



World Confederation
for Physical Therapy

WCPT guideline for physical therapist professional entry level education

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The World Confederation for Physical Therapy (WCPT) represents the physical therapy profession worldwide. WCPT is registered in the UK as a charity.

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WCPT guidelines are produced to assist member organisations and others to raise the quality of physical therapy. They may provide guidance on standards criteria or courses of action in areas relevant to physical therapy education research practice or policy. They are not mandatory but designed to assist the implementation of WCPT's policies.

Section 1: Introduction

1.1 Purpose

WCPT intends that this international guideline for physical therapist professional entry level education is used worldwide. It may be used for curriculum planning, curriculum development, in internal and external quality assurance processes and standards assessment.

While the guideline has been developed with input from and specific reference to the Member Organisations of WCPT, the intent is that it may also be used by countries where physical therapy associations and education programmes do not currently exist and where the profession is not represented in WCPT.

1.2 Background

At the 15th General Meeting of WCPT (2003), the following motion was passed:

That WCPT develop international guidelines for physical therapist professional education (entry level) that can be utilised worldwide. The process shall include:

- determining practice expectations of the graduate of professional physical therapist education programmes
- developing curricular content guidelines for professional physical therapist education

It is acknowledged that the development of the profession varies worldwide and that for some countries, with a well-established, recognised and regulated profession, mechanisms already exist to provide quality assurance in physical therapy entry level educational provision. However, this is not universal and must be born in mind when reviewing the document. It is anticipated that different countries will use this curriculum guideline to varying extents dependent on their needs. While some aspects of this guideline may already be implemented, other aspects may include elements to which countries are striving to fulfil. It is the view of WCPT that all countries should be striving towards fulfilling the curriculum described in this guideline.

This guideline is informed by WCPT's policy statements, such as the ones on education¹ and the description of physical therapy.² It also forms part of a package of WCPT resources to facilitate the implementation of the education policy, the others being:

- WCPT guideline for a standard evaluation process for accreditation/recognition of physical therapist professional entry level education programmes.³
- WCPT guideline for the development of a system of legislation/regulation/recognition.⁴
- WCPT guideline for the clinical education component of physical therapist professional entry level education.⁵
- WCPT guideline for qualifications of faculty for physical therapist professional entry level programmes.⁶
- WCPT guideline for delivering quality continuing professional development for physical therapists.⁷

1.3 Target audience

This guideline may be used by:

- physical therapy educators
- health and education authorities
- monitoring and regulatory bodies
- national physical therapy organisations
- WCPT member organisations
- potential WCPT member organisations
- government policy makers
- others, who have an interest in providing physical therapist professional entry level education programmes

1.4 Application

The guideline may be used for a variety of purposes.

- It provides a means of describing the nature and characteristics of physical therapist professional entry level educational programmes.
- It represents general expectations about standards for the award of qualifications at an entry level and articulate attributes and capabilities that those possessing such qualifications should be able to demonstrate.
- It is an important external source of reference for designing and developing new physical therapist professional entry level educational programmes.
- It provides general guidance for articulating the learning outcomes associated with the programme.

The guideline provides for variety and flexibility in the design of programmes and encourages innovation within an agreed overall conceptual framework. The guideline also provides a framework for internal quality assurance processes. It enables the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

The guideline may also inform physical therapists, managers, service providers and others delivering health services as it details the level of attributes and skills of physical therapists on entry into the profession.

This guideline is but one of a number of sources of information that may be drawn upon for the purposes of academic review and for making judgments about threshold standards being met (refer to the bibliography provided at appendix D).

It is acknowledged that individual programmes/countries may modify this guideline and interpret it within the context of their situation, whilst aiming to fulfil the learning outcomes this guideline is designed to facilitate.

Section 2: The nature of physical therapy practice

In the context of health, health being "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"⁸, physical therapists provide services to people and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. Physical therapist practice includes the provision of services in circumstances where movement and function are threatened by the process of aging or that of injury, disorders, or diseases. Functional movement is central to what it means to be healthy.²

Physical therapist practice is concerned with identifying and maximising quality of life and functional movement potential, within the spheres of promotion, prevention, maintenance, intervention/treatment, habilitation and rehabilitation. This encompasses physical, psychological, emotional and social well being. Physical therapist practice involves the interaction between the physical therapist, patients or clients, families, care givers, other health care providers and communities, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physical therapists.²

Physical therapists are qualified and professionally required to:

- undertake a comprehensive examination/assessment of the patient/client or needs of a client/population group
- formulate a diagnosis, prognosis and plan
- provide consultation within their expertise and determine when patients/clients need to be referred to another health professional
- implement a physical therapist intervention/treatment programme
- determine the outcomes of any interventions/treatments
- make recommendations for self management

The physical therapist's extensive knowledge of the body and its movement needs and potential is central to determining diagnosis and intervention/treatment strategies. The practice settings will vary in relation to whether physical therapy is concerned with health promotion, prevention, maintenance, intervention/treatment, habilitation, or rehabilitation.

Physical therapists operate as independent practitioners[†], as well as members of health service provider teams and are subject to the ethical principles of WCPT.⁹⁻¹⁰ They are able to act as first contact practitioners and patients/clients may seek direct services without referral from another health care professional.^{2,11-12}

Physical therapy is an established and regulated profession, with specific professional aspects of clinical practice and education, indicative of diversity in social, economic, cultural and political contexts. But it is clearly a single profession and the first professional qualification, obtained in any country, represents the completion of a curriculum that qualifies the physical therapist to use the professional title and to practise as an independent professional.

There may be unique geographic factors in a country or region that will influence physical therapist practice and education. [Country or region to insert anything appropriate for their needs]

Section 3: The nature of physical therapy education

WCPT recommends that physical therapist professional entry level educational programmes be based on university or university level studies, of a minimum of four years, independently validated and accredited as being at a standard that accords graduates full statutory and professional recognition.¹ WCPT acknowledges that there is innovation and variation in programme delivery and in entry level qualifications, including first university degrees (Bachelors/Baccalaureate/Licensed or equivalent)[†], Masters and Doctorate entry qualifications. What is expected is that any programme should deliver a

[†] **Practitioner** – the term practitioner encompasses all roles that a physical therapist may assume such as patient/client care, management, research, policy maker, educator, and consultant.

[†] The Licensed degree in some parts of the World can be referred to as a Licentiate/Licencié/Licenciatura/Licentiat or similar translation. It equates to a first level university degree.

curriculum that will enable physical therapists to attain the knowledge, skills and attributes described in this guideline.

Professional education prepares physical therapists to be autonomous practitioners.¹²

Physical therapist entry level educational programmes integrate theory, evidence and practice along a continuum of learning. This begins with admission to an accredited physical therapy programme and ending with retirement from active practice.¹

- The goal of physical therapy education is the continuing development of physical therapists, who are entitled, consistent with their education, to practise the profession without limitation in accordance with the definition of physical therapist practice in individual countries.
- The curricula for physical therapy education should be relevant to the health and social needs of the particular nation.
- The term accredited is used in relation to physical therapy education to describe a programme, which is regularly evaluated according to established educational standards.³
- The first professional qualification should represent completion of a curriculum that qualifies the physical therapist for practice as an independent autonomous professional.
- An integral component of the curriculum for the first professional qualification is direct clinical experience under the supervision of appropriately qualified physical therapists or other relevant professionals. As skills and experience increase, clinical education involves access to increasing levels of responsibility.⁵
- The curriculum should equip physical therapists to practise in a variety of health care settings including, but not limited to, institutional, industrial, occupational and primary health care that encompass urban and rural communities. Consideration should also be given to preparing physical therapists to work in environments that reflect the delivery models that operate in different countries.
- The curriculum and continuing professional development (CPD) opportunities should prepare physical therapists with knowledge of educational approaches to facilitate the supervision, education and transference of skills to others.
- Life-long learning and a commitment to professional development is an attribute of a competent physical therapist.
- Physical therapists should be equipped for evidence based practice.¹³
- Knowledge and understanding of research methodologies should be included in physical therapist professional entry level educational programmes.¹⁴
- Physical therapist professional entry level educational programmes should be conducted by physical therapists and other appropriately qualified educators able to transfer knowledge and skills about physical therapist examinations/assessment/ evaluations and interventions/treatment and their outcomes, including the critical analysis of theories and methods of physical therapy.⁶
- Educators should have appropriate qualifications and/or experience in teaching and learning. They should also have an awareness and understanding of the culture in which they are teaching. In addition, they should include a variety of approaches to student assessment (eg formative and summative).⁶
- Basic and foundational sciences (eg anatomy, histology, physiology, pathology imaging, pharmacology, etc), behavioural and social sciences (eg psychology, ethics, sociology),

movement sciences (eg kinesiology, biomechanics, exercise science) and research methodology should be taught by individuals with appropriate education and/or credentials in the area.⁶

- The goals, content, format and evaluation of the physical therapist professional entry level education programmes are the responsibility of the faculty but should involve the active participation of the national physical therapy association.

Physical therapist professional entry level educational programmes acknowledge that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes.^{4,15-17} Thus, higher education institutions and service providers are encouraged to work collaboratively in the design and delivery of their curricula.

Physical therapist professional entry level educational programmes should make clear their system of academic awards/credit rating in order to facilitate transferability and recognition in other countries.¹⁸

Physical therapist professional entry level educational programmes need to adequately prepare and equip physical therapists to practise in a variety of settings able to deliver services in both urban and rural communities, acknowledging their roles as facilitators and educators of other health personnel necessary for the attainment of physical therapy and patient/client goals.^{1,19}

Physical therapist professional entry level educational programmes need to equip students with the necessary communication and decision-making skills to work in collaboration with their patients/clients, carers, other professionals and colleagues.

Physical therapist professional entry level educational programmes need to promote as appropriate multi-professional and interprofessional learning experiences and practice.

Thus, the overall aim of physical therapist professional entry level educational programmes is to educate physical therapists who are knowledgeable, self-assured, adaptable, reflective, humanistic and service-oriented and who, by virtue of critical thinking, life-long learning and ethical values, render independent judgments concerning patient/client needs.

Section 4: The curriculum

4.1 Introduction

The curriculum incorporates consideration of the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system. A review of the curriculum occurs on a regular basis.

4.2 Content

The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (eg anatomy/cellular biology, histology, physiology, exercise physiology, exercise science, biomechanics, kinesiology, neuroscience, pathology, imaging and pharmacology).

The physical therapist professional curriculum includes content and learning experiences in the social/behavioural/technological sciences necessary for initial practice of the profession (eg applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, information communication technology (ICT), clinical reasoning, evidence based practice and applied statistics), including laboratory or other practical experiences.

The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (eg content about the cardiovascular, pulmonary, endocrine, metabolic,

gastrointestinal, genitourinary, integumentary (skin), musculoskeletal and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists).

The physical therapist professional curriculum includes content, learning experiences and clinical education experiences for each student that encompass:

- management of patients/clients with an array of conditions (eg musculoskeletal, neuromuscular, cardiovascular/pulmonary, integumentary) across the lifespan and the continuum of care
- practise in multiple settings
- opportunities for involvement in interdisciplinary practice

4.3 Teaching, learning and assessment strategies

The strategies and methods utilised in the curriculum for teaching, learning and assessment are determined by the institution, but should reflect the learning outcomes associated with the physical therapist professional curriculum. An integrative approach to the application of theory and practice is supported. Fundamental to the basis upon which students are prepared for their professional career is the provision of programmes of academic study and practice-based learning, which lay the foundation for career-long professional development and lifelong learning, to support best professional practice and the maintenance of professional standards. Examples of teaching and learning strategies for delivering the curriculum may include didactic teaching in subject matter-based areas, competency-based learning in didactic and clinical areas and problem-based learning. Student-centred learning should encourage students to take on increasing responsibility for identifying their own learning needs. Graduates should be autonomous learners with developed lifelong learning skills and an ability to engage in continuing professional development.

4.4 Skill development

The diverse nature of physical therapy practice requires a range of complex skills that should be developed longitudinally throughout the curriculum. Characteristically these skills should be introduced and then developed through practise on peers, with their consent, prior to application in the clinical context. Students should practise observation, palpation and analysis of human performance in classroom/laboratories in the university/higher education institution prior to experiences in the clinical context.

Section 5: Physical therapist practice expectations

The curriculum that includes the characteristics inherent in a practising professional physical therapist is designed to prepare students to meet the following physical therapist practice expectations:

5.1 Physical therapist practice

5.1.1 Patient/client care/management

5.1.1.1 Assessment/examination

- Examine patients/clients by obtaining a history from them and from other relevant sources [see appendix A for further details].
- Examine patients/clients by performing systems reviews that may include screens of the following [see appendix A for further details]:
 - cardiovascular/pulmonary systems
 - musculoskeletal system

- neuromuscular system
- integumentary system
- communication, emotional state, cognition, language and learning style
- Examine patients/clients by selecting and administering culturally appropriate and across the life span (neonate, paediatric, adolescent, adult, senescence) tests and measures.
- Use hypothetico-deductive strategies to determine the specific selected tests and measures.
- Formulate a short list of potential diagnoses or actions from the earliest clues (history and systems review) about the patient/client.
- Perform specific tests and measures that reduce the selection of the tests and measures.
- Utilise reliable and valid tests and measures whenever possible and available.
- Tests and measures may include, but are not limited to, those that assess [see appendix A for further details]:
 - aerobic capacity/endurance
 - anthropometric characteristics
 - arousal, attention and cognition
 - assistive technology and adaptive devices
 - circulation (arterial, venous, lymphatic)
 - cranial and peripheral nerve integrity
 - environmental, home and work (job/school/play) access and barriers
 - ergonomics and body mechanics
 - gait, locomotion and balance
 - integumentary integrity
 - joint integrity and mobility
 - motor function (motor control and motor learning)
 - muscle performance
 - neuromotor development and sensory integration
 - orthotic, protective and assistive technologies, including Activities to Daily Living (ADL)
 - pain
 - posture
 - prosthetic requirements
 - range of motion
 - reflex integrity

- self-care and home management
- sensory and proprioceptive integrity
- ventilation and respiration/gas exchange
- work (job/school/play), community and leisure integration or reintegration

5.1.1.2 Evaluation

- Evaluate findings from the assessment/examination (history, systems review and tests and measures) to make clinical judgments regarding patients/clients.

5.1.1.3 Diagnosis

- Formulate 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.
- Incorporate additional information from other professionals, as needed, in the diagnostic process.
- Know 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, refer the patient/client to another appropriate practitioner.

5.1.1.4 Prognosis

- Determine patient/client prognoses and identify the most appropriate intervention strategies for patient/client care/management.

5.1.1.5 Plan of care/intervention/treatment

- Deliver and manage a plan of care/intervention/treatment that is consistent with legal, ethical and professional obligations and administrative policies and procedures of the practice environment. This may include consent to plan of care/intervention/treatment.
- Collaborate with patients/clients, family members, payers (eg social system, insurance companies, patient self-pay), other professionals and other individuals to determine a plan of care/intervention/treatment.
- Determine specific interventions with measurable outcome goals associated with the plan of care/intervention/treatment.
- Establish a physical therapy plan of care/intervention/treatment that is safe, effective and patient/client-centred.
- Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
- Monitor and adjust the plan of care/intervention/treatment in response to patient/client status.
- Refer to another agency/health practitioner cases, which are inappropriate for physical therapy.

5.1.1.6 Interventions/treatments

- Provide, whenever possible, evidence based physical therapy interventions/treatments to achieve patient/client goals and outcomes. Interventions/treatments may include [see Appendix A for further details]:
 - co-ordination, communication and documentation
 - patient/client-related instruction
 - therapeutic exercise
 - functional training in self-care and home management
 - functional training in work (job/school/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
- Provide 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 all ages and populations.
- Determine those components of interventions that may be directed to support personnel.
- Respond effectively to patient/client and environmental emergencies in one's practice setting.

5.1.1.7 Re-examination/determination of outcomes

- Re-examine patient/client throughout the episode of care/intervention to evaluate the effectiveness of interventions/treatments and outcomes.
- Adjust plan of care/intervention/treatment in response to findings.
- Use valid and reliable outcome measures instruments, where available.
- Evaluate and record outcomes at the end of an episode of care/intervention/treatment.

5.1.1.8 Prevention, health promotion, fitness and wellness

- Provide physical therapy services for prevention, health promotion, fitness and wellness to individuals, groups and communities.
- Promote 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 within the scope of physical therapist practice.

5.1.1.9 Evidence based practice

- Use evidence to inform practice and to ensure that the services rendered and the care/intervention/treatment provided to patients/clients, their carers and communities is based on the best available evidence, taking into consideration beliefs and values and the cultural context of the local environment.
- Use information technology to access sources of information to support clinical decisions and not use techniques and technologies that have been shown to be ineffective or unsafe.
- Critically evaluate sources of information related to physical therapist practice, research and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
- Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care/intervention/treatment for a patient/client.
- Be prepared to contribute to the evidence for practice.¹³

5.1.1.10 Management of care/intervention/treatment delivery

- Provide first-contact care/intervention/treatment through direct access to patients/clients, who have been determined through the examination and assessment processes to need physical therapy care/intervention/treatment.
- Provide services to patient/client referred by other practitioners to ensure that service is continuous.
- Assess potential risks for the patient/client and the physical therapist in the practice environment.
- Manage support staff effectively and efficiently.
- Understand the changing and diverse context within which physical therapy services are delivered.
- Know quality assurance frameworks and how they are utilised/applied.
- Understand performance indicators and outcome measures derived from a range of scientific and measurement approaches.
- Understand the social and economic factors that impact on health and the delivery of health services.

5.1.2 Communication

- Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers and policymakers.
- Communicate with others using written, verbal and non-verbal modes.
- Recognise the barriers to effective communication and strategies for overcoming these.

- Provide mentorship for students and colleagues utilising a range of communication skills.
- Communicate in a way that maintains the patient's/client's confidentiality.
- Document practice using, where possible, internationally accepted data standards such that data is useful not only for clinical care but also research, administration and statistics.²⁰⁻²¹

5.1.3 Consultation/screening

- Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organisations, or individuals.
- Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

5.1.4 Critical analysis/clinical reasoning/clinical decision making

- Use clinical judgment and reflection to identify, monitor and enhance clinical reasoning to minimise errors and enhance patient/client outcomes.
- Consistently apply current knowledge, theory and professional judgment while considering the patient/client perspective in patient/client care/management.

5.1.5 Education

- Effectively educate individuals and groups.
- Provide mentorship for students and colleagues utilising a range of teaching skills.
- Engage in appropriate self-directed learning.

5.1.6 Management/administration/supervision

- Direct and supervise human resources to meet patient's/client's goals and expected outcomes.
- Participate in management of a physical therapist practice.
- Participate in establishing a practice business plan.
- Participate in activities related to resource management, marketing and public relations.
- Manage practice in accordance with regulatory and legal requirements.
- Assure safety in practice environment, including risk assessment.
- Understand the impact of health and social care policies on professional practice.
- Use Information Communication Technology (ICT) and information management systems to maintain patient/client records.²⁰⁻²¹
- Understand the roles of the other health practitioners and concepts of multi-professional practice.
- Identify, justify and negotiate to secure additional resources as required to deliver comprehensive services necessary to meet the needs of patients/clients, their families and carers or populations.

5.1.7 Research

- Have knowledge of the varied research methodologies.

- Identify questions arising from practice that may serve as stimuli for future research.
- Be an informed consumer of the research literature.
- Contribute to professional practice through research (eg present a single case study, literature review, poster presentation).¹⁴

5.2 Practice settings

- Understand the role of physical therapists and the scope of physical therapy practice in multiple practice settings.
- Appendix B provides further details.

5.3 Professional behaviours

5.3.1 Accountability

- Adhere to legal practice standards, including all statutory authorities (eg federal, state, local, regional, provincial and institutional regulations) related to patient/client care and fiscal management.
- Be aware of the cost burden of physical therapy services.
- Practise in a manner consistent with ethical principles established by WCPT^{10,22} or by the Member Organisation.
- Encourage membership in the national physical therapy organisation.
- Participate in organisations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.
- Make clinical and billing decisions based on the best interests of the patient/client and not the payer.

5.3.2 Altruism

- Place patient's/client's needs above the physical therapist's needs.
- Incorporate free/voluntary/pro bono services (eg voluntary service overseas, riding programmes for those with disabilities, free services to the homeless) into practice.

5.3.3 Compassion/caring

- Exhibit caring, compassion and empathy in providing services to patients/clients.
- Promote active involvement of the patient/client in his or her care/intervention/treatment.
- Respect the patient's/client's right to refuse physical therapy care/intervention/treatment.

5.3.4 Cultural competence

- Identify, respect and act with consideration for patients'/clients' differences, values, preferences, beliefs and expressed needs in all professional activities.
- Manage patients/clients and interact with colleagues in a manner that is non-discriminatory and non-oppressive.
- Understand the impact of health and social care policies on professional practice.

5.3.5 Ethical behaviour

- Understand the ethical issues that inform and shape physical therapy practice.^{10,22}
- Know the professional, statutory and regulatory codes of practice.
- Abide by the professional code of conduct, values and beliefs.
- Maintain the principles and practice of patient/client confidentiality.

5.3.6 Integrity

- Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers and payers (eg social system, insurance companies, patient self-pay).
- Adhere to codes of professional conduct.

5.3.7 Personal/professional development

- Manage uncertainty, change and stress.
- Implement effective time-management and workload planning.
- Identify individual learning needs.
- Construct and implement a personal development plan.
- Reflect and modify behaviour in the light of experience and advice.
- Set realistic goals related to personal development.
- Recognise the significance of continuing professional development.

5.3.8 Professional duty

- Demonstrate professional behaviour in all interactions with patients/clients, family members, caregivers, other providers, students, other consumers and payers.
- Participate in self-assessment to improve the effectiveness of care/intervention/treatment.
- Participate in peer assessment activities.
- Participate in activities that support the development of the profession and patient/client services.
- Participate in professional organisations (eg national physical therapy organisation, WCPT).
- Understanding of the roles of other professions pertinent to physical therapist practice.
- Acknowledge cross-professional boundaries and employ appropriate referral procedures.

5.3.9 Social responsibility and advocacy

- Advocate for the health and wellness needs of society.
- Advocate for the professional competence of physical therapists in a changing health delivery environment.
- Participate and show leadership in community organisations and volunteer service.

- Advocate for the profession through decision-makers and key stakeholders (eg to include, but not be limited to, legislative, regulatory, political, payer).
- Understand the sequelae of humanitarian situations, including torture and natural, environmental and technological disasters and intervene when and as appropriate.^{23,24}
- Understand the sequelae of civil or criminal violence (including domestic violence) and intervene when and as appropriate.

5.3.10 Teamwork

- Understand the roles of different health and social care professionals involved in the management of patients/clients.
- Work with other professionals to ensure patient/client-centred services and the provision of seamless services.
- Refer to other professionals as indicated by patient/client needs.

Appendix A Patient/client care/management

The areas of examination/assessment/evaluation (history, systems review and tests and measures) and interventions that may be used in curriculum development may include but are not limited to:

A) Examination/assessment/evaluation

- History may include obtaining the following data:
 - general demographics (age, sex, race/ethnicity, primary language, education)
 - social history (cultural beliefs and behaviours, family and caregiver resources, social interactions/activities/support systems)
 - employment – work/job/school/play (current and prior work, community and leisure actions, tasks, or activities)
 - growth and development (developmental history, hand dominance)
 - living environment (living environment, community characteristics, devices and equipment, projected discharge destination)
 - general health status – self-report, family report, caregiver report (general health perception, physical function, psychological function, role function, social function)
 - social/health habits (behavioural and health risks, level of physical fitness)
 - family history (familial health risks)
 - 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)
 - 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)
 - functional status and activity level (current and prior functional status in self-care and home management including activities of daily living and instrumental activities of daily living)
 - medications (medications for the current condition, medications previously take for current condition, medications for other conditions)
 - other clinical tests (laboratory and diagnostic tests, review available records, review other clinical findings)
- Systems review may include brief assessment of the following systems:
 - cardiovascular/pulmonary systems
 - blood pressure
 - heart rate
 - respiratory rate
 - assessing for oedema

- musculoskeletal system
 - gross range of motion
 - gross strength
 - gross symmetry
 - height
 - weight
- neuromuscular system
 - gross coordinated movements, eg balance, locomotion, transfers and transitions
- integumentary system
 - the presence of any scar formation
 - the skin colour
 - the skin integrity
- Systems review may include assessment of communication, behavioural/emotional state, cognition, language and learning style
- Tests and measures may include:
 - aerobic capacity/endurance, may include assessment of:
 - aerobic capacity during functional activities and during standardised tests
 - cardiovascular signs and symptoms during exercise or activity
 - pulmonary signs and symptoms during exercise or activity
 - anthropometric characteristics may include assessment of:
 - body composition
 - body dimensions
 - oedema
 - arousal, attention and cognition may include assessment of:
 - arousal
 - attention
 - cognition
 - communication
 - consciousness
 - orientation
 - recall
 - assistive technologies and adaptive devices may include assessment of:
 - devices and equipment
 - components
 - remediation of impairments

- functional limitation
- disabilities
- safety
- circulation (arterial, venous, lymphatic) may include assessment of:
 - signs
 - symptoms
 - physiological responses to positions
- cranial and peripheral nerve integrity may include assessment of:
 - motor and sensory distribution of nerves
 - response to neural provocation
 - response to stimuli
 - electrophysiological testing
- environmental, home and work (job/school/play) barriers may include assessment of:
 - current and potential barriers
 - physical space and environment
- 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
 - body mechanics during self-care, home management, work, community and leisure (with and without assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment)
- 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
 - safety during gait, locomotion and balance
- integumentary integrity may include assessment of:
 - activities, position, postures, devices and equipment that produce or relieve trauma to skin
 - burn
 - signs of infection
 - wound and scar characteristics

- joint integrity and mobility may include assessment of:
 - joint integrity and mobility
 - joint play movements
- motor function (motor control and motor learning) may include assessment of:
 - dexterity, coordination and agility
 - hand function
 - control of movement patterns
 - voluntary postures
- muscle performance may include assessment of:
 - muscle strength, power and endurance
 - muscle tension
- neuromotor development and sensory integration may include assessment of:
 - acquisition of motor skills
 - oral motor function
 - phonation and speech
 - sensorimotor integration including postural, equilibrium and righting reactions
- 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 and disabilities
 - safety during use
- pain may include assessment of:
 - type, location and severity (irritability, intermittent/constant, quality, pattern, duration, time, cause)
 - soreness
 - 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 and disabilities
 - residual limb or adjacent segment
 - safety during use

- range of motion may include assessment of:
 - functional range of motion
 - joint active and passive movements
 - muscle length
 - soft tissue extensibility and flexibility
- reflex integrity may include assessment of:
 - deep and superficial reflexes
 - postural reflexes and reactions
 - primitive reflexes and reactions
 - 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
 - safety during self-care and home management
- sensory integrity may include assessment of:
 - combined/cortical sensations
 - deep sensations
- ventilation and respiration/gas exchange may include assessment of:
 - pulmonary signs of respiration/gas exchange
 - pulmonary signs of ventilatory function
 - pulmonary symptoms
- work (job/school/play), 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
 - safety in work, community and leisure activities and environments

B) Interventions/treatments

- Coordination, communication and documentation may include:
 - address required functions
 - admission and discharge planning
 - case management
 - collaboration and coordination with agencies
 - communication across settings

- cost-effective resource utilisation
- data collection, analysis and reporting
- documentation
- interdisciplinary teamwork
- referrals to other professionals
- Patient/client-related instruction may include:
 - instruction, education and training of patients/clients and caregivers
- Therapeutic exercise may include:
 - aerobic capacity/endurance conditioning or reconditioning
 - aquatic programmes
 - gait and locomotor training
 - increased workload over time
 - movement efficiency and energy conservation training
 - walking and wheelchair propulsion programmes
 - balance, coordination and agility training
 - developmental activities training
 - motor function (motor control and motor learning) training or retraining addressing required function
 - neuromuscular education or re-education
 - perceptual training
 - posture awareness training
 - sensory training or retraining
 - standardised, programmatic, complementary exercise approaches
 - task-specific performance training
 - vestibular training
 - body mechanics and postural stabilisation
 - body mechanics training
 - postural control training
 - postural stabilisation activities
 - posture awareness training
 - flexibility exercises
 - muscle lengthening
 - range of motion
 - stretching

- gait and locomotion training
 - developmental activities training
 - gait training
 - implement and device training
 - perceptual training
 - standardised, programmatic, complementary exercise approaches
 - wheelchair training
- neuromotor development training
 - developmental activities training
 - motor training
 - movement pattern training
 - neuromuscular education or re-education
- relaxation
 - breathing strategies
 - movement strategies
 - relaxation techniques
 - standardised, programmatic, complementary exercise approaches
- strength, power and endurance training for head, neck, limb, pelvic-floor, trunk and ventilatory muscles
 - active assistive, active and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric and plyometric)
 - aquatic programs
 - standardised, programmatic, complementary exercise approaches
 - task-specific performance training
- functional training in self-care and home management may include:
 - activities of daily living (ADL) training
 - bathing
 - bed mobility and transfer training
 - developmental activities
 - dressing
 - eating
 - grooming
 - toileting
 - barrier accommodations or modifications

- device and equipment use and training
 - assistive technologies and adaptive devices or equipment training during activities of daily living (ADL) and instrumental activities of daily living (IADL)
 - orthotic, protective, or supportive device or equipment training during self care and home management
 - prosthetic device or equipment training during ADL and IADL
- functional training programs
 - back schools
 - simulated environments and tasks
 - task adaptation
 - travel training
- instrumental activities of daily living (IADL) training
 - caring for dependents
 - home maintenance
 - household chores
 - shopping
 - structured play for infants and children
 - yard work
- injury prevention or reduction
 - injury prevention education during self-care and home management
 - injury prevention or reduction with use of devices and equipment
 - safety awareness training during self-care and home management
- functional training in work (job/school/play), community and leisure integration or reintegration may include:
 - barrier accommodations or modifications
 - device and equipment use and training
 - assistive technologies and adaptive device or equipment training during IADL
 - orthotic, protective, or supportive device or equipment training during IADL
 - prosthetic device or equipment training during IADL
 - functional training programmes
 - back schools
 - job coaching
 - simulated environments and tasks
 - task adaptation
 - task training
 - travel training

- work conditioning
- work hardening
- instrumental activities of daily living (IADL) training
 - community service training involving instruments
 - school and play activities training including tools and instruments
 - work training with tools
- injury prevention or reduction
 - injury prevention education during work (job/school/play), community and leisure integration or reintegration
 - injury prevention education with use of devices and equipment
 - safety awareness training during work (job/school/play), community and leisure integration or reintegration
- leisure and play activities and training
- manual therapy techniques may include:
 - acupressure
 - manual lymphatic drainage
 - manual traction
 - massage
 - connective tissue massage
 - therapeutic massage
 - mobilisation/manipulation
 - soft tissue (thrust and non-thrust)
 - spinal and peripheral joints (thrust and non-thrust)
 - passive range of motion
- prescription, application and, as appropriate, fabrication of devices and equipment may include:
 - adaptive devices
 - environmental controls
 - hospital beds
 - raised toilet seats
 - seating systems
 - assistive devices
 - canes
 - crutches
 - long-handled reachers
 - percussors and vibrators

- power devices
- static and dynamic splints
- walkers
- wheelchairs
- orthotic devices
 - braces
 - casts
 - shoe inserts
 - splints
- prosthetic devices (lower-extremity and upper-extremity)
- protective devices
 - braces
 - cushions
 - helmets
 - protective taping
- supportive devices
 - compression garments
 - corsets
 - elastic wraps
 - mechanical ventilators
 - neck collars
 - serial casts
 - slings
 - supplemental oxygen
 - supportive taping
- airway clearance techniques may include:
 - breathing strategies
 - active cycle of breathing or forced expiratory techniques
 - assisted cough/huff techniques
 - autogenic drainage
 - paced breathing
 - pursed lip breathing
 - techniques to maximise ventilation (eg maximum inspiratory hold, stair case breathing, manual hyperinflation)
 - manual/mechanical techniques

- assistive devices
- chest percussion, vibration and shaking
- chest wall manipulation
- suctioning
- ventilatory aids
- positioning
 - positioning to alter work of breathing
 - positioning to maximise ventilation and perfusion
 - pulmonary postural drainage
- integumentary repair and protection techniques may include:
 - debridement—nonselective
 - enzymatic debridement
 - wet dressings
 - wet-to-dry dressings
 - wet-to-moist dressings
 - debridement—selective
 - debridement with other agents (eg autolysis)
 - enzymatic debridement
 - sharp debridement
 - dressings
 - hydrogels
 - vacuum-assisted closure
 - wound coverings
 - oxygen therapy
 - supplemental
 - topical
 - topical agents
 - cleansers
 - creams
 - moisturisers
 - ointments
 - sealants
- electrotherapeutic modalities may include:
 - biofeedback
 - electrotherapeutic delivery of medications

- iontophoresis
- electrical stimulation
 - electrical muscle stimulation (EMS)
 - electrical stimulation for tissue repair (ESTR)
 - functional electrical stimulation (FES)
 - high voltage pulsed current (HVPC)
 - neuromuscular electrical stimulation (NMES)
 - transcutaneous electrical nerve stimulation (TENS)
- physical agents and mechanical modalities may include:
 - physical agents
 - athermal agents
 - pulsed electromagnetic fields
 - cryotherapy
 - cold packs
 - ice massage, ice brushing
 - vapocoolant spray
 - hydrotherapy
 - contrast bath
 - pools
 - pulsatile lavage
 - whirlpool tanks
 - light agents
 - infrared
 - laser
 - ultraviolet
 - sound agents
 - phonophoresis
 - ultrasound
 - thermotherapy
 - dry heat
 - hot packs
 - paraffin baths
 - mechanical modalities
 - acupuncture, dry needling
 - compression therapies

- compression bandaging
- compression garments
- taping
- total contact casting
- vasopneumatic compression devices
- gravity-assisted compression devices
 - standing frame
 - tilt table
- mechanical motion devices
 - continuous passive motion (CPM)
- traction devices
 - intermittent
 - positional
 - sustained

Appendix B Practice settings

To reflect physical therapist practice multiple practice settings may be used in curriculum development and may include but are not limited to:

- community based rehabilitation programmes
- community settings including primary health care centres, individual homes and field settings
- education and research centres
- fitness clubs, health clubs, gymnasia and spas
- hospices
- hospitals
- nursing homes
- occupational health centres
- out-patient clinics
- physical therapist private office, practice, clinic
- prisons
- public settings (eg shopping malls) for health promotion
- rehabilitation centres and residential homes
- schools, including pre-schools and special schools
- senior citizen centres
- sports centres/sports clubs
- workplace/companies

Appendix C Glossary

Accountability — is the active acceptance of the responsibility for the diverse roles, obligations and actions of the physical therapist including self-regulation and other behaviours that positively influence patient/client outcomes, the profession and the health needs of society.²⁵

Activities of daily living (ADL) — are the self-care, communication and mobility skills (eg bed mobility, transfers, ambulation, dressing, grooming, bathing, eating, and toileting) required for everyday living.²⁶

Activity — is the execution of a task or action by an individual.²⁷

Activity limitation — is the difficulty an individual may have in executing an activity.²⁷

Adaptive devices — see assistive products and technology.

Altruism — is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.²⁵

Assessment — is a process that includes both the examination of individuals or groups with actual or potential impairments, activity limitations, disabilities, participation restrictions, or other conditions of health by history taking, screening and the use of specific tests and measures and evaluation of the results of the examination through analysis and synthesis within a process of clinical reasoning.²⁸

Assistive devices — see assistive products and technology.

Assistive products and technology — any product, instrument, equipment or technical system adapted or specially designed for improving the functioning of a disabled person'. May include products and technology for mobility (eg crutches, canes, static and dynamic splints and wheelchairs), for communication (eg large-print books), for self-care (eg long handled reachers, bathing aids), for employment and education (eg computer software systems), for culture, recreation and sport (eg specialised wheelchairs). Assistive devices are classified in the ISO9999.^{27,29-31}

Autonomy — is the ability of a reflective practitioner to make independent judgments; open to initiate, terminate, or alter physical therapy treatment.²⁶

Benchmark statement — is an initiative undertaken under the aegis of the Quality Assurance Agency (UK) to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate.^{28,32}

Caring — is the concern, empathy and consideration for the needs and values of others.²⁵

Clients — are: a) individuals who are not necessarily sick or injured but who can benefit from a physical therapist's consultation, professional advice, or services, or b) businesses, schools systems and others to whom physical therapists offer services.²⁶ See also patients.

Clinical guidelines — are statements developed through systemic processes to assist practitioners and individuals in making decisions about appropriate forms of health care in particular clinical areas, taking account of individual circumstances and need.^{28,33}

Clinical reasoning/clinical decision making — is the critical and analytical thinking associated with the process of making clinical decisions,²⁸ and is an interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient/client, a letter of referral, the medical record, or other sources.²⁶

Clinical sciences — are the areas of study including physical therapeutic sciences, medical sciences and other sciences applied to physical therapy practice.²⁸

Communication — is a process by which information is exchanged by language, signs and symbols; including receiving and producing messages and using communication devices and techniques.²⁷

Community Based Rehabilitation (CBR) — is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities and the appropriate health, education, vocational and social services.³⁴

Compassion — is the desire to identify with or sense something of another's experience; a precursor of caring.²⁶

Competence — is the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. (In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy).³⁵

Consultation — is the rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialised knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time on behalf of a patient/client.³⁶

Continuing professional development (CPD) — is the process through which individuals undertake learning, through a broad range of activities that maintains, develops and enhances skills and knowledge in order to improve performance in practice.³⁷

Core skills — are the basic essential skills required by a physical therapist.²⁸

Cultural competence — is a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organisation within the context of the cultural beliefs, behaviours and needs presented by consumers and their communities.²⁵

Diagnosis — diagnosis in physical therapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, functional limitations and abilities/disabilities. The purpose of the diagnosis is to guide physical therapists in determining the prognosis and most appropriate intervention strategies for patients/clients and in sharing information with them. If the diagnostic process reveals findings that are not within the scope of the physical therapist's knowledge, experience or expertise, the physical therapist will refer the patient/client to another appropriate practitioner.² Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client 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.³⁶

Direct access — the patient/client directly asks the physical therapist to provide services (the patient refers themselves) and the physical therapist freely decides his conduct and takes full responsibility for it.³⁸ Also, the physical therapist has direct access to patients/clients and determines those that need a physical therapy assessment/intervention without referral from a third party.

Disability — is the umbrella term for impairments, activity limitations and participation restrictions that results from the interaction between an individual's health condition and the personal and environmental contextual factors. Personal factors are the particular background of an individual's life and living and comprise features of the individual that are not part of a health condition or health states, such as: gender, race age, fitness, lifestyle, habits, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character style, individual psychological assets and other characteristics, all or any of which may play a role in disability in any level. Environmental factors are external factors that make up the physical, social and attitudinal environment in which people live and conduct their lives. This outcome of disability can be described at three levels: body (impairment of body function or structure), person (activity limitations measured as capacity) and society (participation restrictions measured as performance).²⁷

Disease — is a pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown aetiology.³⁶

Dysfunction — is the disturbance, impairment, or abnormality of function of an organ.³⁶

Entry level physical therapist professional education programmes — are those that equip physical therapists to practise as independent professionals. WCPT recommends that education for entry-level physical therapists should be based on university or university-level studies of a minimum of four years, independently validated and accredited as being at a standard that affords graduates full statutory and professional recognition.¹

Evaluation (clinical) — is a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.³⁶ 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 of care.²⁸

Evaluation (educational) — the review and assessment of the quality of provision in order to identify areas for improvement. Evaluation includes the following:

- evaluation of a subject, which focuses on one specific subject, for example biological sciences, looking at this subject across all programmes;
- evaluation of a programme, which focuses on all the activities within a programme of physical therapy leading to a formal degree. Judgements are made about the academic standards and the quality of learning opportunities for students;
- evaluation of an institution, which examines the quality of all activities, organisation, finance, management, facilities including library and IT, learning, teaching and research;
- evaluation of a theme, which examines quality and practice around a specific theme for example student services.²⁸

Evidence based practice — is an approach to health care wherein health professionals use the best available evidence from systematic research, integrating it with clinical expertise to make clinical decisions for individual patients. EBP values, enhances and builds on clinical expertise, knowledge of disease mechanisms and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on patient characteristics, situations and preferences. It recognises that health care is individualised and ever changing and involves uncertainties and probabilities.³⁹

Examination — 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 patient/client history, the systems reviews and tests and measures.³⁶

First contact practitioner — is a professional person to whom the patient/client may directly access as first contact.²⁸ See also direct access and self referral.

Goals (clinical) — are the intended results of patient/client management. Goals indicate changes in impairment, activity limitations, participation restrictions, or disabilities and changes in health, wellness and fitness needs that are expected as a result of implementing the plan of care/intervention/treatment. Goals should be measurable and time limited (if required, goals may be expressed in relation to the time expected to achieve them, eg short-term and long-term goals).³⁶

Health promotion — is the combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health.⁴⁰

Impairment — is a problem 'in body function or structure as a significant deviation or loss'; are the manifestation of an underlying pathology; can be temporary or permanent, progressive, regressive or static, intermittent or continuous, slight through to severe.²⁷

Independent practitioners — refers to those providing a professional physical therapy service to patients/clients outside that established by governments.³⁸ See also professional autonomy.

Information Communication Technology (ICT) — is the phrase used to describe a range of technologies for gathering, storing, retrieving, processing, analysing, and transmitting information electronically.⁴¹

Instrumental activities of daily living (IADL) — are activities related to independent living and include preparing meals, managing money, shopping, doing housework, and using a telephone.⁴²

Interdisciplinary professional practice — two or more professionals working together in an integrated way resulting in new ways of working.³⁸ See also multidisciplinary practice.

Intervention — is the purposeful interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques (including 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.³⁶

Lifelong learning (LLL) — the process of constant learning and development that incorporates continuous professional development, in which all individuals need to engage in a time of rapid change.²⁸

Manipulation — a passive, high velocity, low amplitude thrust applied to a joint complex within its anatomical limit (active and passive motion occurs within the range of motion of the joint complex and not beyond the joint's anatomic limit) with the intent to restore optimal motion, function, and/ or to reduce pain.⁴³

Manual therapy techniques — skilled hand movements intended to produce any or all of the following effects: improve tissue extensibility; increase range of motion of the joint complex; mobilize or manipulate soft tissues and joints; induce relaxation; change muscle function; modulate pain; and reduce soft tissue swelling, inflammation or movement restriction.⁴³

Mentorship — is the provision of model performance by persons with wisdom from whom advice and guidance can be sought.²⁸

Mobilisation — a manual therapy technique comprising a continuum of skilled passive movements to the joint complex that are applied at varying speeds and amplitudes, that may include a small-amplitude/high velocity therapeutic movement (manipulation) with the intent to restore optimal motion, function, and/or to reduce pain.⁴³

Multidisciplinary — is one or more disciplines working collaboratively.²⁸ See also interdisciplinary professional practice.

Non-discriminatory practice — is professional practice within which individuals, teams and organisations actively seek to ensure that no-one (including patients/clients, carers, colleagues, or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation, or social class.²⁸

Participation — is involvement in a life situation.²⁷

Participation restrictions — are problems an individual may experience in involvement in life situations.²⁷

Patients — are individuals who are the recipients of physical therapy and direct interventions.²⁶

Payers — are all sources of payment for physical therapy services, such as, social health system, insurance payment, patient/client self-pay.

Plan of care — are 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 of care includes the anticipated discharge plans.³⁶

Planning — is a procedure that begins with determination of the need for intervention and normally leads to the development of a plan of intervention, including measurable outcome goals negotiated in collaboration with the patient/client, family or caregiver. Alternatively it may lead to referral to another agency in cases, which are inappropriate for physical therapy.²⁸

Practice management — is the coordination, promotion and resource (financial and human) management of practice that follows regulatory and legal guidelines.²⁶

Prevention — activities that are directed toward achieving and restoring optimal functional capacity, minimising impairments, functional limitations, and disabilities, maintaining health (thereby preventing further deterioration or future illness), creating appropriate environmental adaptations to enhance independent function.³⁶

Pro bono (publico) — is the provision of services free of charge for the public good (Latin).

Problem solving — is an exercise and process that enables students to integrate their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students' learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.²⁸

Professional autonomy — is usually stated in the law, regulation, directives or rules. It means the responsibility of the professional to make decisions regarding the management of a patient/client based on one's own professional knowledge and expertise to manage his/her practice independently and to act according to the rules of ethics and the code of professional conduct within the framework of health legislation. See also autonomy.^{26,28}

Prognosis — is the determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level.³⁶

Quality assurance — is a system of recognised procedures for establishing standards and includes procedures for reaching standards.²⁸

Re-examination — is the process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions.³⁶

Screening — is the activity of determining the need for further examination or consultation by a physical therapist or for referral to another health professional.³⁶

Self-referral — patients are able to refer themselves to a therapist without having to see anyone else first, or without being told to refer themselves by a health professional. This can relate to telephone, IT or face-to-face services.⁴⁴ See also direct access.

Standards of practice — are a collection of documents describing the professional consensus on the practise of physical therapy for physical therapists working in any occupational setting. Standards reflect the collective judgement of the profession at a given point in time.⁴⁵

Tests and measures — are specific standardised methods and techniques used to gather data about the patient/client after the history and systems review have been performed.³⁶

Treatment — is the sum of all interventions provided by the physical therapist to a patient/client during an episode of care.³⁶

Wellness — is an active process of becoming aware of and making choices toward a more successful existence.⁴⁶

Appendix D Resources/bibliography

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Note: Readers are advised to check with WCPT's Member Organisations for other relevant documentation and for revisions and updates to the documents mentioned above. This list is by no means exhaustive but illustrative of the range of documents available that might be of use

Acknowledgements

WCPT acknowledges with appreciation the Member Organisations and individuals who contributed to the development of these guidelines. The document owes a lot to the input from many sources, which we hope have been fully identified in the references. However, WCPT acknowledges the major contributions of the following documents to this process:

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Publication, review and related policy information	
Date published:	Originally approved as a WCPT position statement at the 16 th General Meeting of WCPT June 2007. Revised and published as a WCPT guideline at the 17 th General Meeting of WCPT June 2011.
Date for review:	2015
Related WCPT Policies:	<p>WCPT policy statements:</p> <ul style="list-style-type: none"> ▪ Description of physical therapy ▪ Education ▪ Regulation of the physical therapy profession <p>WCPT guidelines:</p> <ul style="list-style-type: none"> ▪ WCPT guideline for the clinical education component of physical therapist professional entry level education ▪ WCPT guideline for delivering quality continuing professional development for physical therapists ▪ WCPT guideline for a standard evaluation process for accreditation/recognition of physical therapist professional entry level education programmes ▪ WCPT guideline for curricula for physical therapists delivering quality exercise programmes across the life span ▪ WCPT guideline for qualifications of faculty for physical therapist professional entry level programmes ▪ WCPT guideline for the development of a system of legislation/regulation/recognition

Este documento debe citarse como: WCPT guideline for physical therapist professional entry level education. World Confederation for Physical Therapy. 2011, p. 1-42 p. <http://www.wcpt.org>
(Asociación Española de Fisioterapeutas, organización miembro de la WCPT, ha participado en su elaboración.

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