

VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION HOD P06-13-18-22 [Initial HOD P06-00-24-35] [Position]

Transforming society by optimizing movement to improve the human experience.

GUIDING PRINCIPLES TO ACHIEVE THE VISION HOD P06-19-46-54 [Initial HOD P06-13-19-23] [Position]

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The principles are described as follows:

Identity. The physical therapy profession promotes the movement system as the foundation for optimizing movement to improve the health of society. The movement system is the integration of body systems that generate and maintain movement at all levels of bodily function. Human movement is a complex behavior within a specific context, and is influenced by social, environmental, and personal factors. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

Collaboration. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet

consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

Value. *Value* has been defined as “the health outcomes achieved per dollar spent”.¹ To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.² Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expediently put these discoveries and other new information into the hands and minds of clinicians and educators.

Consumer-centricity. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

Access/Equity. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

Advocacy. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

1. Porter ME, Teisberg EO. *Redefining health care: creating value-based competition on results*. Boston: Harvard Business School Press, 2006.
2. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: Institute of Medicine of the National Academies, 2001.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates Minutes; the "P" indicates that it is a position (see below). For example, HOD P06-97-06-18 means that this position can be found in the June 1997 House of Delegates minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure