing alarms, as appropriate.
5. Clarify inconsistencies and document any new information provided.
 - a. Review and determine accuracy of patient's level of support within his or her residence, including physical, emotional, and social support.
 - b. Review and determine accuracy of type of residence and barriers or support associated with the environment, such as stairs, location of necessities, and wheelchair accessibility. Determine other environmental obstacles/barriers (throw rugs, small pets, etc.) when appropriate.
 - c. Explore and recognize social roles and responsibilities.
 - i. Is the patient responsible for child or elder care?
 - ii. What is the patient's employment status?
 - d. Determine patient's experience with current or previous physical therapy treatment.
 - e. Review and determine accuracy of patient's level of function prior to admission or onset of acute symptoms.
 - i. What was his/her physical mobility?
 - ii. How much assistance was needed?
 - iii. What was his/her endurance/activity tolerance?
 - iv. Has the patient had a fall?
 - v. Was the patient on a current exercise regime?
 - vi. Did he/she have an airway clearance program?
 - f. Perform a relevant risk factor analysis, including signs of elder or child abuse.
 - g. Review and determine accuracy of patient's current access to and use of equipment (gait aids, bathroom/other equipment). Confirm the quality/safety of the stated equipment.

Table 3: Common Interventions

Within the framework of the PT/PTA team, the PTA will select and utilize appropriate functional interventions based on patient's current status, impairments, and plan of care:

1. Therapeutic exercise
 - a. Strength
 - b. Aerobic/endurance/cardiac/pulmonary
 - c. Flexibility
 - d. ROM
2. Functional mobility training
 - a. Rolling
 - b. Scooting
 - c. Supine to/from sit
 - d. Sit to/from stand
 - e. Transfers between surfaces (bed to chair, wheelchair to commode, etc.)
 - f. Pressure relief
3. Locomotor training, as indicated
 - a. Gait training, with or without assistive devices
 - b. Stair training
 - c. Wheelchair mobility and management
4. Neuromuscular re-education
 - a. Balance
 - b. Coordination
 - c. Vestibular interventions and exercises
5. Manual therapy
6. Posture training
7. Orthotic/prosthetic fitting/training
8. Functional activity training
9. Airway clearance, pelvic floor, respiratory muscle training
10. Biophysical agents
11. Select and perform appropriate education intervention for patient, family or other caregiver
 - a. Role of therapy
 - b. Impairments/limitations
 - c. Barrier modification
 - d. Health/injury risk factor modifications
 - e. Adaptive equipment
 - f. Energy conservation
 - g. Pain management
 - h. Relaxation techniques
 - i. Safety
 - j. Precautions
 - k. Airway clearance
 - l. Fall prevention
 - m. Functional mobility training
 - n. Caregiver training
 - o. Home exercise program
 - p. Positioning/pressure relief
 - q. Discharge recommendations
 - r. Plan of care
 - s. Role of patient, care team, and caregivers to supplement therapy
12. Facilitate, educate, and communicate discharge recommendations regarding further therapy, other healthcare professional referrals, and safety and equipment needs, as directed by the PT.

