

FAQ: RC 3-11 and RC 4-11 through RC 12-11

WHAT DID THE HOUSE OF DELEGATES (HOUSE) ACTUALLY PASS?

In June 2011, the chapter voting delegates in the House (who are elected by their colleagues within their chapters) adopted by majority vote RC 3-11 and referred RCs 4-11 through 12-11 to the Board of Directors. The exact wording of RC 3-11 and RCs 4-11 through 12-11 is as follows:

RC 3-11

RC 3-11 PHYSICAL THERAPIST RESPONSIBILITY AND ACCOUNTABILITY FOR THE DELIVERY OF CARE

Whereas, The American Physical Therapy Association (APTA) Vision Statement for Physical Therapy 2020 (Vision 2020) recognizes physical therapists as practitioners characterized by independent, self-determined professional judgment and action; and recognizes that physical therapists have the capability, ability, and responsibility to exercise professional judgment within their scope of practice and to professionally act on that judgment;

Whereas, Current APTA positions, standards, guidelines, policies, and procedures specify the use of specific personnel rather than recognizing the responsibility and accountability that accompany the independent judgment of contemporary physical therapist practice, which is characterized by the autonomous professional;

Whereas, To best meet the needs of the patient/client, it is necessary for physical therapists to maximize the ability to respond to the changes resulting from passage of the Patient Protection and Affordable Care Act, including emerging models of care delivery and expanding numbers of insured consumers seeking care, thereby providing opportunities for physical therapist leadership;

Whereas, APTA's Standards of Practice for Physical Therapy (.pdf) state that the physical therapist is responsible for the direction of physical therapy service, complies with all legal requirements of jurisdictions regulating the practice of physical therapy, involves appropriate others in the planning, implementation and assessment of the plan of care, and provides or directs and supervises the physical therapy intervention;

Resolved, That the American Physical Therapy Association recognizes physical therapists' abilities to utilize appropriate support personnel, including but not limited to the physical therapist assistant, when directing and supervising selected aspects of physical therapy intervention.

Proviso: This position will become effective July 1, 2012.

RCs 4-11 through RC 12-11

That RC 4-11 through RC 12-11 be referred to the Board of Directors to review the current model of the physical therapist (PT), physical therapist assistant (PTA), and physical therapy aide (PT aide) as the only participants involved in delivery of physical therapist services and identify potential models of delivery of these services that:

- A. Describe the patients/clients that PT's manage;*
- B. Describe the level and complexity of physical therapist management required by these patients/clients;*
- C. Identify the types of participants that could support the PT in potential new models of service delivery;*
- D. Are consistent with and promote potential new payment models for physical therapist-directed services;*
- E. Delineate opportunities and barriers to support the use of those individuals at the appropriate points in the potential new service delivery models;*

F. Include strategies to leverage those opportunities and/or reduce those barriers; and,

G. Investigate changes to the educational preparation and scope of work of the physical therapist assistant.

Any models of service delivery and the necessary changes in position(s) associated with them shall be presented to the 2012 House of Delegates.

HOW DID THE BOARD OF DIRECTORS (BOARD) RESPOND TO THE REFERRAL OF RC 4-11 through 12-11?

Following the 2011 House, the Board determined that a task force was needed to address the following charge:

- A. Describe the patients/clients that PT's manage, including the severity of the patients/clients;
- B. Describe the complexity of physical therapist management required by these patients/clients;
- C. Identify potential new models of delivery of physical therapy services that take into account the severity of the patients/clients served and the complexity of physical therapist services required;
- D. Identify the types of healthcare professionals and personnel that could support the PT in potential new models of service delivery;
- E. Delineate opportunities and barriers to support the use of appropriate healthcare professionals and personnel at the appropriate points in the potential new service delivery models;
- F. Develop strategies to leverage those opportunities and/or reduce those barriers;
- G. Investigate the need for changes to the educational preparation and scope of work of the PTA and training of the PT aide;
- H. Examine the evidence to support changes to the current model.

Potential new models of service delivery should:

- A. Consider the impact on patient/client access, quality and cost of physical therapy services;
- B. Be consistent with and promote potential new payment models for physical therapist-directed services;
- C. Consider the impact that the new models of service delivery will have on other issues, such as personnel standards under Medicare, referral for profit, term and title protection, direct access and other policies; and
- D. Consider the impact that the potential use of the new model(s) by other qualified providers of rehabilitation or therapy services, such as physicians, will have.

WHAT WAS THE RATIONALE FOR CHANGING APTA'S POLICY ON SERVICE DELIVERY?

The writers of RC 3-11 offered the following rationale in their support statement for the motion:

- Positions physical therapy so it can grow as a choice for the public under new health care systems;
- Reinforces autonomous practice of the physical therapist;
- Supports the physical therapist providing care under potential new payment systems; and
- Is more consistent with the Standards of Practice of Physical Therapy, specifically noted in Section III Patient/Client Management: *"The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care."*

The writers clarified that all interventions would be provided under the direction and supervision of the physical therapist.

WAS THIS POSITION MEANT TO MAKE THE PTA OBSOLETE?

No. A decision was made to investigate our current service delivery model and to explore other models. It is best practice for associations to periodically challenge their policies and positions to ensure that they remain current and in the best interest of the profession and constituents that they serve.

The Task Force is examining the opportunities and barriers to using the PTA or other support personnel and is exploring possible changes to the academic preparation and scope of work of the PTA.

WON'T THIS DECISION REDUCE THE QUALITY OF CARE PATIENTS RECEIVE IF WE ALLOW UNQUALIFIED INDIVIDUALS TO BE INVOLVED IN THE DELIVERY OF PHYSICAL THERAPIST SERVICES?

The quality of patient care is of utmost importance to APTA. Any proposed changes to our delivery models will be based on a careful review of the needs of our patients and the educational preparation and the scope of work of the individuals involved in the delivery of care.

WHAT WAS THE RATIONALE FOR POSTPONING THE IMPLEMENTATION OF THIS POLICY CHANGE UNTIL 2012?

As explained by APTA's Board of Directors in the discussion of RC 4-11 through RC 12-11, any proposed change in the current service delivery model requires a thorough, collaborative investigation to best serve physical therapy patients/clients as well as the profession. Postponing the effective date will allow time for alignment of association policies that may be necessary in order to be consistent with the new language.

THE STATEMENT ABOVE INDICATES THAT THERE WILL BE AN INVESTIGATION OF THE POSSIBLE MODELS OF SERVICE DELIVERY AND THEIR POTENTIAL IMPACTS. WHO IS CONDUCTING THE INVESTIGATION?

The Health Care Professionals and Personnel Involved in the Delivery of Physical Therapy Task Force (Task Force) is conducting the investigation of potential models of service delivery and the necessary changes in association position(s). The task force was appointed by the Board at its meeting on July 26, 2011. The Board appointed individuals to serve on this task force by reviewing the skills and expertise needed to fulfill the Task Force's charge and identifying persons from the volunteer applicant pool with the skills and expertise needed. The Task Force includes House members, appropriate section representatives, other experts, and staff. Dianne V. Jewell, PT, DPT, PhD, CCS is the Board Chair of the Task Force.

WHO IS ON THE TASK FORCE?

View [biographical information \(.pdf\)](#) for the individuals appointed to this Task Force.

WHEN WILL THE TASK FORCE BEGIN ITS WORK?

The Task Force was appointed by the Board at its meeting on July 26, 2011, and has begun its work. Three conference calls were held in September and November 2011. The first in-person meeting occurred December 2-3, 2011. A second meeting is scheduled for January 2012. An outside facilitator is guiding the discussion.

The Task Force has adopted [guiding principles \(.pdf\)](#) for its work and signed a [statement of commitment \(.pdf\)](#) to an objective process informed by evidence where available.

HOW WILL THE WORK OF THE TASK FORCE BE COMMUNICATED TO APTA MEMBERS?

The Task Force is considering all models of physical therapist service delivery that meet the elements of the charge from the Board outlined above. The Task Force will forward its report to the Board after its January 2012 meeting. The Board will review the Task Force's report in order to make potential recommendations for consideration by the 2012 House regarding changes in association policy. The Board's report to the House on this topic will be submitted in accordance with the association's standard governance mechanisms and timelines. To honor the process and direction from the 2011 House of Delegates, the details of the Task Force's work will not be shared before the Task Force submits its recommendations to the Board and the Board considers them.

The House will make the final decision on any changes. The House also will address the impact that these changes, or that no change, would have on the prior adoption of RC 3-11.

COULD THE TASK FORCE'S INVESTIGATION RESULT IN CHANGES TO THE NEWLY ADOPTED POSITION RC 3-11?

Yes. Consistent with our parliamentary authority, decisions made by one House cannot bind the hands of future Houses. Therefore, the position could remain as is, be amended, or be rescinded as the House sees fit based on the recommendations that result from the investigation.

WHO MAKES THE FINAL DECISION REGARDING IMPLEMENTATION OF RC 3-11?

The Task Force's charge is to identify potential models of physical therapy service delivery and present those models with their attendant pros and cons to the Board of Directors (Board) for consideration. The Task Force will not be making decisions regarding preferred models. The House of Delegates is the final decision maker in this matter. It is the Board's task to ensure that the members of the Task Force have properly fulfilled their assigned charge and acted without bias to individual or constituent interests. It is also the Board's task to provide to the House of Delegates informed opinions on these motions based on best available data.

HOW CAN I GET INVOLVED/STAY INFORMED/FIND OUT MORE?

Get Involved:

- If you are not already a member, [join APTA!](#) As a member you are able to be part of the decision making process by casting your vote for chapter delegates and PTA Caucus Representatives.
- You can also get involved by running for chapter delegate or PTA Caucus Representative (contact your chapter to find out more).

Stay Informed:

- Watch for updates in APTA's *News Now*, *PT in Motion*, and on the Web site.

Find out more:

- Talk to your elected chapter delegates for more information about the discussion that was held at the 2011 House of Delegates. Discuss your concerns and opinions with your chapter delegates.
- [Contact RC3-11@apta.org](mailto:RC3-11@apta.org). APTA staff manages this email box and can respond to questions and concerns as needed.