



**COMPETENCY  
PROFILE  
FOR THE  
ENTRY-LEVEL  
PHYSIOTHERAPIST  
IN CANADA**

**April 1998**

**Project partners:  
Canadian Alliance of Physiotherapy Regulators  
Canadian Physiotherapy Association  
Canadian University Physical Therapy Academic Council**

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© Canadian Alliance of Physiotherapy Regulators  
Canadian Physiotherapy Association  
Canadian University Physical Therapy Academic Council  
c/o Canadian Physiotherapy Association  
410 - 2345 Yonge St  
Toronto, ON M4P 2E5  
Telephone: (416) 932-1888 or 1-800-387-8679  
Fax: (416) 932-9708

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## HOW TO USE THIS PROFILE

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The completion of the *Competency Profile for the Entry-Level Physiotherapist in Canada* (the Profile) is an important milestone for the physiotherapy profession and health care in Canada. This document is the result of a collaborative effort involving the educational, professional and regulatory sectors of the physiotherapy profession. It provides a comprehensive inventory of competencies, that is, the requisite knowledge, skills and attitudes, of the Canadian physiotherapist at the entry-to-practice level.

The Profile will have a variety of uses for both individuals and groups, internal and external to the Canadian physiotherapy community and it is anticipated that the Profile will be a useful cornerstone to guide the development of other resources, tools, and standards. A detailed list of possible uses or “applications” of the Profile is provided on page 1.

Some specific examples of how the Profile can be used by those internal to the profession include: the individual physiotherapist or student can use it to reflect on their skills and abilities, and to evaluate their competence; employers and unions can use it to develop job descriptions, performance expectations and conduct performance reviews; physiotherapy educators can use the Profile as part of curriculum development, teaching and evaluation; the Canadian Physiotherapy Association can use the Profile to review their documents describing the profession’s scope of practice; physiotherapy regulators can use the Profile to develop, monitor, and enforce standards of practice among their member physiotherapists; the Physiotherapy National Examination (PNE) can be updated using the inventory of competencies; and the profession can use it in the development of the description of the competencies of other physiotherapy workers.

The Key Role statement found in section II (page 5) of the Profile is an important feature of the document. This statement provides a comprehensive, concise and current description of the role of the entry-level physiotherapist in Canada.

As with any document of this nature, some general assumptions were made in developing the Profile. These assumptions should be noted by readers to ensure appropriate understanding and use of the Profile. They are located on page 3.

Those readers wanting more detailed information about the specific tasks, skills and activities which are within the scope of practice of physiotherapists should refer to the document *Analysis of Practice of Canadian Physiotherapists* (1996) available from the Canadian Alliance of Physiotherapy Regulators.

Finally, this is *your* resource book. Your feedback and suggestions for improvement are encouraged. (See “Reader Feedback Form” at the back of the book.)



## ACKNOWLEDGEMENTS

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The Profile is the result of a collaborative project, called National Physiotherapy Competency Initiative, between the Canadian Alliance of Physiotherapy Regulators (The Alliance), the Canadian Physiotherapy Association (CPA) and the Canadian University Physical Therapy Academic Council (CUPAC). The three partners collaborated in the design and implementation of the project.

Many talented individuals participated in the development of the *Competency Profile for the Entry-Level Physiotherapist in Canada* and need to be acknowledged.

The Steering Group of Elizabeth Harrison, Susan Glover Takahashi, Arlis McQuarrie and Dianne Parker-Taillon provided the leadership to ensure that the processes of the project would result in a high quality, useful tool that would provide a unified view of the Canadian entry-level physiotherapist.

When the timing for external funding to the project appeared to put its completion at risk, The Alliance and CPA agreed to co-fund the project. The Board of Directors of each organization is to be commended for their timely response to this project and their willingness to ensure its completion.

Nancy McKay of O'Keefe, McKay and Associates and Johanne Killeen of Assessment Strategies Inc. were the project consultants. The high quality of their guidance and assistance is recognized and appreciated by all involved in this project.

The valuable contribution of Susan Glover Takahashi in developing the initial draft of the Profile is much appreciated.

A dedicated Working Group of physiotherapists from across the country—representing the educational, professional and regulatory sectors—undertook the responsibility to validate the Profile by consulting with physiotherapists, other health care colleagues, governmental officials and members of the public. The Working Group members who ably provided constructive feedback and direction to build the consensus view found in the Profile were Lesley Bainbridge (BC), Pat Fonstad (AB), Brenda Bissell (AB), Lawrence Urban (MB), Shelly Graham (SK), Cathryn Beggs (ON), Dianne Millette (ON), Lise Dupont (QC), Tammy Maxwell (NB), Marilyn MacKay-Lyons (NS), Carolyn MacPhail (PE), and Kelli O'Brien (NF). Our thanks to Heather Alton (YK) for her participation in the expert consultation phase and for her efforts in organizing and leading a focus group.

Madelaine Cherry (ON), Lise Dupont (QC), Frances King (QC), and Diane Paulin (NB) are recognized for their able guidance and assistance in the important activity of ensuring that the French and English versions were comparable. We appreciate the assistance of Liliane Asseraf-Pasin (QC) for coordinating as well as participating in this activity.

The significant contributions of *all* those involved in the development of the Profile are much appreciated.

Canadian Alliance of  
Physiotherapy Regulators  
10th Floor  
230 Richmond St W  
Toronto ON M5V 1V6

Canadian Physiotherapy  
Association  
410 - 2345 Yonge St  
Toronto ON M4P 2E5

Canadian University Physical  
Therapy Academic Council  
Physiotherapy Program  
McMaster University  
Health Sciences Education Centre  
Chedoke Campus, Bldg T-16  
1280 Main St W



Hamilton ON L8S 4K1

## **SECTION I: INTRODUCTION AND BACKGROUND**

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### **The National Physiotherapy\* Competency Initiative**

The development of the *Competency Profile for the Entry-Level Physiotherapist in Canada* is one of the projects to result from the National Physiotherapy Competency Initiative. It is the first project completed in this collaborative multi-stage initiative, aimed at defining and comparing entry-level competency requirements along the physiotherapy service delivery continuum (physiotherapy support personnel, entry-level physiotherapists, advanced practice physiotherapists).

Three partner organizations, representing the physiotherapy professional, regulatory and educational areas, joined together to establish the competencies relevant to the Canadian physiotherapy profession. The partners are:

Canadian Alliance of Physiotherapy Regulators  
Canadian Physiotherapy Association  
Canadian University Physical Therapy Academic Council

### **The Profile and its Applications**

The *Competency Profile for the Entry-Level Physiotherapist in Canada* is the result of a collaborative project conducted in 1997, designed to identify outcome-based and client-centred competencies that are required for entry-level physiotherapists in Canada. It is intended to be used by individuals and groups, internal and external to the profession at local, provincial, national and international levels. The Profile can be used for a variety of applications or uses including:

- for self-evaluation and as a practice guide for physiotherapists;
- to facilitate inter-provincial and international mobility of physiotherapists;
- to describe a national scope of practice and performance standards for entry-level practice in Canada and guide professional regulation at the provincial level;
- to develop and assess basic standards of practice;
- to contribute to fairness, equity and due process in regulatory boards' complaints and discipline procedures;
- to facilitate the competency assessment of physiotherapists from out of the country prior to licensure in Canada;
- to lay the groundwork for developing a sound approach for evaluating continued competence;
- to differentiate the practice of entry-level physiotherapists from that of physiotherapists with experience and in advanced practice areas;
- to contribute to defining national standards, scope and regulation for physiotherapy support personnel;
- to assist physiotherapists and their organizations with developing effective national promotion efforts on the profession;
- to serve as a basis for developing entry-level curriculum standards for the profession;
- to provide governments and third-party payers with a clear description of expected performance

- of physiotherapists in practice at the entry-level; and
- to promote international collaboration.

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\* In this document, the terms physical therapy and physiotherapy are used synonymously, as are physical therapist and physiotherapist.

### **The Profile’s Development**

The detailed description of the methodology used to develop the Profile is provided in the project report, “The development of the *Competency Profile for the Entry-Level Physiotherapist in Canada*” (Canadian Alliance of Physiotherapy Regulators, et al., 1997). At its onset, the project relied on the draft version of the work of Susan Glover Takahashi, *A Description of the Canadian Entry-Level Physiotherapist* (1997).

The adopted approach for the development of the physiotherapy competency framework is the Functional Analysis methodology. The description of the areas of competency therefore are relevant to the client and employment context, and move from a general to more specific delineation of the expected performance of a competent entry-level physiotherapist, as described by the following levels:

|                      |   |
|----------------------|---|
| Key Role             | Describes the purpose or goal of the entry-level physiotherapist.   |
| Units of Competency  | Reflect the significant functions for effective performance of entry-level physiotherapists in fulfilling their role.   |
| Elements             | Describe the identifiable components of each unit of competency in terms of the performance outcomes of the entry-level physiotherapist.  |
| Performance Criteria | Describe, for each element, an inter-related set of factors that define the level of performance expected of the competent entry-level physiotherapist.   |
| Range Indicators     | Describe inter-related factors that portray the contexts of practice in which the entry-level physiotherapist may normally be engaged.  |
| Range Statement(s)   | As needed, range statements have been included. They provide information about the specific context or critical aspects of performance of the entry-level physiotherapist in relation to a performance criteria that extends beyond what is outlined in the range indicators. |
| Cue(s)               | As needed, one or more cues are included. A cue provides examples about the context of practice in order to advise physiotherapists in applying performance criteria to actual practice situations.   |

The Profile identifies the key role of the entry-level physiotherapist supported by a description of the competency units considered important for effective performance. Range statements and cues (i.e., examples) are used to clarify the meaning and context of practice.

### **Considerations and Assumptions Related to the Profile**

Before developing the Profile, a number of considerations and assumptions relating to the Profile were acknowledged; these are presented below to allow for the most complete understanding of the Profile.

### **Considerations that guided the development of the Competency Profile**

That the Profile will:

- fully describe all key and essential aspects of the entry-level physiotherapist;
- integrate existing common themes, philosophy, terminology and content for purposes of consistency;
- focus on describing current physiotherapy practice with a view to the evolution of future practice;
- recognize that physiotherapy practice is dynamic and that it is in the totality of the mix that makes an entry-level physiotherapist competent;
- relate to different contexts of practice whether the entry-level physiotherapist is providing the client service or is supervising the provision of service by support personnel;
- reflect entry-level practice as it is found across Canada, but not necessarily describe the practice of each Canadian region fully, nor identify local variations from the Canadian view;
- assist in identifying the competencies that are unique to entry-level physiotherapists and those that are shared with other health service providers; and
- include competencies that are measurable and valid.

### **Assumptions Related to the Philosophy, Beliefs, and Values of Physiotherapists**

Supported by recent literature, physiotherapists are seen to be committed to broad principles that reflect the philosophy, beliefs and values that are intrinsic to the practice of physiotherapy (College of Physiotherapists of Ontario, 1996a). As such, physiotherapists:

- are committed to providing client-centred services;
- are self regulating;
- exercise specialized problem-solving skills;
- act as public advocates in identifying and addressing issues related to the delivery of rehabilitative services;
- are bound by a code of ethics;
- maintain competencies by building on their specialized body of knowledge;
- are reflective practitioners; and
- are primary health care practitioners (McKay, N.E. & Short, P., 1996).

### **Assumptions Related to the Attributes of Physiotherapists at Entry-Level Practice**

There are essential physiotherapist attributes at the entry to practice level including (adapted from Glover Takahashi, 1997):

- an adequate knowledge base to competently practice physiotherapy (Council of Directors of Physical Therapy Academic Programs in Canada and Canadian Physiotherapy Association, 1995) that may include but is not limited to the following knowledge areas of the entry-level physiotherapist:

|                     |  |
|---------------------|--|
| Biological Sciences | anatomy, physiology, pathology, physics, biochemistry, genetics, environmental biology, and molecular biology                    |
| Social Sciences     | psychology, sociology, anthropology, and the study of community health   |
| Applied Science     | human development, biomechanics, exercise physiology, work physiology, motor control, kinesiology, pathokinesiology, ergonomics, |

|                       |  |
|-----------------------|--|
|                       | human performance, and pharmacology  |
| Scientific Inquiry    | research methods and scientific communication  |
| Clinical Science      | indicator and related conditions, generic knowledge skill, and behaviours of physiotherapy practice  |
| Professional Practice | ethics and values, therapeutic communication, clinical practice, professionalism, health care policy and delivery, and business administration |

- judgment and wise action in complex, unique and uncertain situations;
- integrity, character and professional attitude and demeanour; and
- aptitude, abilities and skills to competently fulfil the technical requirements of physiotherapy within the context of practice including observation; communication; sensory and motor coordination or function; conceptualization, integration, and quantification; and behavioural and social skills, abilities and aptitude (University of Massachusetts Medical School, 1996).





## **SECTION II: KEY ROLE OF THE ENTRY-LEVEL PHYSIOTHERAPIST IN CANADA**

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As autonomous health professionals, entry-level physiotherapists work in partnership with clients<sup>1</sup> and relevant others to define, achieve and maintain optimal health outcomes. In practice, the focus is on improving functional independence and physical performance, managing physical impairments, disabilities and handicaps, and promoting health and fitness. Entry-level physiotherapists are accountable for professional judgments and apply a collaborative and reasoned approach to assessment, diagnosis and planning, intervention, and outcome evaluation.

(<sup>1</sup>Note: The term client refers to the person, group, community or organization receiving professional services, products, or information.)





## **SECTION III: UNITS OF COMPETENCY FOR THE ENTRY-LEVEL PHYSIOTHERAPIST IN CANADA**

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The **Units of Competency** reflect the major functions for effective performance of entry-level physiotherapists in fulfilling their role within an interdisciplinary, client-centred and outcome-based approach.

### **Unit One: Professional Accountability**

Models safe, ethical and autonomous professional practice.

### **Unit Two: Client Assessment**

Assesses and reassesses client's physical status, functional abilities, needs and goals utilizing an evidence-based approach.

### **Unit Three: Physiotherapy Diagnosis and Intervention Planning**

Analyzes client's needs, establishes the physiotherapy diagnosis and prognosis, and develops a goal-directed, outcome-based physiotherapy intervention strategy.

### **Unit Four: Implementation and Evaluation of Physiotherapy Intervention**

Implements and evaluates the effectiveness of evidence-based physiotherapy interventions and incorporates findings into future action.

### **Unit Five: Communication and Interdisciplinary Practice**

Communicates with clients, relevant others and health team members to achieve interdisciplinary collaboration and service coordination.

### **Unit Six: Organization and Delivery of Physiotherapy Services**

Operates effectively within the comprehensive health system, demonstrating self-management of physiotherapy services and appropriate use of resources.

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## **SECTION IV: CONTEXT OF PRACTICE FOR THE ENTRY-LEVEL PHYSIOTHERAPIST IN CANADA**

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Context of practice outlines the conditions in which entry-level physiotherapists in Canada are normally engaged. Although experienced practitioners may be found in similar circumstances, the increased complexity and diversity of client presentations and situations demand competence beyond the expected abilities of entry-level practitioners.

Upon entering practice, physiotherapists not only adopt approaches to identify, achieve or maintain optimal health outcomes but strive to prevent or manage impairments, disabilities and handicaps. Competent physiotherapy practice demands a holistic approach to health that considers all determinants. Entry-level physiotherapists address client health needs or situations from the perspective of impairments, disabilities and handicaps and are well-prepared to apply collaborative and evidence-based practice models. Client-centred health outcomes result when the individual practitioner embraces a team approach to practice, respects personal abilities and limitations, and seeks required expertise.

Clients include age groups across the lifespan and interaction occurs at an individual, group, organizational or community level. Physiotherapy services are provided within diverse institutional and community settings and are funded by private and public sources.

The areas and dimensions describing the context of practice for entry-level physiotherapists are inter-related and focus upon key aspects of any practice situation.

| <b>AREA</b>               | <b>DIMENSIONS</b>   |
|---------------------------|---|
| Professional Roles        | Service provision (all age groups)<br>Education (self, client, health service providers)<br>Service management (for individual services within service support system)<br>Research (access findings, apply learning to practice, participate as possible) |
| Areas of Practice         | Musculoskeletal<br>Cardio-respiratory<br>Neuromuscular  |
| Associated Client Factors | Language and communication<br>Cultural and religious background<br>Functional and physical disabilities<br>Occupational demands<br>Social and socioeconomic influences<br>Psychological influences<br>Insurance and legal issues                          |
| Fields of Client Service  | Restoration and rehabilitation<br>Maintenance and support<br>Disease/injury/disability prevention<br>Health promotion in wellness and disability  |

| <b>AREA</b>       | <b>DIMENSIONS</b>  |
|-------------------|--|
| Client Age Groups | Infant/Child (0-11 yrs.)<br>Adolescent (12-18 yrs.)<br>Adult (19-64 yrs.)<br>Senior (65+ yrs.) |
| Client Focus      | Individual<br>Group<br>Community<br>Organization   |
| Practice Settings | Institutional based<br>Office or clinic based<br>Work-site based<br>Community based            |
| Funding Models    | Privately-funded services (third party, client)<br>Publicly-funded services                    |

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## **SECTION V: COMPETENCIES OF THE ENTRY-LEVEL PHYSIOTHERAPIST IN CANADA**

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### **UNIT ONE: PROFESSIONAL ACCOUNTABILITY**

Models safe, ethical and autonomous professional practice.

#### **Elements**

#### **1.1 Respects the autonomy of the client.**

##### Performance Criteria

- 1.1.1 Respects each client's unique mix of characteristics, including gender, age, ethnic origin, religion, culture, language, sexual orientation, health status and need for physiotherapy services.
- 1.1.2 Ensures the client is addressed and treated respectfully, and receives attention according to individual need.
- 1.1.3 Assists the client in expressing individual needs.
- 1.1.4 Shares decision making and responsibility with the client.
- 1.1.5 Encourages the client to assume control over determinants of health.
- 1.1.6 Secures informed client consent prior to initiating, assessing, implementing or modifying physiotherapy services.
- 1.1.7 Protects the client's right to physical and psychological privacy.
- 1.1.8 Acts as an advocate for the client's well-being and fosters respect for the client's rights and dignity.  
*Cue:* Recognizes relevant concerns and advises those responsible for providing service to the client.

#### **1.2 Respects the client's health service needs and goals before other factors.**

##### Performance Criteria

- 1.2.1 Acts in the best interest of the client and society, given the client's needs and available resources.
- 1.2.2 Establishes physiotherapist-client relationships in which the physiotherapist's judgment regarding client service cannot be compromised.
- 1.2.3 Recognizes the power imbalance inherent in all physiotherapist-client relationships and respects professional boundaries.
- 1.2.4 Maintains an open physiotherapist-client relationship that ensures full disclosure of potential conflict of interest situations.  
*Cue:* Discloses situations that may enhance personal income or personal financial interests in services recommended to clients.
- 1.2.5 Maintains autonomy in practice that protects professional judgment and respects client interests.  
*Cue:* Refrains from participating in any arrangement that financially rewards referral sources.
- 1.2.6 Designs and carries out physiotherapy interventions that reflect cost-effective use of services.  
*Range Statement:* Includes promoting, restoring, maintaining and achieving client's performance and abilities.  
*Cues:* Ensures that the type and duration of interventions reflect current scientific evidence; discontinues interventions that are no longer necessary or effective; discourages over-

utilization of services.

- 1.2.7 Charges fees that are reasonable for the services performed.

### **1.3 Demonstrates professional integrity and a commitment to the well-being of all clients.**

#### Performance Criteria

- 1.3.1 Applies a personal and professional ethical framework in making decisions about fairness to clients.
- 1.3.2 Provides services upholding personal and fundamental ethical values and ensures service continuity for clients.  
*Cues:* Provides a referral when necessary to an alternative practitioner who will deliver the appropriate service; makes known possible conflicts between personal values and those of employer's agencies or third-party payers, and where possible, attempts to resolve such differences.
- 1.3.3 Exemplifies professional behaviour which under no circumstances could be construed as harassment or abuse of clients, colleagues, associates or employees.  
*Cues:* Promotes education and awareness sessions; upholds sexual and workplace harassment policies; refrains from making remarks or gestures that may be interpreted as sexually demeaning; does not engage in sexual activity with the client, consensual or otherwise.
- 1.3.4 Complies with policies guiding distribution of resources in the workplace and helps improve such policies when necessary.  
*Range Statement:* The physiotherapist may be required to work within a "fairness framework" defining allocation of time, priorities for client intake, and criteria for service completion.
- 1.3.5 Advocates on behalf of clients whose needs are not met within the established physiotherapy and health services framework.

### **1.4 Models professional practice incorporating service delivery, education, research and management.**

#### Performance Criteria

- 1.4.1 Presents professional qualifications honestly.
- 1.4.2 Demonstrates commitment to lifelong learning and continuing professional development.
- 1.4.3 Displays commitment to continuous quality improvement in professional practice.
- 1.4.4 Practises within the scope of personal abilities and limitations.  
*Range Statement:* The physiotherapist refers clients to another physiotherapist or health professional when required services are beyond that physiotherapist's scope of practice.  
*Cues:* Additional consultation, assessment, investigation, intervention or evaluation.
- 1.4.5 Arranges that clients receive physiotherapy services from personnel with the required judgment, skill and knowledge.  
*Range Statement:* Personnel includes physiotherapists, physiotherapy students, non-physiotherapists (aides, technicians, assistants, clients/families, volunteers).  
*Cues:* Does not assign, to a non-physiotherapist, any activity that requires the unique judgment, skill and knowledge of a physiotherapist; does not counsel/help a non-physiotherapist to engage in the independent practice of physiotherapy.
- 1.4.6 Engages in professional activities demonstrating social responsibility and support for physiotherapy education activities and professional physiotherapy organizations.

### **1.5 Addresses issues of client and provider safety in all aspects of physiotherapy practice.**

#### Performance Criteria

- 1.5.1 Provides services in a clean, safe and accessible area.
- 1.5.2 Follows appropriate infection control procedures.
- 1.5.3 Exercises due precautions relating to hazards in the physical environment.  
*Cues:* Hazardous waste, electrical safety, equipment.
- 1.5.4 Delivers physiotherapy services in a safe and barrier-free physical environment.
- 1.5.5 Promotes client safety in the selection and application of assessment, intervention and evaluation measures.
- 1.5.6 Minimizes the risk of an adverse reaction to specific tests and interventions.  
*Cues:* Performs appropriate testing before an intervention; keeps informed of past occurrences and adjusts accordingly
- 1.5.7 Ensures high-risk activities are delegated to authorized personnel acting within established guidelines.  
*Cues:* Regulated or restricted acts.
- 1.5.8 Determines the need for client supervision and implements appropriate client monitoring during specific physiotherapy tests and interventions.

## **UNIT TWO: CLIENT ASSESSMENT**

Assesses and reassesses client's physical status, functional abilities, needs and goals utilizing an evidence-based approach.

### **Elements**

#### **2.1 Determines with the client the potential value of available physiotherapy services.**

##### Performance Criteria

- 2.1.1 Reviews screening information.  
*Cues:* Reviews records; gathers preliminary information from other sources.
- 2.1.2 Clarifies general service approach and the physiotherapy services that are available.  
*Range Statement:* Applies to the range of practice philosophies and the scope of professional services.
- 2.1.3 Identifies client and therapist expectations for service and reaches agreement on physiotherapy involvement.  
*Range Statement:* Accepts, refuses, or redirects the client based on availability and parameters of service, expertise and resources.

#### **2.2 Collects background information relevant to the client's health and health management profile and the need for physiotherapy intervention.**

##### Performance Criteria

- 2.2.1 Interviews the client to secure information about client's health status, associated history and previous health intervention.
- 2.2.2 Obtains supplementary information from client, relevant others, and professional colleagues.  
*Cues:* Observation, self-reporting, questionnaire, consultation, specialty reports.
- 2.2.3 Reviews necessary information related to the client's functional abilities, physical performance and disability profile.
- 2.2.4 Identifies the associated health factors and environmental demands affecting physical and occupational performance.  
*Range Statement:* Includes social, cultural, organizational, geographic, physical, economic,

political and legal conditions.

*Cues:* Physical assessment, functional analysis, consultation with others, interviews, site visits, community and occupational assessments.

2.2.5 Identifies client expectations for physiotherapy intervention.

**2.3 Collects the quantitative and qualitative data relevant to the client's perceived needs and to physiotherapy practice.**

Performance Criteria

2.3.1 Selects and applies evidence-based assessment methods within a holistic approach.

*Range Statement:* Qualitative, quantitative, individualized, environmental, organizational.

2.3.2 Informs the client of the nature and purpose of assessment as well as any associated financial costs.

*Cues:* Includes health evaluation, program development, service planning.

2.3.3 Performs a physiotherapy examination using standardized approaches and measures.

*Range Statement:* Physiotherapy assessment incorporates a selective systems review, application of tests and measures, and organization of information.

*Cues:* Selective examinations include but are not limited to joint integrity and mobility, gait and balance, muscle performance, motor function, pain, neuromotor and sensori-motor development, posture, cardiovascular and work capacity, cognition and mental status, skin condition, accessibility and environmental review.

2.3.4 Administers standardized tests and measures respecting known indications, guidelines, limitations, and risk-benefit considerations.

*Range Statements:* (1) Standardized measures are used where available, and otherwise, based upon expert opinion by consensus. (2) Includes analysis of personnel, time, equipment, cost and impact on client.

2.3.5 Establishes the baseline outcome measures.

2.3.6 Identifies the client's abilities and the reported impact of the impairment, disability or handicap on health, function and physical performance.

2.3.7 Identifies the client's perceptions of existing and desired functional status and quality of life.

2.3.8 Monitors the client's health status for significant changes during the course of the assessment.

### **UNIT THREE: PHYSIOTHERAPY DIAGNOSIS AND INTERVENTION PLANNING**

Analyzes client's needs, establishes the physiotherapy diagnosis and prognosis, and develops an evidence-based, outcome-focused physiotherapy intervention strategy.

#### **Elements**

**3.1 Analyzes assessment findings to determine client abilities, functional needs and potential for change.**

Performance Criteria

3.1.1 Identifies the nature and extent of the client's functional abilities and needs.

3.1.2 Identifies the client's strengths and limitations, and environmental supports and barriers to performance.

3.1.3 Identifies the need for and potential value of physiotherapy intervention.

3.1.4 Predicts the expected change and progress toward outcomes.

### **3.2 Makes a physiotherapy diagnosis applying physiotherapy theory and practice.**

#### Performance Criteria

- 3.2.1 Determines the physiotherapy diagnosis.  
*Range Statement:* If determination of a diagnosis is not possible, identification of deficits, symptoms or factors can guide physiotherapy intervention.  
*Cue:* Formulates a conclusion based on the analysis of client assessment findings, which indicates a need for physiotherapy intervention.
- 3.2.2 Considers physiotherapy diagnosis relevant to commonly utilized diagnostic and classification models.  
*Cues:* International Classification of Impairments, Disabilities and Handicaps (ICIDH); International Classification of Diseases (ICD); nursing classification systems (e.g., NANDA).
- 3.2.3 Discusses analysis of assessment findings with the client, relevant others, and health team members.

### **3.3 Clarifies the physiotherapy service approach with the client.**

#### Performance Criteria

- 3.3.1 Selects a service or practice model consistent with the client's needs, goals and available physiotherapy resources.
- 3.3.2 Identifies the appropriate forms of intervention, based on assessment findings and evidence-based practice.
- 3.3.3 Involves the client in the planning of decisions related to goals, expected outcomes and physiotherapy intervention.
- 3.3.4 Explains the general approach, focus and implications of physiotherapy services.  
*Cues:* Assessment, consultation, policy or service development, education, resource procurement, intervention, program development, research.

### **3.4 Establishes and prioritizes, with the client, expected health outcomes, general intervention strategy and selected interventions.**

#### Performance Criteria

- 3.4.1 Clarifies the client's priorities when setting outcomes by considering client's goals, functional potential and environmental demands.
- 3.4.2 Reaches agreement with the client on goals, selected physiotherapy interventions and expected outcomes.
- 3.4.3 Develops client-centred short-term and long-term goals aimed at achieving established client outcomes within targeted timeframes.
- 3.4.4 Ensures informed client decisions prior to finalizing the physiotherapy plan.  
*Range Statement:* Obtains client consent to physiotherapy intervention in accordance with provincial legislation.  
*Cue:* Client responsibilities relative to the plan, the purpose and effect of specific intervention, potential risks associated with the proposed plan.

### **3.5 Determines specific resources required to meet established client goals.**

#### Performance Criteria

- 3.5.1 Identifies level and type of human resources needed for physiotherapy intervention.
- 3.5.2 Identifies supplies, equipment, and physical environment required to meet client needs.

3.5.3 Obtains necessary service approval and seeks financial support prior to implementing physiotherapy services.

*Range Statement:* Applies to circumstances where specific cost estimates and funding sources should be explored with client.

**3.6 Determines, with the client, the service schedule and location based on client's needs, available resources and environmental context.**

Performance Criteria

3.6.1 Establishes the duration and frequency of service following interpretation and analysis of assessment.

3.6.2 Schedules location, timing, frequency and duration of service.

*Cues:* Community clinic, home service, site visit.

**UNIT FOUR: IMPLEMENTATION AND EVALUATION OF PHYSIOTHERAPY INTERVENTION**

Implements and evaluates the effectiveness of evidence-based physiotherapy interventions and incorporates findings into future action.

**Elements**

**4.1 Implements physiotherapy interventions to achieve and maintain health and fitness, functional independence and physical performance, and to manage impairments, disabilities and handicaps.**

Performance Criteria

4.1.1 Seeks informed client consent for the intervention strategy.

*Cue:* Identifies consistency with the service plan.

4.1.2 Orients the client to practice setting and provides information about relevant service policies.

*Cues:* Cancellation, absenteeism, lack of cooperation.

4.1.3 Performs selected physiotherapy interventions addressing health issues or physical and other impairments, disabilities and handicaps of the client.

*Range Statement:* Interventions are consistent with evidence-based practice information.

*Cues:* Physiotherapy interventions include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, aids and devices and cardio-respiratory techniques, environmental change.

4.1.4 Monitors the extent, intensity and duration of any intervention to be consistent with the client's general health status, functional needs and assessment findings.

4.1.5 Adjusts for the client's range of physical tolerance.

4.1.6 Educates the client and relevant others about self-management, health promotion and disease/injury/disability prevention.

4.1.7 Maintains continuity in service delivery.

*Cues:* Communication with physiotherapists and other health professionals who share responsibility for service delivery, arranging for substitute service prior to vacations and/or extended absences from practice.

#### **4.2 Evaluates the effectiveness of overall service and specific physiotherapy interventions in relation to identified client outcomes and makes appropriate adjustments.**

##### Performance Criteria

- 4.2.1 Discusses with the client or relevant others the nature, purpose and results of ongoing and outcome evaluations.
- 4.2.2 Conducts ongoing assessment and monitors client responses and changes in status during the application of specific interventions.  
*Cues:* Observation, reflection, client self-reporting, questioning, client journals, recording charts.
- 4.2.3 Evaluates effectiveness of the intervention strategy at pre-determined intervals or at a frequency congruent with the client's clinical profile and progress.  
*Cues:* Clients with no clinical improvement, with deterioration in functional status or with the onset of new symptoms.
- 4.2.4 Evaluates change in health status, function and physical performance against client goals and expected outcomes.
- 4.2.5 Identifies the client's satisfaction with outcomes.
- 4.2.6 Negotiates adjusted client goals and interventions in accordance with the evaluation results, presenting client circumstances, and realistic service expectations.  
*Range Statement:* Circumstances include consideration of the needs and expected outcomes of the client or relevant others, relevance of the clinical benefit(s) achieved, and resource constraints.
- 4.2.7 Modifies the intervention strategy based upon analysis of evaluation findings and professional judgment.
- 4.2.8 Discontinues specific interventions that are no longer necessary or effective.

#### **4.3 Plans for timely completion of current physiotherapy intervention and effective follow-up management of client's needs.**

##### Performance Criteria

- 4.3.1 Identifies future service requirements, options for service continuity and client expectations.  
*Range Statement:* Involves the client and relevant others, third party payers, and other health service providers involved in current or continuing services.
- 4.3.2 Recommends options for ongoing or follow-up service, considering need and resource constraints.
- 4.3.3 Reaches agreement with the client, relevant others and health team members on follow-up plans and refers the client to other services if indicated.
- 4.3.4 Discontinues current client service once established goals have been achieved or upon reasonable request, and involves the client in the decision process.  
*Range Statement:* Requests may include the client, implicated health service providers, or referral source.

#### **4.4 Discontinues physiotherapy services and completes appropriate client follow-up and evaluation.**

##### Performance Criteria

- 4.4.1 Discontinues the physiotherapy service under appropriate service conditions.  
*Range Statement:* The physiotherapist determines when physiotherapy services are no longer indicated or if ongoing client agreement with the physiotherapy intervention strategy is unable to be reached.  
*Cue:* Client insists a specific intervention be offered or discontinued against professional

advice.

- 4.4.2 Uses available and appropriate standardized measures to compare health status and fitness, function, physical performance and disability with the baseline values recorded during the initial assessment.
- 4.4.3 Participates, where feasible, in outcomes research.  
*Range Statement:* Includes how well services were delivered and if the outcomes achieved met client expectations.  
*Cues:* Formal and informal satisfaction tools, program evaluation, clinical effectiveness studies, case data collection, longitudinal or long-term follow-up.

## **UNIT FIVE: COMMUNICATION AND INTERDISCIPLINARY PRACTICE**

Communicates with clients, relevant others and health team members to achieve interdisciplinary collaboration and service coordination.

### **Element**

#### **5.1 Communicates effectively with clients, relevant others and professional colleagues.**

Performance Criteria

- 5.1.1 Establishes, develops and maintains effective communication.  
*Cues:* Client interview, regular discussions, case meetings, progress reports, medico-legal reports.
- 5.1.2 Builds rapport and trust in client-professional and interdisciplinary relationships.  
*Cues:* Active listening, empathy, collaboration.
- 5.1.3 Employs appropriate verbal, non-verbal and written communication.  
*Cue:* Uses language that is free of jargon.

#### **5.2 Demonstrates effective collaboration and interdisciplinary teamwork.**

Performance Criteria

- 5.2.1 Works with health team members, other physiotherapists and health professionals as needed to achieve client goals and outcomes.
- 5.2.2 Respects the health team members and recognizes their expertise.
- 5.2.3 Shares information with health team members, provided client consent is obtained where required.
- 5.2.4 Collaborates with health team members in the planning, coordination and evaluation of client service.
- 5.2.5 Communicates the results of ongoing evaluation and modified intervention with other members of the client's health service team to ensure comprehensive service delivery and to avoid service duplication.
- 5.2.6 Communicates with the client and relevant others about the service completion, including the

reasons why service is being discontinued.

5.2.7 Takes action, as needed, if any health team member or other health service provider appears to be providing service to the client in an incompetent, incapacitated or unethical manner.

5.2.8 Collaborates to provide interdisciplinary client services when intervention demands teamwork.

*Range Statement:* Scopes of practice, service philosophies, and client goals and services are complementary, not conflicting or constituting duplication.

5.2.9 Assigns selective activities to competent support personnel.

*Range Statement:* Applies to activities contributing to client assessment, planning, intervention and evaluation for physiotherapy services.

### **5.3 Facilitates informed client decision making.**

#### Performance Criteria

5.3.1 Answers client questions truthfully, objectively, clearly and as completely as possible.

5.3.2 Provides information in ways that will prevent harm to the client and provide needed emotional support.

5.3.3 Seeks the assistance of appropriate professional colleagues to answer client questions beyond the scope of physiotherapy knowledge and practice.

*Cue:* Communication of a medical diagnosis.

5.3.4 Provides information to assist the client in making informed decisions about physiotherapy services.

*Cues:* The purpose and effect of specific interventions, potential risks, and the anticipated frequency, duration and cost of service.

5.3.5 Explains situation to the client that is being referred elsewhere.

*Cues:* Reasons, anticipated costs, the information that will be shared with the practitioner, any interest or involvement in the referral.

### **5.4 Systematically records and provides appropriate access to accurate, objective, relevant information about the client and general physiotherapy services.**

#### Performance Criteria

5.4.1 Participates in the maintenance of information systems that support the physiotherapy philosophy, key role of physiotherapists and relevant client outcomes.

*Cues:* Intake systems, referral sources, documentation and record keeping, workload measurement, policies and procedures, outcome evaluation systems.

5.4.2 Maintains a complete physiotherapy service record for each client.

5.4.3 Maintains required physiotherapy service records, equipment service and repair records and financial records.

*Cues:* Service volumes/type, programs.

### **5.5 Documents physiotherapy assessment, intervention strategy, intervention and evaluation results accurately.**

#### Performance Criteria

5.5.1 Enters key observations, methods and measurements in the client's record.

5.5.2 Records key assessment findings, client-centred goals, the type and focus of interventions, the anticipated frequency and duration of service, relevant precautions and expected outcomes.

5.5.3 Prepares necessary reports in a timely manner.

5.5.4 Uses readable, plain and concise language in reports.

### **5.6 Maintains client confidentiality.**

Performance Criteria

- 5.6.1 Maintains the required confidentiality of client information and client records.  
*Range Statement:* Respects ethical and legal requirements for confidentiality of client information.  
*Cue:* Discusses or releases the client's personal information only with client permission or as law permits to protect the welfare of the individual or the community.
- 5.6.2 Explains any foreseeable limitations on preserving the confidentiality of client information to the client prior to initiating service.  
*Cue:* Legal obligation to report when an examination is conducted on behalf of a third party.

**UNIT SIX: ORGANIZATION AND DELIVERY OF PHYSIOTHERAPY SERVICES**

Operates effectively within the comprehensive health system, demonstrating self-management of physiotherapy services and appropriate use of resources.

**Elements**

**6.1 Implements the physiotherapist's role and physiotherapy services with a broad understanding of the comprehensive health system.**

Performance criteria

- 6.1.1 Integrates physiotherapy philosophy and theoretical models into practice.  
*Cues:* Pathokinesiology and movement dysfunction model, functional framework, continuum movement theory, disability model.
- 6.1.2 Communicates physiotherapy purpose, goals, and objectives in terms of client outcomes and the physiotherapist's role.
- 6.1.3 Communicates the scope and benefits of physiotherapy services and identifies potential clients.
- 6.1.4 Seeks optimal benefits for clients by adapting physiotherapy practice and client service to different models of health service delivery.  
*Cues:* Self-care, medical, social, independent living.
- 6.1.5 Accesses information and resources from the comprehensive health system to support service delivery.  
*Cues:* Resources from literature, health and community agencies and telecommunications.
- 6.1.6 Works with agencies, organizations, and governments with or on behalf of clients.

**6.2 Contributes to creating an effective practice environment that supports client-centred physiotherapy services.**

Performance Criteria

- 6.2.1 Provides services within different organizational structures.  
*Cues:* Functional program, matrix management.
- 6.2.2 Applies access and service criteria within an integrated physiotherapy service model.
- 6.2.3 Evaluates conflicting service demands, sets service priorities and manages time effectively.
- 6.2.4 Incorporates ethical, legal, and moral guidelines in practice.  
*Cues:* Codes of ethics, standards of practice.
- 6.2.5 Identifies obstacles to competent practice and acts to improve the practice environment.
- 6.2.6 Implements client-centred standards for quality service.
- 6.2.7 Evaluates quality of services and implements changes for service improvement.
- 6.2.8 Uses self-evaluation to guide and modify practice.  
*Range Statement:* Involves formal and informal quality improvement activities.

### **6.3 Guides human resources involved in the delivery of physiotherapy services including volunteers, students and paid personnel.**

#### Performance Criteria

- 6.3.1 Cultivates human resource development, teamwork, collective decision making and service accountability.  
*Range Statement:* Applies to support personnel, peers, and other health team members.  
*Cues:* Coaching, team-building, self-direction, and self-evaluation.
- 6.3.2 Participates in performance management of human resources impacting physiotherapy services.  
*Cues:* Ongoing feedback, team meetings, performance reviews.
- 6.3.3 Contributes to human resource initiatives affecting physiotherapy services.  
*Range Statement:* Applies to needs assessment and the development, implementation and evaluation of human resource strategies.  
*Cues:* Recruitment, orientation, disciplinary action, employee assistance services, reward and recognition programs, continuing education.
- 6.3.4 Assigns appropriate physiotherapy service activities to support personnel.  
*Range Statement:* Assignment is determined according to individual capacities of the support person and needs of the client, and the degree of skill, judgment or decision making required for the effective performance of the activity.  
*Cues:* Support personnel include physiotherapy assistants, technicians, aides, students and volunteers.
- 6.3.5 Obtains client consent for any intervention or intervention plan that uses support personnel.
- 6.3.6 Provides appropriate supervision of support personnel.  
*Range Statement:* Supervision is determined according to guidelines that address purpose, type and frequency of supervision.
- 6.3.7 Establishes mechanisms for ongoing communication among the client, the physiotherapist, the assigned support personnel and other team members.

### **6.4 Uses available physical, material and financial resources as required for safe and cost-effective physiotherapy practice.**

#### Performance Criteria

- 6.4.1 Contributes to budget development and fund allocation based upon identified service needs and cost estimates.  
*Range Statement:* Need to reflect service priorities and available funding levels.
- 6.4.2 Participates in the collaborative evaluation of service costs against identified client and service outcomes.
- 6.4.3 Participates in cost-effective acquisition and use of physical and material resources.  
*Cues:* Space, equipment and supplies.
- 6.4.4 Participates in maintaining inventory control, safe storage of materials, and supply management.
- 6.4.5 Verifies that the therapeutic equipment used is in safe working order and contributes to maintaining the equipment records that are kept.



## GLOSSARY

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**Ability(ies):** the capacity to perform a physical or mental activity considered normal for a human being, depending on the person's biological characteristics. (Martini, Polatajko, & Wilcox, 1995)

**Accountability:** the ability to explain and take responsibility for one's actions that are consistent with the agreed upon authority. (adapted from Nurses Association of New Brunswick, 1995)

**Assignment:** the transfer, by a physiotherapist, of specific components of a client's service to support personnel. (College of Physiotherapists of Ontario, 1996b)

**Autonomous:** exercising the ability to make one's own judgments; free from the control of others.

**Client:** the person, group, community or organization receiving professional services, products, or information. (adapted from College of Physiotherapists of Ontario, 1996c)

**Client-centred [practice]:** a (health) service in which the client's goals, expectations, needs and abilities are the focus of all interventions. (Council of Directors of Physical Therapy Academic Programs in Canada and Canadian Physiotherapy Association, 1995)

**Context of practice:** any setting where health services are offered or delivered with the purpose of responding to the presenting health needs of a client. (adapted from Nurses Association of New Brunswick, 1995)

**Competence:** the capacity to apply judgment and purposeful action to work with clients to achieve and maintain desired health outcomes. (adapted from Glover Takahashi, 1997)

**Competency:** a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility) that correlates with performance on the job, and that can be measured against accepted standards. (adapted from Parry, 1996)

**Comprehensive health system:** the organization of health services that recognizes the impact of the broader determinants of health (e.g., economic, social, physical, educational).

**Diagnosis:** the formulation of a conclusion based on analysis of client assessment findings, which indicates a need for physiotherapy intervention.

**Disability:** the restriction or lack of ability (resulting from impairment) to perform an activity in the manner, or within the range, considered normal for an individual. (World Health Organization, 1984)

**Environmental:** the social, political, cultural, economic, physical, and geographic factors that impact health status and function.

**Entry-level competencies:** the repertoire of measurable, observable behaviours that are expected of a physiotherapist entering practice upon graduation from an accredited Canadian physiotherapy program. (adapted from Glover Takahashi, 1997)

**Evaluation [physiotherapy...]:** the process of determining the result, impact or effectiveness of physiotherapist management in relation to the client's needs, goals and outcomes established with the client.

**Evidence-based practice:** practice that has a theoretical body of knowledge, and uses the best available scientific evidence in clinical decision making and standardized outcome measures to evaluate the service provided. (adapted from Council of Directors of Physical Therapy Academic Programs in Canada and Canadian Physiotherapy Association, 1995)

**Handicap:** the disadvantage for an individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors for that individual. (World Health Organization, 1984)

**Health:** a state of complete physical, mental and social well-being. It is the extent to which an individual or group is able, on the one hand to realize aspirations and satisfy needs, and on the other hand, to change and cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities. (World Health Organization, 1984)

**Health promotion:** the process of enabling people to increase control of and to improve their health. (World Health Organization, 1984)

**Human resource development:** the integrated processes of planning, educating, utilizing and motivating personnel to best meet health services requirements. (World Health Organization, 1990)

**Health status:** the level of an individual's physical, mental, affective, and social function; health status is an element of well-being. (American Physical Therapy Association, 1995)

**Health team:** a group of individuals who share common health goals and objectives determined by client needs. Each member of the team contributes to achieving the objectives in accordance with their competence and skill, and in coordination with the function of other team members. The manner and degree of such cooperation will vary according to client needs and available resources. (adapted from World Health Organization, 1990)

**Impairment:** the loss or abnormality of psychological, physiological or anatomical structure or function. (World Health Organization, 1984)

**Implementation:** performance of necessary and appropriate interventions to achieve the desired benefit for the client with minimal risk. Interventions can be either direct or indirect. (adapted from College of Physiotherapists of Ontario, 1996a)

**Interpretation and analysis [physiotherapy...]:** a dynamic process in which the physiotherapist makes clinical judgments and justifiable decisions based on data gathered during the examination. (adapted from definition of "evaluation," American Physical Therapy Association, 1995)

**Lifespan:** the many factors, both physiological and experiential that influence an individual's evolution, and include development, maturation and aging as well as life experiences; extends from conception to death. (Council of Directors of Physical Therapy Academic Programs in Canada and Canadian Physiotherapy Association, 1995)

**Matrix [management]:** an organizational design that combines functional areas (e.g., physiotherapy, finance, personnel) with program areas (e.g., geriatrics, orthopaedics, women's health). The structure establishes a flexible system of resources and processes to achieve program objectives with each program often requiring a multidisciplinary team approach. Although personnel report to more than one manager (e.g., functional and program), the matrix structure facilitates the coordination of the team and allows team members to contribute their special expertise. (adapted from Shortell, 1988)

**Obstacle:** created when environmental factors seriously impede performance or habits. (Martini et al., 1995)

**Outcome:** the result of physiotherapy management; a successful outcome includes improved or maintained physical function when possible, slows functional decline where the status quo cannot be maintained, and/or is considered meaningful to the [client]. (American Physical Therapy Association, 1995)

**Outcome measure:** the “currency” of measuring change within a specific outcome tool. (Cole et al., 1994)

**Outcome tool:** a measurement tool (e.g. instrument, questionnaire, rating form) used to document change in one or more client characteristics over time. (adapted from Cole et al., 1994)

**Physiotherapist:** used interchangeably with physical therapist to describe the primary health service practitioner licensed or registered to use that title.

**Physiotherapy assessment:** the process of obtaining a client's health history, determining functional status and completing a thorough examination using specific tests and measures to determine whether a physiotherapy intervention is required. (adapted from College of Physiotherapists of Ontario, 1996b)

**Physiotherapy intervention:** the purposeful and skilled interaction of the physiotherapist with the client, using various methods and techniques to produce changes in a client's condition and to meet established client-centred goals and health outcomes. (adapted from American Physical Therapy Association, 1995)

**Planning [physiotherapy intervention...]:** the process of developing the most appropriate (intervention) strategy for a client based on the assessment findings, analysis and interpretation, the client's needs, goals and desired outcomes. (adapted from College of Physiotherapists of Ontario, 1996b)

**Prevention:** activities concerned with slowing or stopping the occurrence of both mental and physical illness and disease; minimizing the effects of a disability or impairment on disability; reducing the severity or duration of an illness. (American Physical Therapy Association, 1995)

**Primary health service:** essential health service based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the nucleus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health service as close as possible to where people live and work and constitutes the first element of a continuing health service process. (World Health Organization, 1984)

**Prognosis:** the determination of the level of maximal improvement that might be attained by the client and the amount of time needed to reach that level. (American Physical Therapy Association, 1995)

**Relevant others:** individuals who are part of the client's social environment including family and significant others; often persons other than health professionals.

**Restoration and Rehabilitation:** concerned with the return of a [client] to full or at least improved function. (adapted from American Physical Therapy Association, 1995)

**Rehabilitation:** a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical, and/or social functional level, thus providing [the person] with the tools to change their own life. It can involve measures intended to compensate for a loss of function or a functional limitation. (World Health Organization, 1983)

**Self-management:** the application of basic management principles by an individual in exercising responsibility for professional services, while acknowledging when and for what purpose to seek support and guidance.

**Scope of practice:** A profession's scope of practice encompasses the services its practitioners are educated, competent, and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners. The actual scope of practice of individual practitioners is influenced by the settings in which they practice, the requirements of the workplace, and the needs of their patients or clients. (adapted from Canadian Nurses Association, 1993)

**Standardized measure:** published measurement tool, designed for a specified purpose in a given population, with detailed instructions provided as to when and how it is to be administered and scored, interpretation of the scores, and results of investigations of reliability and validity. (Cole et al., 1994)

**Supervision:** The purpose of supervision is to oversee the actions or work of an individual and to ensure that he or she has the knowledge, skills and abilities to perform a given task. (College of Physiotherapists of Ontario, 1996b)

**Supervision of physiotherapy support personnel:** Supervision allows the physiotherapist to make a judgment about the supervisee's abilities to competently perform certain tasks. Supervision must include direct observation until a judgment about competence is made. Thereafter, the type of supervision, i.e. direct versus indirect, will be determined by the supervising physiotherapist. Indirect types of supervision include: videotape reviews; client feedback; team member feedback; and case review.

Physiotherapists who are not available to perform an immediate personal intervention must ensure that they are accessible through telecommunication and able to provide personal intervention if required.

Physiotherapists, when unavailable due to vacation, illness or leaves of absence, must transfer the supervision of support personnel to another physiotherapist. (Note: If the funding source requires that physiotherapy services be provided by a physiotherapist, then support personnel must not provide such services without direct on-site supervision by the physiotherapist.) (College of Physiotherapists of Ontario, 1996b)

**Support personnel:** health workers who enhance the role of physiotherapists in the provision of physiotherapy services by performing delegated tasks under professional supervision.

**Theoretical model:** a theoretical blueprint or specific manner of organizing knowledge to guide practice. (Canadian Association of Occupational Therapists, 1996)

**Therapeutic exercise:** a wide range of activities designed to increase strength, improve cardiovascular fitness, increase flexibility, enlarge range of motion, or otherwise increase a person's functional capacity. (American Physical Therapy Association, 1995)

**Wellness:** a concept that embraces a proactive, positive approach to good health. Wellness advocates seek to increase a person's level of health as a preventive measure to guard against future disease. (American Physical Therapy Association, 1995)





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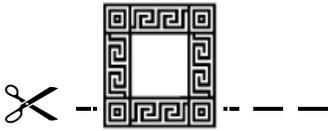
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# READER FEEDBACK FORM

Your views on the Profile are important to us. They will help us improve future versions of the Profile and better meet the needs of those who use it. Please complete the following questionnaire and mail or fax it to the Canadian Physiotherapy Association. Your feedback will be treated confidentially if you wish (simply leave the identification section blank).

## A. CONTENT OF THE COMPETENCY PROFILE

Please rate the following aspect of the content:

|  | Poor                     | Fair                     | Average                  | Good                     | Excellent                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Introduction and background   | <input type="checkbox"/> |
| 2. Key role of the entry-level physiotherapist in Canada               | <input type="checkbox"/> |
| 3. Units of competency for the entry-level physiotherapist in Canada   | <input type="checkbox"/> |
| 4. Context of practice for the entry-level physiotherapist in Canada   | <input type="checkbox"/> |
| 5. Competencies of the entry-level physiotherapist in Canada           |                          |                          |                          |                          |                          |
| Unit One: Professional Accountability                                  | <input type="checkbox"/> |
| Unit Two: Client Assessment  | <input type="checkbox"/> |
| Unit Three: Physiotherapy Diagnosis and Intervention                   | <input type="checkbox"/> |
| Unit Four: Planning  | <input type="checkbox"/> |
| Unit Four: Implementation and Evaluation of Physiotherapy Intervention | <input type="checkbox"/> |
| Unit Five: Communication and Interdisciplinary Practice                | <input type="checkbox"/> |
| Unit Six: Organization and Delivery of Physiotherapy Services          | <input type="checkbox"/> |
| 6. Glossary  | <input type="checkbox"/> |

COMMENTS / SUGGESTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## B. PRESENTATION OF THE COMPETENCY PROFILE

Please rate the following aspects of the presentation:

|                            | Poor                     | Fair                     | Average                  | Good                     | Excellent                |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Clarity of text         | <input type="checkbox"/> |
| 2. Layout and organization | <input type="checkbox"/> |
| 3. Completeness            | <input type="checkbox"/> |

COMMENTS / SUGGESTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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(over)

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**C. USES OF THE COMPETENCY PROFILE**

Please indicate (✓) the areas in which you will be making use of the Profile (or planning to):

- Self-evaluation or as a practice guide
- Inter-provincial and international mobility
- Basic standards of practice
- Scope of practice at entry-level
- Performance standards for regulation at entry-level
- Regulatory boards' complaints and discipline procedures
- Competency assessment for foreign-trained physiotherapists
- Continued competence
- Differentiating entry-level from advanced practice
- Defining the role of physiotherapy support personnel (national standards, scope of practice and regulation)
- National promotion efforts
- Entry-level curriculum standards
- Communication with governments and third-party payers
- International collaboration
- Other: \_\_\_\_\_

**D. GENERAL COMMENTS**

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**E. IDENTIFICATION (optional)**

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

***THANK YOU FOR COMPLETING THIS SURVEY.***

Please send this completed survey by mail or fax to:

National Physiotherapy Competency Initiative  
c/o Canadian Physiotherapy Association  
603B - 1600 James Naismith Dr.  
Gloucester ON K1B 5N4  
Fax: (613) 742-5428