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NEWFOUNDLAND AND LABRADOR COLLEGE  
OF PHYSIOTHERAPISTS

**GUIDELINES FOR  
THE USE OF  
SUPPORT PERSONNEL  
IN PHYSIOTHERAPY**

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## 1. Purpose

The purpose of this document is to provide guidelines for the safe and effective use of support personnel in physiotherapy delivery in Newfoundland and Labrador. It will serve as a guide for physiotherapists in delegation and supervision of all levels of support personnel. The physiotherapist is responsible to ensure that safety of the public is the utmost consideration while delivering physiotherapy services with the assistance of support personnel.

This position statement applies only when a non-physiotherapist is performing a component of the physiotherapist's treatment plan and NOT when a health provider is delivering a service independently of a physiotherapist.

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## 2. Background

Support workers are increasingly utilized for assisting in the provision of physiotherapy services, both rural and urban settings. Support personnel can be delegated many clerical and client care tasks. The use of support personnel in physiotherapy can enable the physiotherapist to provide service to a greater number of clients or to provide more regular treatment. When physiotherapy treatment is required, it is accepted that early intervention and adequate treatment is crucial for the client to achieve optimal outcomes. Cost effectiveness in physiotherapy is maximized.

As support personnel assume some routine responsibilities, the physiotherapist can devote more time to the roles of clinician, consultant, educator and researcher and as a contributing member the multidisciplinary team.

The physiotherapist is directly responsible to assign and supervise all tasks delegated to support personnel. In practice, the physiotherapist assesses the client, develops a treatment program and may delegate specific tasks to a support worker, with the client's informed consent. The physiotherapist ensures that the support person to whom the specific task is delegated is competent to carry out the task. Appropriate delegation is dependent upon the training and competency of the support worker. The overall quality of physiotherapy care of the client is the responsibility of the physiotherapist. The physiotherapist is solely responsible to ensure that all physiotherapy services delivered comply with the Standards of Practice for Physiotherapy of the Newfoundland and Labrador College of Physiotherapists.

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3. Definitions: **Support Personnel:** includes Group 1 and Group 2 support workers.

3.1 Comparison (Differentiation) of Two Categories of Physiotherapist Support Workers

| <p><b>CATEGORY OF SUPPORT WORKER</b></p>                | <p><b>Group 1:</b></p> <ul style="list-style-type: none"> <li>▪ Physiotherapist Assistant (PTA)</li> </ul>  | <p><b>Group 2:</b></p> <ul style="list-style-type: none"> <li>▪ Physiotherapist Aide</li> <li>▪ Rehabilitation Assistant</li> <li>▪ Auxiliary Personnel</li> <li>▪ Multi-skilled Worker</li> <li>▪ Related education (Fitness Instructor, Athletic Therapist, Kinesiologist)</li> </ul>   |
|---|---|---|
| <p><b>EDUCATIONAL REQUIREMENT</b></p>                   | <ul style="list-style-type: none"> <li>▪ High school plus 1-2 years (grade 11+2 or 12/13=1) of post secondary education at a recognized educational institution AND</li> <li>▪ Completes a PTA College program AND</li> <li>▪ Has College certificate conferred on completion of College program</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Education does not meet or exceed <b>all</b> the conditions noted for Group 1 OR</li> <li>▪ No formalized physiotherapy specific College or University training, i.e. “on-the-job” trained or trained in a program unrelated to physiotherapy</li> </ul>   |
| <p><b>RELATIONSHIP WITH PHYSIOTHERAPIST</b></p>         | <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>▪ Works under PT’s direction and supervision</li> <li>▪ PT may or may not be required to provide on-site supervision</li> <li>▪ May also accept assignments from other health care professionals</li> <li>▪ May work collaboratively with Group 1 support workers</li> </ul>   |
| <p><b>TYPE OF WORK (i.e. FUNCTIONS TRANSFERRED)</b></p> | <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 in nature</li> <li>▪ Tasks and interventions assigned are 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:</li> <li>▪ working as independent practitioners</li> <li>▪ planning assessment, treatment planning or modification</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:</li> <li>▪ working as independent practitioners</li> <li>▪ likely not involved in documentation processes</li> </ul> |

**3.2 Supervision:** is a process in which one person superintends the work of another.

The physiotherapist supervises all clinical care activities related to the provision of physiotherapy services. Physiotherapy services are considered operational only when there is a physiotherapist available to direct the service.

The supervisor (a physiotherapist) is responsible for setting, evaluating and encouraging the standard of work performed by the support worker. The supervisor is responsible to evaluate the support worker's ability to safely and competently perform the work. Appropriate supervision is an essential component in the effective utilization of support personnel and is necessary for quality of client service. The parameters of supervision include the amount, type and quality of supervision and will increase or decrease at the discretion of the physiotherapist, depending upon the circumstances.

The physiotherapist determines the method of supervision before tasks are delegated and evaluates periodically for safety, accuracy and effectiveness. Supervision may be through direct observation or indirect monitoring. If supervision is indirect, the supervising therapist must be readily available and should be in the same geographical area (within the respective health care Board). If the physiotherapist is frequently away from the premises then an on-site reporting mechanism must be established to guide the support worker should concerns arise. The physiotherapist ensures that support worker under his/her supervision understand that specific concerns related to the therapeutic procedures must be reported to and dealt with by the physiotherapist.

Physiotherapists can only supervise duties performed by support personnel that are within the physiotherapy scope of practice, even if the support personnel are trained in other disciplines.

**3.3 Direct Supervision** indicates that the physiotherapist is present to observe and/or direct the support worker in performing the tasks delegated, to assess/reassess clients as necessary, to review the records written by the support worker and to give prompt feedback.

**3.4 Indirect Supervision** indicates that the physiotherapist is not directly observing the support worker performing the delegated tasks, but is available to receive reports, address concerns and questions from the support worker. The physiotherapist remains responsible for delegated tasks. For example, indirect supervision may be used successfully for long term care or stable clients where support personnel are involved in the preservation or achievement of the goal(s).

The amount and form of supervision of support personnel are at the discretion of the supervising physiotherapist. In settings, where client's response to intervention is expected to change frequently e.g. in acute care settings, a high degree of supervision is required. Therefore, in an acute care environment, support workers may assist in client care only if there is a physiotherapist on-site.

Where supervision is indirect, the physiotherapist must provide written, specific instructions for the tasks delegated. The physiotherapist must establish a system whereby the support worker will maintain a written record of completion of the delegated tasks and the client's response. The physiotherapist must establish a system of communication, which includes the method and the frequency of communication. The physiotherapist will ensure that written policies and procedures are in place and are appropriate. The physiotherapist ensures that a person on-site is designated to deal with medical or administrative issues and the support worker knows when and how to report.

A minimum of 7.5 hours of direct supervision per month should be provided to support workers in the indirect supervision model.

A minimum re-evaluation of clients will be every three months for chronic stable clients e.g. in long term care facilities. It is the responsibility of the physiotherapist to ensure appropriate supervision of support personnel and quality of care for the client. If the physiotherapist is unable to meet the minimum guidelines or comply with the *Standards of Practice for Physiotherapists*, then the physiotherapy service should cease.

It is critical that all the individuals involved (the employer, program supervisors, other professionals, support personnel, etc.) understand that support personnel do not provide direct client care without appropriate supervision by a physiotherapist. A physiotherapist should refuse to provide supervision in a situation where public safety or standards of practice are compromised and may contact the Newfoundland and Labrador College of Physiotherapists if deemed necessary.

#### 4. Assumptions:

The Newfoundland and Labrador College of Physiotherapists is responsible to ensure that the public receive qualified physiotherapy services in accordance with the *Physiotherapy Act*, Regulations and "Standards of Practice for Physiotherapists" March 1999.

Physiotherapists are accountable to the College to ensure that the physiotherapy services delivered under their direction comply with the standards of the College.

Physiotherapy support personnel work under the direction of a registered physiotherapist.

Physiotherapist Assistant educational programs must meet the approval of the Newfoundland and Labrador College of Physiotherapists. Otherwise graduates are not entitled to use the words "physiotherapy," "physical therapy," "physiotherapist" or "physical therapist" in their title or designation.

The College may keep demographic data of support personnel and "may, subject to the approval of the minister, make regulations with respect to physiotherapy auxiliaries" *Physiotherapy Act*.

Kinesiologists or persons trained in another discipline may be employed to assist a physiotherapist. The knowledge and training can be utilized to fulfill functions within clearly defined roles. For example, inasmuch as kinesiology education programs address the "healthy", "normal" population, any component of care of clients with pathological conditions in a physiotherapy setting, which is delegated to a kinesiologist must be supervised by a physiotherapist. The physiotherapist will assess clients with pathological conditions, make a physical diagnosis, prescribe and progress treatment for the condition, and retain responsibility for the client and the program. The kinesiologist may supervise the exercises and perform tasks for which they are trained. The physiotherapist is responsible to ascertain their competence for delegated tasks. The kinesiologist's practice within a physiotherapy setting would be restricted to job site analysis, fitness testing, supervising an established exercise program and assessment of the "normal" population as delegated by the physiotherapist. The physiotherapist will analyze data collected and make recommendations, including changes to the client's workplace.

Individuals such as volunteers, high school co-operative students, physical education students, kinesiology students, etc., who receive orientation and training on the job by a physiotherapist may provide some support services; however, supervision must be direct, on-site and their title must reflect their student or volunteer status. The title used shall not be physiotherapists' aide or assistant. The physiotherapist may delegate only tasks for which the individual has received education and demonstrated competency.

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## 5. Ratio of Support Personnel to Physiotherapist

The number of support personnel that may be supervised by a physiotherapist will depend on:

- the level of training and competency of the support workers
- the type of facility or service
- the complexity of the client care required.

When the status of the clients is likely to change frequently (in an acute care setting for example), the physiotherapist may supervise a maximum of two support personnel. When the status of the clients served is not likely to change frequently, the physiotherapist may supervise more than two support personnel, depending on the above mentioned factors.

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## 6. Considerations for Delegation:

### **6.1 Physiotherapist's Responsibilities:**

The physiotherapist is ultimately responsible for all the physiotherapy care of the client and must understand that delegation of a specific task is not a transfer of professional responsibility.

A physiotherapist shall ensure competence and assign appropriate tasks to a support worker, considering the level of training of the worker, the environment and the client's medical and physical status. Considerations include, but are not limited to:

- a) the qualifications, knowledge, skills, and abilities of the support worker
  - b) the complexity of the environment
  - c) the diagnosis, stability and severity of the client's overall condition
  - d) the predicted response of the client to the procedures delegated
  - e) the degree of judgment or decision-making required for the performance of the task
  - f) the physical accessibility of the supervising physiotherapist
  - g) the client and family needs and wishes.
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The physiotherapist will:

- a) assess/reassess the client;
- b) design the physiotherapy treatment program for the client. Determine which portion of the program may be delegated to the support worker;
- c) assign duties that are within the support worker's level of competence and training;
- d) instruct and observe the support worker perform the delegated task(s) for each client receiving care. The Physiotherapist will ensure that the support worker understands the plan and can competently carry out assigned tasks.
- e) inform the support worker about potential changes in the client's condition that are consistent with the normal course of recovery and those that are indications of adverse effects;
- f) provide an appropriate mix of direct and indirect supervision;
- g) establish a mechanism for ongoing communication between the physiotherapist and the support worker;
- h) obtain client, guardian or family consent for support workers to carry out certain components of the treatment plan;
- i) ensure that the support worker is orientated to the role, the responsibilities and informed of the client's right to full disclosure and informed consent.

## **6.2 Support Worker's Responsibilities:**

The Support Workers will:

- a) represent themselves correctly to the client as support worker and not a physiotherapist;
- b) understand their role and limitations;
- c) conduct themselves in an appropriate manner;
- d) understand the current reporting procedures and know the mechanism for communication;
- e) carry out delegated tasks safely and competently;
- f) maintain appropriate records of delegated tasks and client care as directed;
- g) discontinue any procedure which causes a client adverse reaction;
- h) report any changes in the clients status promptly to the physiotherapist;
- i) participate in performance appraisals;
- j) participate in an ongoing learning program aimed at improving their performance;
- k) record work statistics where required.

## **6.3 A Physiotherapist shall not delegate the following:**

- a) interpretation of referrals or diagnosis
- b) assessment or reassessment of clients.
- c) interpretation of assessment findings, prognosis, goal setting, problem identification.
- d) planning of treatment programs.
- e) modification of a treatment program beyond established limits.
- f) discussion of clinical findings, prognosis or treatment with the client or guardian.
- g) undertake or initiate discharge planning.
- h) any physiotherapy intervention that has an evaluative component that immediately influences the treatment program (such as neuromuscular facilitation techniques).
- i) any task or procedure which puts the client at risk or requires continuous clinical judgment during its usage. (See Section 8 for College position on Electrical Modalities).
- j) any task the physiotherapist has not observed the support personnel performing competently.
- k) procedures which are outside the physiotherapist's own level of competence or outside the scope of physiotherapy;
- l) documentation that should be completed by a physiotherapist.

See Appendix 1 "Standards of Practice for Physiotherapists" 4.1.3.

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## 7. Guidelines for Delegation When the Physiotherapist is Off-site

The physiotherapist is responsible to ensure that:

- a) The physiotherapy treatment program, including that part of it that has been delegated to the support person, is available in writing to the support person and other relevant members of the care team;
- b) There is a person on site appointed to deal with medical or administrative issues;
- c) The support workers are fully trained in general and local policies and procedures in relation to emergencies and adverse occurrences;
- d) The support personnel have sufficient training, experience and competence and are aware of their limitations in order minimize risks to clients and to themselves;
- e) The physiotherapist receives reports from the support personnel at determined intervals;
- f) The support workers are able to contact the physiotherapist to report, seek guidance or discuss any difficulty related to the client or delegated tasks.

## 8. Guidelines for Delegation of Electrical and Mechanical Modalities

The physiotherapist:

- a) shall not delegate any task or procedure which puts the client at risk or requires continuous clinical judgement by the physiotherapist;
- b) may choose to delegate the set up only for modalities requiring continuous clinical judgment with a risk of injury/burns such as e.g. ultrasound, traction, short-wave diathermy and ultraviolet light;
- c) may choose to delegate the set up and use of modalities, with provision of parameters, that do not require continuous clinical judgment e.g. neuromuscular stimulation, interferential current and TENS; with recognition of situations whereby use of these modalities would not be delegated e.g. placement with neuropathies, etc;
- d) ensures that the support personnel has training, experience and demonstrates competence in the application of the modality and are aware of their limitations in order minimize risks to clients and to themselves;
- e) ensures appropriate documentation for the modality is completed;
- f) ensures the support personnel are able to contact the physiotherapist to report, seek guidance or discuss any difficulty related to the client or delegated tasks;
- g) is ultimately responsible for all the physiotherapy care of the client and must understand that delegation of a specific task is not a transfer of professional responsibility.

## 9. Conclusion

Physiotherapists who have an effective working relationship with support personnel can serve the public well. While the responsibility for the client's physiotherapy care rests with the physiotherapist, competent support workers can assist the physiotherapist in implementing some components of the treatment program. The physiotherapist ensures that all delegation of care to support personnel and supervision of support personnel are appropriate for safe and effective delivery of client care.

The physiotherapist is acutely aware of their responsibility to provide quality physiotherapy services to the public they serve. Physiotherapists will utilize support workers in a way that enhances the delivery of physiotherapy services. They will uphold and defend the standards of practice laid down by the College as they relate to the use of Support Personnel.

## Appendix 1:

### “Standards of Practice for Physiotherapists” 4.1.3.

#### **4.1.3 Delegation:**

##### The Physiotherapist

- identifies when to enlist the collaboration of a non-physiotherapist to perform acts that come within the scope of physiotherapy treatment, when the client's condition requires it
- with the client's consent may delegate limited and specific aspects of the care of that client to a non-physiotherapist
- may not delegate client assessment, analysis and problem-identification, goal setting, treatment planning, treatment progression, on-going evaluation and goal review, treatment modification discharge planning or discharge
- may not delegate any task or procedure that requires continuous clinical judgement by the physiotherapist during its application
- provides the non-physiotherapist with precise instructions concerning the program specifically developed to meet the needs of the client's condition
- clarifies to the non-physiotherapist, his or her role and its limitations
- teaches the non-physiotherapist the chosen technique, clearly indicating the important parameters, namely the affected region, the position in which to place the patient, and the duration of treatment
- ensures that the non-physiotherapist can demonstrate the technique he or she has been taught before applying it to the client
- agrees on an effective means of communication with the non-physiotherapist, making sure that the latter understands the importance of communicating with the physiotherapist as soon as he or she notices a change in the client's status or feels insecure about performing one or several of the acts he or she has been taught to perform
- ensures adequate supervision with a frequency which allows the physiotherapist to evaluate the impact the treatments provided by the non-physiotherapist have had on the physical status of the client, (since the physiotherapist is the only person qualified to evaluate the impact of physiotherapy treatment)
- ensures that all information relevant to this type of intervention is noted in the client's file
- assumes responsibility for all care provided including what is delegated.