Standards of Clinical Practice

April 2013
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>3</td>
</tr>
<tr>
<td>IPTOP’s values and core roles</td>
<td>5</td>
</tr>
<tr>
<td>The IPTOP Standards of Clinical Practice framework</td>
<td>7</td>
</tr>
<tr>
<td>A summary of the definitions of the standards</td>
<td>8</td>
</tr>
<tr>
<td>Clinical practice</td>
<td>10</td>
</tr>
<tr>
<td>Screeninng</td>
<td>10</td>
</tr>
<tr>
<td>Examination/assessment</td>
<td>11</td>
</tr>
<tr>
<td>Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>15</td>
</tr>
<tr>
<td>Prognosis</td>
<td>15</td>
</tr>
<tr>
<td>Interventions/treatment</td>
<td>16</td>
</tr>
<tr>
<td>Prevention</td>
<td>17</td>
</tr>
<tr>
<td>Inter-professional collaboration</td>
<td>18</td>
</tr>
<tr>
<td>Professional development (definitions only)</td>
<td>9</td>
</tr>
<tr>
<td>Innovation</td>
<td></td>
</tr>
<tr>
<td>Research participation</td>
<td></td>
</tr>
<tr>
<td>Promotion of the profession</td>
<td></td>
</tr>
<tr>
<td>Professional leadership/mentoring (definitions only)</td>
<td>9</td>
</tr>
<tr>
<td>Supervision/mentoring</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Leading projects</td>
<td></td>
</tr>
<tr>
<td>Entrepreneurial /service development</td>
<td></td>
</tr>
<tr>
<td>References</td>
<td>19</td>
</tr>
</tbody>
</table>

**Figures:**

1. The IPTOP Standards of Clinical Practice framework model             | 7    |
2. Interactions between the components of the ICF framework             | 10   |
The International Association for Physical Therapists working with Older People

STANDARDS OF CLINICAL PRACTICE

Background

The International Association for Physical Therapists working with Older People (IPTOP) is a recognised subgroup of the World Confederation for Physical Therapy (WCPT). WCPT exists to move physical therapy forward so the profession is recognised globally for its significant role in improving health and well-being.

The prime purpose of physical therapists that practise with or specialise in the management of the older adult, is to enable that person to live well. In order to manage impairments, activity limitations, and participation restrictions occurring as part of, or in addition to, the ageing process, physical therapists practising in this field play a major role in contributing to the education, knowledge, and skills necessary for the older person to best manage their condition, physically, psychologically, and socially. A person-centred, collaborative, inter-professional approach is required to manage a wide range of conditions affecting this population, ensuring the aspects of dignity and respect are maintained as expected when practicing with any population or individual.

Part of IPTOP’s Mission Statement involves furthering its members’ ability to provide best practice physical therapy when examining/assessing and providing interventions/treatment to older people and to advocate for optimal ageing. To that end, this document has arisen from a need to help members achieve the IPTOP aim of:

‘… encouraging high standards of physical therapy practice with older people’.

When considering how a Clinical Standards document for the membership might best be developed, IPTOP studied several models submitted from the Association’s Member Organisations, as well as content from WCPT Policy documents and other WCPT subgroup work. The resulting IPTOP Standards of Clinical Practice is a blend of the relevant information gathered during the development process considered of use to a physical therapist when practising clinically with older adults.

To whom do these Standards apply?

These Standards of Clinical Practice have been produced for use by physical therapist clinicians practising with older people. They are a supplement to current standards published by the physical therapy professional body in the practitioner’s country and to the WCPT 2011 Guideline for standards of physical therapy practice. They are intended to provide guidance for physical therapists practising with older people in countries where specialist clinical networks in this field are developing, or do not yet exist.

Use of these Standards:

These Standards may be used in the following ways:

- Guidance for the physical therapist clinician to use during their period of clinical intervention/treatment with an older person [this aspect relates more to the physical therapist’s professional behaviour and demonstration of examination/assessment and intervention/treatment skills]

- As an educational tool for senior staff when teaching junior staff and students about the management of the older person [this aspect relates more to the knowledge exhibited by the physical therapist]
A guide for physical therapists when promoting the needs and interests of older people in broader contexts [this aspect relates to both knowledge for advocacy and behaviour in promoting the needs of older adults]

The document also directs the physical therapist to sources of information produced by the WCPT to which the reader might refer for further guidance.

**Inappropriate use of these Standards**

These Standards are not intended for use in the following ways:

- To recommend either service standards (which clarify expectations of staff performance or competency in providing an effective service) or education standards for the physical therapist. That is the responsibility of the organisation in which the physical therapist practises and is dependent on the health and education systems of their country of practice.

- For more than a guide for the physical therapist towards acceptable behaviour and knowledge when practising with the older population. These IPTOP Standards of Clinical Practice are different than regulatory Codes of Conduct that govern the practice of the physical therapist in the country in which they practise.

**Document citation:**

Please cite the document as:

The International Association for Physical Therapists working with Older People (IPTOP) (April 2013). *Standards of Clinical Practice.*

© 2013 The International Association for Physical Therapists working with Older People [IPTOP]

**The Project Group members were:**

Bhanu Ramaswamy (IPTOP representative to the member organisation of the United Kingdom) - lead

Lisa Dehner (IPTOP representative to the member organisation of the United States of America)

Jan Tessier (IPTOP representative to the member organisation of Belgium)

Jill McClintock (IPTOP Executive Vice-President)

**Acknowledgements:**

In addition to the work of the Project Group, IPTOP would like to acknowledge the contributions from IPTOP Executive members Jennifer Bottomley (President) and Nancy Prickett (Treasurer); Member Country Representatives who collated responses from their membership, and in particular Glauca Gonçalves Mantellini (IPTOP representative to the member organisation of the Switzerland) and Hans Hobbelen (IPTOP representative to the member organisation of The Netherlands); individual member contributions from Gareth Clifford (Republic of Ireland), Gill Agar (UK) and the Secretariat of the WCPT; Russell Mather and Jonathan Willis from Sheffield Hallam University who designed the IPTOP Clinical Standards model.

Special acknowledgement is made to the immeasurable inputs and contributions from Marilyn Moffatt (President of the WCPT) and Catherine Sykes (WCPT Secretariat) without who the document would not be so well structured and informative.
IPTOP’s values and core roles are based on principles observed by the WCPT and by its Member Organisations:

As the international voice of physical therapy WCPT’s mission is to:
- Unite the profession internationally
- Represent physical therapy and physical therapists internationally
- Promote high standards of physical therapy practice, education and research
- Facilitate communication and information exchange among member organisations, regions, subgroups and their members
- Collaborate with national and international organisations
- Contribute to the improvement of global health

As the WCPT subgroup representing physical therapists practising with older adults, IPTOP views ageing as a positive event, therefore:
- Age must not present a barrier to effective, evidenced-based physical therapy management
- Advancing age must not negate the older person’s rights to make their own decisions about their physical therapy management and future plans

Definition of older people

For the purposes of this document the following definition of older people is used. This is consistent with the definition used by WCPT.

Older people are generally defined according to a range of characteristics including chronological age, change in social role, and changes in functional abilities.

In high-resourced countries older age is generally defined in relation to retirement from paid employment and receipt of a pension, at 60 or 65 years. With increasing longevity some countries define a separate group of oldest people, those over 85 years. In low-resourced countries, where shorter life spans are recorded, older people may be defined as those over 50 years. The age of 50 years was accepted as the definition of older people for the purpose of the WHO Older Adult Health and Ageing in Africa project.

Please note:

For the purpose of consistency with the reference to ‘older people’ within its title, IPTOP will use the term older adult, person, or people in this document. Given the above definition however, and in recognition of its international membership, IPTOP acknowledges that different words and terms will be used by different organisations to describe the older population. For examples the term ‘ageing adults’ could be used if encompassing those in transition from the age of 50 upwards whilst ‘older adults/people’ intimates the person has already entered old age. This may also be the case with conditions where earlier effects of ageing occur, as observed in people with intellectual or other disabilities at a faster pace than in the general population.

Also, where clinicians from different countries utilise distinctive terminology, both have been used e.g. the terms examination/assessment and interventions/treatment, to permit a clearer understanding of the document.
Physical therapists have a unique contribution in enhancing the quality of life of older adults. Therefore, physical therapists practicing with older adults should:

- Be skilled in health promotion and activities that enable older adults to live with the effects of physiological ageing on function and those that promote a healthy vision of older age
- Optimise functional independence and encourage engagement in preventive interventions in older age for as long as possible to promote quality of life for the individual
- Have a key role in the remediation of symptoms that develop with pathological conditions commonly seen in ageing
- Acknowledge and work with the cultural diversity and beliefs of the older adult population with whom they practise, even if these are in contradiction to the beliefs and values of the physical therapist
- Promote and strive for high standards of physical therapy clinical practice as supported by research, education, and ethical considerations

Physical therapists are key professionals who support collaborative practice with internal and external parties to enhance the positive management of older adults. Therefore physical therapists will:

- Respect the contributions of all involved parties
- Communicate with professional physical therapists and other professional colleagues and with people involved in the management of older adults in order to understand and provide the highest quality services for the individual
- Play a key role in designing services for older adults to ensure equitable access to all forms of health and social services using the best evidence-based interventions/treatments
- Take into account the ageing process on the speed of recovery or goal achievement of the individual, plus remain aware that older people may need more time for assessment or treatments due to existing underlying pathologies

The term *individual* is used in this document as a generic term to refer to the older person or groups of older adults who may benefit from physical therapist services, unless using a direct quote that utilises other terminology. In this document, the term ‘individual’ includes those who may be referred to as *patients, clients, or service users*.

**Please note:** The skill of the physical therapist practising with the older population is in managing the multiple changes in the ageing body plus dealing with the components of the bio-psycho-social facets resulting in an overall complex picture; and understanding that managing the older/ageing person is not usually about one isolated problem although this may be the only problem indicated in a referral.

In this document, *implementation* following examination/assessment refers to the communication and education techniques and choice of therapeutic strategy. *Evaluation* (leading to the diagnosis) refers to the culmination of the examination/assessment, which must factor in co-morbidities and the unique bio-psycho-social factors related to ageing.
Both the implementation and evaluation will take into account influencing environmental factors, for example a person's location as this impacts greatly on what, how, and why implementation is offered.

**The IPTOP Standards of Clinical Practice framework** concentrates on the three interrelated core roles of a physical therapist practising with older adults (Figure 1):

1. **Clinical practice** – includes screening, examination/assessment, evaluation, diagnosis, prognosis, interventions/treatment, prevention and professional collaboration (definitions provided both in summary, and in full with descriptions and standards by which to measure practice)

2. **Professional development** – includes innovation, research participation to further education, and promotion of the profession (definitions only)

3. **Professional leadership/mentoring** - includes education, leading projects (innovative concepts), and entrepreneurial and service development work (definitions only).

**Please note:**
Core roles 2 and 3 are administered differently according to the regulations and systems available to the physical therapist in the country in which they practise, hence the provision of a definition only.

The older adult remains central to the framework, and communication is a key element throughout all practice areas, enabling physical therapists to demonstrate their knowledge, skills and ethical behaviours.

Figure 1: IPTOP Standards of Clinical Practice model
Standards of Clinical Practice for physical therapists working with older people/adults: A summary of definitions.

<table>
<thead>
<tr>
<th>Clinical practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening</strong> - Screening is the consented short process by which the physical therapist systematically evaluates whether the individual would benefit from examination/assessment and intervention/treatment from a physical therapist – see page 10 for details.</td>
</tr>
<tr>
<td><strong>Examination/assessment</strong> - Is a comprehensive and specific testing process performed by the physical therapist that leads to a diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: The individual’s history, the systems reviews, and the tests and measures – see page 11 for details.</td>
</tr>
<tr>
<td><strong>Evaluation</strong> - Is a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination/assessment. It is the process that necessitates re-examination for the purpose of evaluating outcomes to identify progression to goal achievement or need for modification and change of the management plan – see page 14 for details.</td>
</tr>
<tr>
<td><strong>Diagnosis</strong> - Is a process that arises from the examination/assessment and evaluation and represents the outcome of the process of clinical reasoning. It may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/disabilities, or syndromes – see page 15 for details.</td>
</tr>
<tr>
<td><strong>Prognosis (including Management Plan)</strong> - Prognosis is the determination by the physical therapist of the predicted optimal level of function and the amount of time needed to reach that level. Plan includes statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions required to reach the goals and outcomes. The overall management plan also includes the anticipated discharge planning – see page 15 for details.</td>
</tr>
<tr>
<td><strong>Interventions/treatment</strong> - Is the purposeful interaction of the physical therapist with the individual, and when appropriate, with others involved in management of the individual, using various physical therapy procedures and techniques. To produce changes in the condition, these might include therapeutic exercise; functional training in self-care and home management; functional training in work, community, and leisure integration or reintegration; manual therapy techniques; prescription, application, and, as appropriate, fabrication of devices and equipment; airway clearance techniques; integumentary repair and protection techniques; electrotherapeutic modalities; physical agents and mechanical modalities. It is the sum of all interventions provided by the physical therapist to a patient/client during an episode of service delivery – see page 16 for details.</td>
</tr>
<tr>
<td><strong>Prevention</strong> – Is activity directed toward: (1) achieving and restoring optimal functional capacity; (2) minimising impairments, functional limitations, and disabilities; (3) maintaining health (thereby preventing further deterioration or future illness); and (4) creating appropriate environmental adaptations to enhance independent function – see page 17 for details.</td>
</tr>
<tr>
<td><strong>Inter-professional collaboration</strong> – is co-ordination of management, information sharing, dissemination, and advice between other service providers to ensure continuity in the interventions/treatment aimed at maintaining or improving the quality of the ageing individual’s condition – see page 18 for details.</td>
</tr>
</tbody>
</table>
## Professional development

**Innovation** - The process by which the physical therapist contributes to the development and improvement of the physical therapy field, but more specifically to the practice of physical therapy with the older population to ensure that improvements of quality, effectiveness and efficiency through best practice are introduced /implemented.

**Research participation** - The process by which the physical therapist participates in the preparation and/or implementation of research in the field of older people. This should be accessible and utilised within clinical practice.

**Promotion of the profession** - The process by which the physical therapist promotes the profession to others to outline the benefits of physical therapy with the older population.

## Professional leadership/mentoring

**Supervision/mentoring** - the use of knowledge and skills of a physical therapist specialised in practising with older people to monitor, guide, counsel and advise others for example carers, junior staff, students, thus assisting them to develop professionally in the management of the older population, and personally as a physical therapist.

**Education** – the delivery, assessment and evaluation of learning experiences in clinical settings and education sites such as institutional, industrial, occupational, acute settings, primary health care, and community settings. Education informs on all aspects of the older adult’s management comprising of examination/assessment, evaluation, diagnosis, prognosis/plan of care, and interventions/treatments including prevention, health promotion, and wellness programmes. Where a physical therapist shares their knowledge and experience to contribute to the decision-making and professional development of colleagues and other health professionals to better understand physical therapy in the context of management of the older population.

**Leading projects** - the expertise of the physical therapist to manage (innovative) projects that promote the profession and physical therapy for the older population. The process involves the stages of project planning, implementation, evaluation, alterations (if suggested by the evaluation), and dissemination.

**Entrepreneurial /service development** - the identification and utilisation of developments and opportunities relating to ‘marketable’ services for older people. As the purpose of such development is to make services more sustainable (and profitable), physical therapists will promote all developments in a business-like ethical manner and with integrity.
Standards of Clinical Practice for physical therapists working with older people/adults: Definition, description and standards

1. Clinical practice

IPTOP recommends the use of the model from the World Health Organization’s International Classification of Functioning, Disability and Health (ICF) (WHO 2001) as a framework for practice with older people. The bio-psycho-social approach enables health professionals to consider the functioning of the individual irrespective of the number and type of health conditions and to guide screening, assessment, goal setting and treatment planning (Figure 2). The ICF framework considers functioning in the context of environmental and personal factors. Examples of environmental factors, acting either as barriers or facilitators to the level of functioning, include the attitudes of family and carers, availability of personal support, medications and the physical environment. Personal factors such as levels of education, motivation or confidence are recognised in the ICF model, but not classified.5, 6

Figure 2. Interactions between the components of the ICF framework

---

**Screening**

**Definition:** Screening is the consented short process by which the physical therapist systematically evaluates whether the individual would benefit from examination/assessment and intervention/treatment from a physical therapist.

**Please note:** Screening is not a service provided by physical therapists in all countries, and may be considered part of a ‘triage’ role or a process by which a physical therapist determines the priority of patients' treatments based on the severity of their condition.

The individual may have self-referred for physical therapy services or may have been referred by another professional.

**Description:** Includes the following:

- The physical therapist conducts a short appraisal using information available from different sources. For example, they may question the individual (either face-to-face or by electronic means), including a discussion about their illness belief and health promotion interventions.
- They may choose to use a specific screening checklist if one is provided and appropriate to the service.
• Discussion of the findings of the physical therapy screening with the individual if they are available, and, if the request was through a referral process, will discuss findings with the referring professional or caregiver in accordance with regulatory Codes of Conduct that govern the practice of the physical therapist in the country in which they practice

Standards (also see ‘Evaluation’ below): The physical therapist screening the older person:
• Gains consent to conduct the screening and to share information gathered with relevant others
• Collects appropriate information with regard to the individual’s presenting problems, functional limitations and associated environmental factors for example support needed
• May choose to use a screening checklist, possibly supplemented with another functional screening tool, ideally validated for use with older persons and physical examination
• Organises the information into symptoms and signs in order to identify patterns of presentation and to recognise any abnormalities
• Poses relevant questions to detect ‘red flags’ and if identified, responds appropriately for example onward referral for further investigation
• Arrives at a conclusion with respect to a need for further physical therapy input
• Informs the individual of the conclusions of the screening, advising them on possible next steps explaining the benefits, potential disadvantages, and expected time of intervention
• Informs and asks for timely advice from other professionals if required
• Supports the screening process with best evidence regarding the older population
• Ensures that documentation is dated and appropriately authenticated by the physical therapist that carried out the screening in line with professional and service policy guidelines provided7.

Examination/assessment

Definition: Is a comprehensive and specific testing process performed by the physical therapist that leads to a diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: The individual’s history; the systems reviews; the tests and measures.

Description: Includes the following:
• Examination/assessment of the individual with their consent6 by obtaining a history from them and from other relevant sources
• Examination/assessment of the individual by performing systems reviews that may include screens of the cardiovascular/pulmonary, musculoskeletal, neuromuscular, and integumentary system, and examination of communication, emotional state, cognition, language, and learning style
• Examination/assessment of the individual by selecting and administering culturally and age-appropriate tests and measures
• Use hypothetico-deductive strategies such as evidence–informed decision making, and utilisation of reliable and valid tests and measures whenever possible and available, to determine the specific selected tests and measures
• Formulate a short list of potential diagnoses or actions from the earliest findings (history and systems review) about the individual
• Perform specific tests and measures that reduce the selected number of tests and measures, especially where the person is frail
• Tests and measures may include, but are not limited to those that assess:
  o Aerobic capacity/endurance
  o Anthropometric characteristics
  o Arousal, attention, and cognition
<table>
<thead>
<tr>
<th>Standards. The physical therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>With consent to proceed, starts the assessment/examination by taking a history, performing the systems review, and administering selected tests and measures, ensuring that the expectations of the older individual are ascertained.</td>
</tr>
<tr>
<td>▪ Takes the older individual’s history that may include obtaining the following data:</td>
</tr>
<tr>
<td>o General demographics (age, sex, race/ethnicity, primary language, education)</td>
</tr>
<tr>
<td>o Social history (cultural beliefs and behaviours, family and caregiver resources, social interactions/activities/support systems)</td>
</tr>
<tr>
<td>o Employment - Work/Job (current and prior work, community, and leisure actions or activities)</td>
</tr>
<tr>
<td>o Living environment (home, community characteristics, devices and equipment, projected discharge destination)</td>
</tr>
<tr>
<td>o General health status – self-report, family report, caregiver report (general health perception, physical function, psychological function, role function, social function)</td>
</tr>
<tr>
<td>o Social/health practice (behavioural and health risks, level of physical fitness)</td>
</tr>
<tr>
<td>o Family history (familial health risks)</td>
</tr>
<tr>
<td>o Medical/surgical history (cardiovascular, endocrine/metabolic, gastrointestinal, gynaecological, integumentary, musculoskeletal, neuromuscular, obstetrical, psychological, pulmonary, prior hospitalizations, prior surgeries, pre-existing medical and other health related conditions)</td>
</tr>
<tr>
<td>o Current conditions/chief complaints (concerns leading to seek physical therapist services, current therapeutic interventions, mechanisms of injury or disease, onset and pattern of symptoms, expectations and goals for the therapeutic interventions, emotional response to current clinical situation, previous occurrence of chief complaints, prior therapeutic interventions)</td>
</tr>
<tr>
<td>o Functional status and activity level (current and prior functional status in self-care and home management including activities of daily living and physical activity levels)</td>
</tr>
<tr>
<td>o Medications (medications for the current condition, medications previously take for current condition, medications for other conditions). Gauge concordance and difficulties taking medications.</td>
</tr>
</tbody>
</table>
|   o Other clinical tests (laboratory and diagnostic tests, review available records, review other
• Performs a quick systems review that may include brief assessment of the following systems:
  o Cardiovascular/pulmonary systems (blood pressure, heart rate, respiratory rate, and assessing for oedema)
  o Musculoskeletal system (gross range of motion, gross strength, gross symmetry, height, weight)
  o Neuromuscular system (gross coordinated movements, for example balance, locomotion, transfers, and safe transitions between movements from one place to another)
  o Integumentary system (the presence of any scar formation, the skin colour, and the skin integrity)
• Includes in the systems review an assessment of communication, behavioural/emotional state, cognition, language, and learning style
• Selects and administers tests and measures that may include:
  o Aerobic capacity/endurance assessment of aerobic capacity during functional activities and during standardised tests; cardiovascular signs and symptoms during exercise or activity; pulmonary signs and symptoms of distress during exercise or activity
  o Anthropometric characteristics may include assessment of body composition; body dimensions; and oedema
  o Arousal, attention, and cognition may include assessment of arousal; attention; cognition; communication; consciousness; orientation; and recall
  o Assistive technologies and adaptive devices may include assessment of devices and equipment; components; remediation of impairments, functional limitations, disabilities, activity limitations, and participation restrictions; and safety
  o Circulation (arterial, venous, lymphatic) may include assessment of signs, symptoms and physiological responses to positions
  o Cranial and peripheral nerve integrity may include assessment of motor and sensory distribution of nerves; response to neural provocation; response to stimuli; and electrophysiological testing
  o Environmental, home, and work (job/play/study) barriers may include assessment of: Current and potential barriers; and physical space and environment
  o Ergonomics and body mechanics may include assessment of dexterity and coordination during work; functional capacity during work; safety during work; specifics of work conditions; work tools, devices, equipment; and body mechanics during self-care, home management, work, community, and leisure (with and without assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment)
  o Gait, locomotion, and balance may include assessment of static and dynamic balance; balance during functional activities; gait and locomotion during functional activities with and with devices or equipment; and safety during gait, locomotion, and balance
  o Integumentary integrity may include assessment of activities, position, postures, devices, and equipment that produce or relieve trauma to skin; burn; signs of infection; and wound and scar characteristics
  o Joint integrity and mobility
  o Motor function (motor control and motor learning) may include assessment of: dexterity, coordination, and agility; hand function; control of movement patterns; and voluntary postures
• Muscle performance may include assessment of muscle strength, power, and endurance; and muscle tension
  o Orthotic, protective, and supportive devices may include assessment of components, alignment, and fit; use during functional activities and sport-specific activities; remediation of impairments, functional limitations, disabilities, activity limitations, and participation restrictions;
Pain may include assessment of type, location, and severity (irritability, intermittent/constant, quality, pattern, duration, time, cause); soreness; and nociception

Posture may include assessment of static and dynamic postural alignment and position

Prosthetic requirements may include assessment of components, alignment, fit, and ability to care for prosthesis; use during functional activities and sport-specific activities; remediation of impairments, functional limitations, disabilities, activity limitations, and participation restrictions; residual limb or adjacent segment; and safety during use

Range of movement may include assessment of functional range of movement; joint active and passive movements; muscle length; and soft tissue extensibility and flexibility

Reflex integrity may include assessment of deep and superficial reflexes; postural reflexes and reactions; primitive reflexes and reactions; and resistance to passive stretch

Self-care and home management may include assessment of activities of daily living [ADL] and instrumental activities of daily living [IADL] for self-care and home management; ability to gain access to home environment; and safety during self-care and home management

Sensory integrity may include assessment of combined/cortical sensations; and deep sensations

Ventilation and respiration/gas exchange may include assessment of pulmonary signs of respiration/gas exchange; pulmonary signs of ventilatory function; and pulmonary symptoms

Work (job), community, and leisure integration or reintegration may include assessment of ability to assume or resume work, community and leisure activities; ability to gain access to work; community and leisure environments; and safety in work, community and leisure activities and environments

- Adjusts the duration and intensity of the examination/assessment (history, systems review, and tests and measures) according to the condition of the older individual, understanding that it may take several sessions to complete a full examination/assessment
- Gathers information about previous intervention or care from others for any similar issues.
- Ascertains whether physical therapy intervention/treatment is appropriate and safe
- Determines whether the older individual’s problem(s) are amenable to interventions/treatment by the physical therapist practicing with older adults
- Discusses the results of the examination/assessment with the older individual and other appropriate advocates
- Records the examination/assessment process according to the criteria set by the Codes of Practice of the physical therapists country of practice
- Ensures that documentation is dated and appropriately authenticated by the physical therapist that carried out the assessment/examination in line with professional and service policy guidelines provided

<table>
<thead>
<tr>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong> Is a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination/assessment. It is the process that necessitates re-examination for the purpose of evaluating outcomes to identify progression to goal achievement or need for modification and change of plan.</td>
</tr>
<tr>
<td><strong>Standards:</strong> The physical therapist:</td>
</tr>
<tr>
<td>- Might proceed, following the examination/assessment in any of four ways: 1) give advice to the older individual and/or referrer on how to continue; 2) proceed to develop the diagnosis, prognosis and plan; 3) recommend a consultation with another professional; or 4) determine that treatment</td>
</tr>
</tbody>
</table>
Diagnosis

Definition: Is a process that arises from the examination/assessment and evaluation and represents the outcome of the process of clinical reasoning. It may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/disabilities, or syndromes.

Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data obtained during the examination/assessment to describe the individual's condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person.

Description: Includes the following:
- Formulation of a diagnosis utilising a process of clinical reasoning that results in the identification of existing or potential impairments, activity limitations, participation restrictions and environmental factors
- Incorporation of additional information from other professionals, as needed, in the diagnostic process
- Knowing that the diagnosis may be expressed in terms of movement dysfunction or may encompass categories of impairments, activity limitations, participation restrictions and environmental factors
- If the diagnostic process reveals findings that are not within the scope of the physical therapist's knowledge, experience or expertise, referring the individual to another appropriate practitioner

Standards. The physical therapist:
- Focuses on providing a diagnosis following evaluation of the older individual’s movement, both qualitatively and quantitatively through appropriate tests and measurements
- May follow accepted practice of sharing their knowledge and experience of the diagnosis with colleagues within and outside of physical therapy with the permission of the older individual to demonstrate expertise in dealing with an older people with complex presentations

Prognosis (Including Plan)

Definition: Prognosis is the determination by the physical therapist of the predicted optimal level of function and the amount of time needed to reach that level. Sometimes, if the individual has a progressive condition, the physical therapist may not anticipate an improvement, but expect the individual's condition to remain static, or expect to manage their deterioration.

Plan includes statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan includes the anticipated discharge plans.

Description: Includes the following:
- Prognosis includes
  - Determining the individual’s prognoses and identify the most appropriate intervention strategies for physical therapist management
Plan includes
- Delivering and managing a plan that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment. This may include consent to plan and intervene/treat.
- Collaborating with the individual, family members, payers (e.g., social system, insurance companies, self-payment by the individual), other professionals and appropriate involved persons to determine a plan.
- Determining specific interventions/treatments with measurable outcome goals associated with the plan.
- Establishing a physical therapy plan that is safe, effective, and person-centred.
- Determining individual's goals and outcomes within available resources and specifying expected length of time to achieve the goals and outcomes.
- Monitoring and adjusting the plan in response to the status of the individual.
- Referring to another agency/health practitioner cases which are inappropriate for physical therapy.

Standards. The physical therapist:
- Creates a treatment plan with SMART (specific, measurable, achievable, relevant, timely) objectives.
- Formulates short-, mid- and long-term plans in collaboration with the older individual, family members and inter-professional team as appropriate.
- Records the agreed expected outcomes according to the criteria set by the Codes of Practice of the physical therapists country of practice.
- Bases the treatment plan and goals on the highest available evidence regarding the older population.

Interventions/treatment

**Definition**: Is the purposeful interaction of the physical therapist with the individual, and when appropriate, with others involved in their management using various physical therapy procedures and techniques. This might include therapeutic exercise; functional training in self-care and home management; functional training in work, community, and leisure integration or reintegration; manual therapy techniques; prescription, application, and, as appropriate, fabrication of devices and equipment; airway clearance techniques; integumentary repair and protection techniques; electrotherapeutic modalities; physical agents and mechanical modalities to produce changes in the condition.

Is the sum of all interventions provided by the physical therapist to the individual during an episode of service delivery.

**Description**: Includes the following:
- Providing whenever possible, evidence-based physical therapy interventions/treatments to achieve the individual's goals and outcomes. Interventions/treatments may include:
  - Coordination, communication and documentation.
  - Person-related instruction.
  - Therapeutic exercise.
  - Functional training in self-care and home management.
  - Functional training in work (job/play), community, and leisure integration or reintegration.
  - Manual therapy techniques.
  - Prescription, application, and as appropriate, fabrication of devices and equipment.
Airway clearance techniques
Integumentary repair and protection techniques
Electrotherapeutic modalities
Physical agents and mechanical modalities

- Providing physical therapy interventions/treatments aimed at prevention of impairments, activity limitations, participation restrictions, and injury including the promotion and maintenance of health, quality of life, and fitness in older persons
- Determining those components of interventions that may be directed to support personnel
- Responding effectively to the individual's and environmental emergencies in the practice setting

<table>
<thead>
<tr>
<th>Standards: The physical therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determines a timetable and strategies for the interventions/treatment, discusses and plans it with the individual, and achieves mutual agreement for all</td>
</tr>
<tr>
<td>Selects interventions/treatment including appropriate exercises for the person’s age and physical condition, and uses interventions/treatments considered most effective to bring about change</td>
</tr>
<tr>
<td>Provides or recommends a practice environment, possibly in the older individual's own environment, in which the desired activity can take place and/or be facilitated</td>
</tr>
<tr>
<td>Informs, advises, and/or assists the older individual in implementing the interventions/treatment into their lifestyle and home activities, including any assistive products and technology so that they can function as independently and safely as possible</td>
</tr>
<tr>
<td>Tailors the interventions/treatment with any other professional(s) involved with the older individual</td>
</tr>
<tr>
<td>Evaluates the results of the interventions/treatment regularly with the older individual and applies treatments on that basis</td>
</tr>
<tr>
<td>Ensures continuity by making a relevant transfer to another service or by instructing the older individual about further self-management</td>
</tr>
<tr>
<td>Ensures that documentation is dated and appropriately authenticated by the physical therapist providing the interventions/treatment</td>
</tr>
<tr>
<td>Bases interventions/treatment where possible and when available on evidence that is informed by existing research, protocols, or guidelines related to the older population, mixing the information with the experience and expertise of the physical therapist and the circumstances of the individual</td>
</tr>
<tr>
<td>Focuses interventions/treatment when there is a complexity of issues arising from the bio-psycho-social domains influencing the individual’s life on education of the older person about their condition and teaches them how to best manage by finding an optimal form of participation in society</td>
</tr>
<tr>
<td>Motivates the older individual to make changes in their behaviour in adapting to their unique situation where full recovery may not be an option.</td>
</tr>
<tr>
<td>Advises and assists the older individual in obtaining tools that foster self-reliance</td>
</tr>
<tr>
<td>Undertakes preventive interventions in all instances</td>
</tr>
<tr>
<td>Acts as an advocate for the older individual and/or for the older adult population to optimise their choices towards healthy behaviour and lifestyles</td>
</tr>
<tr>
<td>Advises the individual on Medications management, and in countries where drug prescription is an allowable part of physical therapy intervention /treatment, manages and prescribes medications according to legislation</td>
</tr>
</tbody>
</table>

**Prevention**

**Definition:** Is activity directed toward: (1) achieving and restoring optimal functional capacity; (2) minimising impairments, functional limitations, and disabilities; (3) maintaining health, thereby
preventing further deterioration or future illness and (4) creating appropriate environmental adaptations to enhance independent function.

Primary prevention is the prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. Secondary prevention includes efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention includes efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases.

Description: Includes the following:
- Providing physical therapy services for prevention, health promotion, fitness, and wellness to groups, and communities
- Promoting health, quality of life, independent living, and workability by providing information on health promotion, fitness, wellness, disease, impairment, activity limitations, participation restrictions, and health risks related to age, gender, culture, and lifestyle, all of which are delivered within the scope of physical therapist practice

Standards: The physical therapist
- Bases prevention strategies on the highest available evidence regarding older people and on the evidence-based primary prevention programmes suggested by reliable health organisations
- Identifies the need for time allocated to deliver preventive advice
- Develops primary prevention programmes in order to preserve optimal ability (capacity) of the older individual
- Provides person-oriented preventive advice, adapted to the ability of the older individual in terms of content and delivery method
- Focuses on primary and secondary prevention interventions/treatment, and where possible, on preventing further damage to someone who already has impairment and disability (tertiary prevention), which may require monitoring from a discipline other than physical therapy
- Screens individuals to determine which prevention approaches will be best for the older person (e.g., individual, group)
- Develops approaches to the target audience's requirements, so that older individuals continue to participate and adhere to the prevention program
- Uses knowledge, experience, and expertise to match the capabilities and future needs of the target group
- Evaluates the effectiveness of the preventive advice given and makes alterations when necessary to gain maximal effectiveness
- Encourages integration of health promotion during everyday life tasks of the older individual
- Develops or uses specific educational materials to supplement their input and advice
- Provides advice to caregivers in the implementation of primary prevention programmes and provides supplementary advice and materials as necessary
- Ensures that documentation is dated and appropriately authenticated by the physical therapist that recorded a plan for preventative interventions

Inter-professional collaboration

Definition: Is co-ordination of management, information sharing, dissemination, and advice between physical therapists or other service providers to ensure continuity in the interventions/treatment aimed at maintaining or improving the quality of the ageing individual's condition.

Description: Includes the following:
The older individual often presents with multiple conditions and problems that rely on the assistance of several professionals simultaneously. In these cases, the physical therapist using specific skills and knowledge in a manner that adds quality to the life of the older person works closely, either concurrently or consecutively with other disciplines. In some circumstances, the physical therapist takes on the role of co-ordinator of care.

In some cases, the physical therapist may foster relations with other sectors in which older people are involved in the improvement of care of older people. For example, a physical therapist practising in an acute setting who oversees the transfer of older adults between services specifically for older people.

**Standards:** The physical therapist, with the consent of the individual to share information:

- Consults with other disciplines and/or colleagues in a timely manner to contribute to the intervention for the older individual.
- Discusses the interventions/treatment goals with other disciplines and applies the information to the consultation process.
- Evaluates input with other disciplines and/or colleagues, to monitor the effect of the multidisciplinary approach.
- Provides instructions to other disciplines and/or colleagues where appropriate.
- If co-ordinating with other professionals, requests and provides feedback through a collaborative process.
- Ensures that any documentation related to the collaboration is dated and appropriately authenticated by the physical therapist that recorded the communication.

While IPTOP considers the **Professional development** and **Professional leadership/mentoring** areas of practice to be an essential part of the development of professional practice and the implementation of high standards of clinical practice, the standards would not differ from those of a therapist practicing within another field of physical therapy. For this reason, only definitions of the terms and expectations are provided in the document (see page 9) and therapists are requested to utilise the information provided by their professional body in their practitioner’s country and to the policy documents provided by the WCPT.
References:


