

*National Guidelines  
for Support Workers  
in Physiotherapy Practice  
in Canada*

Prepared by the  
Canadian Alliance of *Physiotherapy* Regulators

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## *Note to readers*

Individual physiotherapists, support workers in physiotherapy practice and facilities in which physiotherapy care is provided are advised that they should contact their respective provincial physiotherapy regulator to establish the applicable provincial requirements.

This paper describes the consensus view of the provincial physiotherapy regulators in Canada and is the result of research and consultation with the many stakeholders in physiotherapy practice in Canada in 1999 and 2000.

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An electronic version of this document is available on the Alliance website ([www:alliancept.org](http://www.alliancept.org)).

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## INTRODUCTION

Over the past decade, many driving forces have changed the face of health care and the subsequent delivery of health services in the system. Some forces that have precipitated health reform include fiscal constraints, changing demographics, an increased emphasis on the implementation of population based models of health service provision, changing public expectations and increasing client advocacy<sup>1,2</sup>. It is clear that stakeholders, whether they are governments, health providers, clients, or payers, all have a vested interest and a role to play in making and shaping human resource policy. The overall objectives of these policies are to ensure timely, appropriate access to health services while attempting to reduce the cost of providing the most efficient and effective quality of care.

A changed model and delivery of physiotherapy\* care has also occurred in response to the fundamental changes in the system. In addition to providing care to a new type of patient, physiotherapists\* are now providing their services in a new work environment, having established new relationships/partnerships with their peers and other health professionals on the team. To meet the increased demand for physiotherapy services and in response to budgetary restraints, physiotherapists are utilizing and supervising support workers to ensure access to physiotherapy services, to maintain and enhance the quality of services delivered to the client and to increase the cost effectiveness of physiotherapy care<sup>3,4</sup>.

For a number of years physiotherapy professional associations and the Canadian Alliance of *Physiotherapy* Regulators have been engaged in collaborative initiatives aimed at defining the *appropriate* use of physical therapy support personnel<sup>5,6,7,8</sup>. The purpose of these guidelines is to consolidate the present regulatory perspective on the role of the support worker in physiotherapy practice. These guidelines will:

- define and describe support workers;
- provide an overview of policies regarding their appropriate utilization;
- describe essential components of physiotherapist and support workers relationships;
- discuss tasks within the exclusive domain of physiotherapists' practice;
- discuss the tasks that can be appropriately assigned to support workers; and
- present the factors influencing appropriate task delegation.

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\*In this document the terms physiotherapy/physical therapy and physiotherapist/physical therapist are used interchangeably

The specific responsibility for governing the conduct and professional relationship of physiotherapists vis-à-vis support workers is under provincial jurisdiction. Individual provincial regulators may use this document for information and guidance. In addition, it is advised that any user should contact his/her appropriate provincial college for its' perspective. This will assist the user in formulating his/her own position and in this way ensure that physiotherapists and physiotherapy support workers are working in a safe, collaborative, appropriate, effective and efficient manner.

### ***Defining Support Workers***

It is difficult to define and describe the broad category of support workers. However, it is recognized that there are at least two levels of support workers in Canada: 1) those receiving formalized (albeit, non-standardized) and detailed college training in a physiotherapist assistant-specific program and 2) those who are exclusively trained on-the-job or those with more informal, generic or brief training. Individuals fulfilling these support roles may be utilizing a variety of job titles and to compound the confusion, the individual/employer sometimes uses similar/same titles for these two different categories of workers.

For the purposes of this document those individuals who have a minimum of one year of academic training at a college or collège d'enseignement général et professionnel (cégep in Québec) will be considered within the same category. Individuals fitting this description will be classified as Group 1/College-trained Support Workers. These guidelines suggest the appropriate job title(s) for Group 1 or College-trained Support Workers is Physiotherapist Assistant (PTA) and/or thérapeute en réadaptation physique (TRP in Québec).

It is recommended that physiotherapy support workers who are generally on-the-job trained utilize titles such as Physiotherapist Aide/Attendant, Auxilliary Personnel, or Rehabilitation Assistant, and be designated as Group 2 Support Workers. In addition, there are other non-regulated assistants, workers with related education or training (e.g. Fitness Instructors, Athletic Therapists, Kinesiologists) and multi skilled workers who may be part of the health care team, nursing unit or in private practice, who would also be included within Group 2. Workers in this category, similar to Group 1 Support Workers, may be involved in delivery of

health care services as assigned by a physiotherapist but in a more supplementary manner than Group 1 workers, and have a different relationship with the supervising physiotherapist. See Table 1 for a summary comparison of the two groups of support workers.

These guidelines suggest the appropriate job title for the Group 2 category of support workers be Physiotherapy Aide or Rehab Aide. Because of the varied nature of educational preparation, job titles and on-the-job responsibilities among on-the-job trained assistants/aides or other support workers, it is not reasonable to make assumptions about the knowledge, skills and abilities of those individuals included in the Group 2 category. Therefore, these guidelines shall focus most specifically on the physiotherapy regulator's perspective of the role of the college prepared physiotherapist assistant, Group 1 Support Workers.

### ***Overview of Positions/Guidelines Regarding the Utilization of Support Personnel***

On review of clinical practice/policy statements from the various provinces where documents exist (British Columbia<sup>9</sup>, Alberta<sup>10</sup>, Saskatchewan<sup>11</sup>, Manitoba<sup>12</sup>, Ontario<sup>13</sup>, Québec<sup>14</sup>, and New Brunswick<sup>15</sup>) it can be seen that provincial variation exists with respect to educational preparation and titles used by support workers. Studies have shown that there is also variation in the on-the-job responsibilities/functions carried out by PTAs practicing in Ontario<sup>16</sup> and elsewhere<sup>17,18,19</sup>. However, there is a remarkable similarity in the various policy documents with respect to a description of task assignment/transfer of function from physiotherapists to support worker and on the supervisory responsibilities of physiotherapists.

### ***Essential Components of Physiotherapist and the Support Worker Relationships***

Two essential components that must exist in the relationship between the physiotherapist and the individual to whom the task is assigned are supervision and communication. While these two elements are essential, it should be noted that the physiotherapist is always directly accountable for the physiotherapy care the patient receives regardless of the amount of supervision or communication provided to the support worker.

### ***1. Supervision:***

- Any physiotherapist assigning tasks to a support worker *must* supervise the individual performing the task<sup>20</sup>.
- The nature of this supervisory relationship may be direct or indirect, or may be a combination of the two. In determining the amount, form, quality and type of supervision required by the health provider in performance of the task, the physiotherapist must take into account several factors and must be in accordance with the provincial legislation.
- The key determinants for appropriate supervision and use of support personnel include practice setting and type, the nature of the task<sup>21</sup>, the acuity of the patient's condition, the complexity of the patient's needs and the degree of judgment, decision making required for modification of treatment based on the patient's response. These factors must be considered in context with education, training, skills, job experience, personal attributes, abilities and competence of the support worker.
- It is expected that physiotherapists will not assign any task they have not previously observed (either personally or by another physiotherapist) the support worker performing competently. In all cases, the physiotherapist must exercise his/her best clinical judgment to provide the support worker with the appropriate mix of direct and indirect supervision as required.
- In situations where indirect supervision is applied, it is reasonable and expected that the supervising physiotherapist be readily available (by pager, telephone etc.) or in the same physical area as the support worker for consultation, if the need arises.
- The physiotherapist remains responsible, accountable and liable for the quality of the supervision provided to the support worker. It is essential that the supervising physiotherapist therefore be responsible for setting, encouraging and evaluating the standard of work performed by the support worker to ensure that the worker is able to safely, effectively, efficiently and competently perform each task.

## **2. *Communication:***

Communication is an essential component that must exist or be negotiated in the relationship between the physiotherapist and the support worker. This includes communication between the physiotherapist, support worker and the patient.

- It is ultimately the physiotherapist's responsibility to ensure that all support personnel are clearly and correctly identified (i.e. introduction, name tags) to patients.
- Physiotherapists and support workers need to establish a process, structure(s) and mechanisms to ensure that an ongoing, collaborative communication exists between the various parties. As mentioned above, the physiotherapist must be accessible to the support worker should questions or concerns arise.
- Because the physiotherapist is accountable (liable) for any task he/she delegates it is of paramount importance to ensure that the support worker understands the instructions and the limitations/scope of his/her clinical practice.

Physiotherapists and physiotherapy support workers need to communicate with each other, at minimum, regarding the following:

- It is the responsibility of the physiotherapist to review with the support worker relevant assessment findings, goals, interventions planned, acceptable range of treatments and the expected response.
- It is the responsibility of the physiotherapist to inform the support worker of any potential changes in the client's condition that are consistent with the normal course of recovery<sup>13</sup>
- Physiotherapy support workers need to recognize, respond and report to the physiotherapist (or other appropriate individual) the client's actual response and any observed changes in client's health status during or as a result of the physiotherapy intervention.

## ***Specific Task Assignment***

The various policies/guidelines adopted by provincial physiotherapy regulators, while not providing an itemized inventory of activities that physiotherapists can assign, have provided physiotherapists with guidance along broad categories. Models of delegation to support workers have also been described in the literature<sup>22,23,24</sup>.

With respect to specific task assignment:

- ❑ Physiotherapists are always responsible for completing an initial assessment and preparing a physiotherapy care plan.
- ❑ Support workers, with the patient's consent, may carry out portions of this physiotherapy care plan for a relatively *medically stable* patient<sup>8</sup>.
- ❑ Physiotherapists must engage in a documented process to ensure that the support personnel are competent to carry out the tasks prior to assigning them.

The nature of tasks that can be appropriately assigned to support workers (i.e. shared responsibilities), should be of a more ongoing, observational and assistive nature rather than of an independent or evaluative nature and may include:

- ❑ Participating in the collection of qualitative and quantitative client data related to the client's physical status and functional ability as assigned by the physiotherapist;
- ❑ Performing selected objective measures/tests/procedures as assigned by the physiotherapist within established guidelines and limits and which supplement the client history and systems review performed by the physiotherapist in concordance with the overall (re)assessment plan;
- ❑ Implementing therapeutic interventions as assigned by the physiotherapist and may include thermal, electrical and mechanical modalities or providing physical assistance (supporting or enhancing in nature) to clients;
- ❑ Reinforcing the physiotherapist's explanation and providing verbal instructions to the client regarding the intervention plan;
- ❑ Assisting the physiotherapist in evaluating the effectiveness of specific interventions in relation to identified client outcomes;
- ❑ Documenting work and collection of workload measurement statistics as appropriate and in compliance with applicable legislation and regulations and within the established guidelines, policies and procedure of the practice setting;

- Performing any task that contributes to the creation of a safe and effective practice environment that supports a client-centred delivery of physiotherapy services.

It is important to re-iterate that ultimately the assignment of duties and transfer of function from physiotherapists to support workers must be within that individual support worker's level of competence and take into account the factors mentioned earlier.

The types of tasks within the exclusive scope of practice for physiotherapy and that therefore *must not* be assigned<sup>8-14</sup> are considered to be of an evaluative nature and include:

- Interpretation of referrals, diagnosis or prognosis;
- Interpretation of assessment findings, treatment procedures and goals of treatment;
- Planning, initiation or modification of treatment program beyond established limits;
- Discussion of treatment rationale, clinical findings and prognosis with the client/family;
- Documentation that should appropriately be completed by a physiotherapist;
- Discharge planning;
- Any task or procedure that requires continuous clinical judgement e.g. any intervention that has an evaluative component that immediately influences the treatment program
- Manual therapy e.g. mobilizations
- Any therapeutic acts controlled by provincial regulation e.g. spinal manipulation and tracheal suctioning in Ontario<sup>13</sup>.

### ***Summary and Conclusions***

It is in the best interests of patient care that there be a positive working partnership between physiotherapists and physiotherapy support workers. The physiotherapy profession must continue to work towards defining, influencing, encouraging and promoting this partnership<sup>25</sup>.

The development of the working relationship between physiotherapists and support workers should be based on clear guidelines as they apply to the practice environment and population, taking into account the skill set of the support worker. In this way, the physiotherapy

support worker contributes to the implementation of physiotherapy interventions to achieve and maintain health and fitness, to manage impairments and to optimize a client's activity and participation levels. Furthermore, this will ensure that risks to the public receiving services from a support worker, working under the supervision of a physical therapist, are negligible.

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**Table 1**  
**Comparison (differentiation) of Two Categories of Physiotherapist Support Workers**

<b>CATEGORY OF SUPPORT WORKER</b>	<b>EDUCATIONAL REQUIREMENT</b>	<b>RELATIONSHIP WITH PHYSIOTHERAPIST</b>	<b>TYPE OF WORK I.E. FUNCTIONS TRANSFERRED</b>
<p><i>Group 1:</i></p> <ul style="list-style-type: none"> <li>❑ Physiotherapist Assistant (PTA)</li> <li>❑ thérapeute en réadaptation physique (TRP)</li> </ul>	<ul style="list-style-type: none"> <li>❑ High school + 1-2 Years (11+2 or 12/13+1) of post secondary education at a recognized educational institution AND</li> <li>❑ Completes a PTA/TRP College program AND</li> <li>❑ has College certificate or d.e.c. (Québec) conferred on completion of College program</li> </ul>	<ul style="list-style-type: none"> <li>❑ works under PT's direction and supervision</li> <li>❑ PT may or may not be required to provide on-site supervision*</li> </ul>	<ul style="list-style-type: none"> <li>❑ direct and non-direct patient care</li> <li>❑ assists PT in carrying out portions of care plan for medically stable patients</li> <li>❑ tasks are of ongoing, observational and assistive nature</li> <li>❑ tasks and interventions assigned more complex and their direct "hands-on" patient involvement greater than Group 2 workers</li> <li>❑ may participate in the collection of qualitative and quantitative patient data related to the patient's physical status and functional abilities as assigned by the PT e.g. performs selective objective tests/measures or procedures</li> <li>❑ may assist the PT in the determination of client's needs and may contribute to the development and revision of the intervention plan</li> <li>❑ assists the PT in evaluating the effectiveness of specific treatment interventions in relation to identified client outcomes</li> <li>❑ may be involved in documentation of work</li> <li>❑ duties do not include:               <ul style="list-style-type: none"> <li>❑ working as independent practitioners</li> <li>❑ planning assessment, treatment planning or modification</li> </ul> </li> </ul>

<p><i>Group 2:</i></p> <ul style="list-style-type: none"> <li>❑ Physiotherapy (ist) Aide</li> <li>❑ Generic Rehabilitation Assistant</li> <li>❑ Auxilliary Personnel</li> <li>❑ Multi Skilled Worker</li> <li>❑ Related education e.g. Fitness Instructor, Athletic Therapist, Kinesiologist</li> </ul>	<ul style="list-style-type: none"> <li>❑ Education does not meet or exceed <i>all</i> of the conditions noted for Group 1</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>❑ no formalized physiotherapy-specific College or University training i.e. “on-the-job” trained or trained in program unrelated to Physiotherapy</li> </ul>	<ul style="list-style-type: none"> <li>❑ works under PT’s direction</li> <li>❑ PT on-site supervision recommended or required*</li> <li>❑ may also accept assignments from other health care professionals</li> <li>❑ may work collaboratively with Group 1 support workers</li> </ul>	<ul style="list-style-type: none"> <li>❑ duties range from custodial to assisting with direct patient care interventions</li> <li>❑ “technical” service providers</li> <li>❑ less direct “hands-on” patient care focus</li> <li>❑ duties do not include: <ul style="list-style-type: none"> <li>❑ working as independent practitioners</li> <li>❑ likely not involved in documentation processes</li> </ul> </li> </ul>
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\*requirement for on- site supervision from a physiotherapist varies, but must be in accordance with provincial legislation