



American Physical Therapy AssociationSM

**2018 House of Delegates
Post-House Packet
July 13, 2018**

****DRAFT LANGUAGE: NOT FINAL UNTIL HOUSE OF DELEGATES MINUTES ARE APPROVED****

The Post-House of Delegates (House) Packet contains draft motion language that is current as of the close of the 2018 House. Final language will be reflected in the 2018 House minutes, which will be available by September 7, 2018. House positions and policies that were adopted or amended in June will be made available online by September 24, 2018.

RC 00-18 CONSENT CALENDAR – PACKET II

Required for Adoption: Majority Vote

PASSED

That the following motions be adopted by general consent:

| | | |
|----------|---|-------|
| RC 1-18 | Rescind: House Documents Subsumed in Newer House Documents* | SCHOD |
| RC 2-18 | Rescind: Goals for Development of Theory in Physical Therapy (HOD P06-97-13-12) | SCHOD |
| RC 3-18 | Rescind: Patterning for Persons With Neurological Impairments (HOD P06-01-15-16) | SCHOD |
| RC 4-18 | Rescind: Public Protection in the Delivery of Therapeutic Exercise (HOD P06-00-33-13) | SCHOD |
| RC 5-18 | Rescind: Proliferation of Health Occupations (HOD P06-83-09-30) | SCHOD |
| RC 6-18 | Rescind: Cross-Trained Personnel (HOD P06-99-12-05) | SCHOD |
| RC 7-18 | Rescind: Collective Bargaining Alternatives (HOD P06-85-27-53) | SCHOD |
| RC 8-18 | Rescind: Accrediting Agency Agreements (HOD Y06-82-11-35) | SCHOD |
| RC 9-18 | Rescinding House Directives to the Board on Operational Issues | SCHOD |
| RC 10-18 | Adopt: Preferred Nomenclature for the Provision of Physical Therapist Services* | SCHOD |
| RC 11-18 | Amend: Complementary and Alternative Therapeutic Interventions (HOD P06-01-26-26)* | NC |
| RC 15-18 | Amend: Worldwide Physical Therapy (HOD P06-00-15-25) | SCHOD |
| RC 16-18 | Amend: Endorsement of National Efforts Addressing the Opioid Health Crisis (HOD P06-16-14-14) | SCHOD |
| RC 18-18 | Amend: Access to, Admission to, and Patient/Client Rights Within Physical Therapy Services (HOD P06-14-06-05) | SCHOD |
| RC 19-18 | Amend: Support for Candidates for National Election (HOD Y06-10-16-14) | SCHOD |
| RC 20-18 | Amend: Candidates' Statements (HOD Y06-72-19-32) | SCHOD |
| RC 21-18 | Amend: Public Policy Efforts to Improve Consumer Access to Physical Therapists (HOD P06-13-24-17) | SCHOD |

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| RC 25-18 | Amend: Physical and Chemical Restraints: Role of the Physical Therapist (HOD P06-03-17-05) | SCHOD |
| RC 29-18 | Amend: Entry Point Into Health Care (HOD P06-14-07-11) | SCHOD |
| RC 33-18 | Amend: Documentation Authority for Physical Therapy Services (HOD P05-07-09-03) | SCHOD |
| RC 36-18 | Amend: Electrophysiologic Examination and Evaluation (HOD P06-96-20-04) | SCHOD |
| RC 42-18 | Adopt: Enhanced Proficiency and Continuing Education for the Physical Therapist Assistant* | SCHOD |

**Motions marked with an asterisk included new language in Packet II.*

RC 1-18 RESCIND: HOUSE DOCUMENTS SUBSUMED IN NEWER HOUSE DOCUMENTS - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That the following documents of the House of Delegates be rescinded:

- CONTINUATION CRITERIA FOR PHYSICAL THERAPY INTERVENTION: ROLE OF THE PHYSICAL THERAPIST (HOD P06-99-22-28)
~~The American Physical Therapy Association (APTA) endorses adherence to standards of practice and supports the delivery of effective and efficient care. The public's best interests are served when decisions regarding the initiation, continuation, or discontinuation of a patient's/client's physical therapy intervention (communication, coordination, and documentation; patient/client related instruction; procedural intervention) include the judgment of the physical therapist who has actually examined, evaluated, and diagnosed the patient/client. These decisions shall be informed by the Guide to Physical Therapist Practice and reflect the APTA Code of Ethics and Standards of Practice for Physical Therapy.~~
- PHYSICAL THERAPIST PATIENT/CLIENT MANAGEMENT MODEL (HOD P06-95-25-15)
~~The American Physical Therapy Association endorses a physical therapist patient/client management model which includes: examination, evaluation, diagnosis, prognosis, intervention, and outcome.~~
- PHYSICAL THERAPY AS A HEALTH PROFESSION (HOD P06-99-19-23)
~~Physical therapy is a health profession whose primary purpose is the promotion of optimal health and function. This purpose is accomplished through the application of evidence-based principles to the processes of examination, evaluation, diagnosis, prognosis, and intervention to prevent or remediate impairments in body structures and function, activity limitations, participation restrictions or environmental barriers as related to movement and health.~~

~~Physical therapy encompasses areas of specialized competence and includes the development of new principles and applications to meet existing and emerging health needs. Other professional activities that serve the purpose of physical therapy are research, education, consultation, and administration.~~

- REFERRAL RELATIONSHIPS (HOD P06-90-15-28)

~~Services without Referral~~

~~The physical therapist may, where permitted by law, be the entry point into the health care system for screening, examination, evaluation, diagnosis, prognosis, intervention, and prevention programs and consultation within the scope of his or her knowledge, experience, and expertise.~~

~~Services with Referral~~

~~When patients/clients have been referred, the physical therapist, upon identification of conditions other than those inherent in the information provided by the referring practitioner, shall report to the referring source and consultation shall be sought in accordance with the standards of ethical practice.~~

~~When admission to a physical therapy service has been originated via a referral, this relationship places a shared responsibility on the referring source and on the physical therapist to exchange all necessary information.~~

~~Where a practitioner extender acts on behalf of the practitioner as the referring source, the physical therapist should verify that the referral is consistent with the legal requirements of the local jurisdiction.~~

~~No referring practitioner should bill or be paid for a service which he does not perform; mere referral does not constitute a professional service for which a professional charge should be made or for which a fee may be ethically paid or received.~~

~~Referral to Other Health Care Practitioners~~

~~The physical therapist must refer patients/clients to the referring practitioner or other health care practitioners if symptoms are present for which physical therapy is contraindicated or are indicative of conditions for which treatment is outside the scope of his or her knowledge.~~

- REVIEW OF HOUSE MOTIONS (HOD Y06-75-18-33)

~~The American Physical Therapy Association Board of Directors shall: 1) review all motions coming before the House of Delegates for fiscal implications and 2) provide the necessary information when a motion is discussed.~~

- WOMEN'S HEALTH ISSUES (HOD P06-95-41-28)

~~The American Physical Therapy Association promotes efforts to address and redress problems related to women's health issues.~~

RC 1B-18 AMEND: PHYSICAL THERAPIST OWNERSHIP AND OPERATION OF PHYSICAL THERAPY SERVICES (HOD P06-02-24-48) – SUBSTITUTE PACKET II

Required for Adoption: Majority Vote

PASSED

That Physical Therapist Ownership and Operation of Physical Therapy Services (HOD P06-02-24-48) be amended by substitution:

Consistent with the American Physical Therapy Association Vision Statement for Physical Therapy 2020, ~~t~~The American Physical Therapy Association supports ~~exclusive~~ and encourages physical therapist ownership and operation of physical therapy services.

RC 2-18 RESCIND: GOALS FOR DEVELOPMENT OF THEORY IN PHYSICAL THERAPY (HOD P06-97-13-12)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Goals for Development of Theory in Physical Therapy (HOD P06-97-13-12) be rescinded.

~~GOALS FOR DEVELOPMENT OF THEORY IN PHYSICAL THERAPY~~

~~Goals for development of theory in physical therapy are:~~

~~GOAL 1 — Expand and improve the theoretical basis for practice.~~

~~GOAL 2 — Raise the level of understanding and utilization of theory in research and in practice.~~

~~GOAL 3 — Improve the integration of theory into physical therapy education, research, and practice.~~

~~GOAL 4 — Recognize and reward important contributions to theory related to physical therapy.~~

RC 3-18 RESCIND: PATTERNING FOR PERSONS WITH NEUROLOGICAL IMPAIRMENTS (HOD P06-01-15-16)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Patterning for Persons with Neurological Impairments (HOD P06-01-15-16) be rescinded.

~~PATTERNING FOR PERSONS WITH NEUROLOGICAL IMPAIRMENTS~~

~~The American Physical Therapy Association joins other professional groups (including the American Academy of Pediatrics), researchers, and clinicians in expressing concern regarding claims made about the efficacy and effectiveness of the patterning treatment approach (formerly known as Doman-Delacato) for persons with neurologic and other disorders.~~

~~Available research indicates that claims regarding benefits of this patterning treatment approach remain unproven and there is reason for concern that persons may be ill-served by its use.~~

RC 4-18 RESCIND: PUBLIC PROTECTION IN THE DELIVERY OF THERAPEUTIC EXERCISE (HOD P06-00-33-13)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Public Protection in the Delivery of Therapeutic Exercise (HOD P06-00-33-13) be rescinded.

PUBLIC PROTECTION IN THE DELIVERY OF THERAPEUTIC EXERCISE

~~The American Physical Therapy Association (APTA), in an effort to safeguard the public, supports that persons with movement related impairments, functional limitations, and disabilities will receive the highest quality of care when therapeutic exercise is delivered by qualified practitioners. APTA will monitor and respond to any proposed credentialing, accreditation, licensure, or other regulatory efforts of individuals or groups who seek to be recognized as qualified to perform therapeutic exercise on persons with movement related impairments, functional limitations, and disabilities.~~

RC 5-18 RESCIND: PROLIFERATION OF HEALTH OCCUPATIONS (HOD P06-83-09-30)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Proliferation of Health Occupations (HOD P06-83-09-30) be rescinded.

PROLIFERATION OF HEALTH OCCUPATIONS

~~Whereas, The American Physical Therapy Association (APTA) recognizes its responsibility as a guardian of the public trust and well being to recognize new health care and health related occupations and to facilitate their development if they can demonstrate true public benefit;~~

~~Whereas, New health care and health related occupations are developing in apparent response to changes in technology and health style, as well as in response to the shift from an industrial economy to a service economy;~~

~~Whereas, The development of new health care and health related occupations may represent proliferation of health occupations when it is duplicative, unjustified, and unnecessary;~~

~~Whereas, The proliferation of health occupations may have potential for confusing and misleading the health care consumer;~~

~~Whereas, The proliferation of health occupations may contribute to the fragmentation of health care services and may impede the humanistic approach of caring for the total individual;~~

~~Whereas, The proliferation of health occupations may contribute little or nothing to the health of the public or, worse yet, may in some instances jeopardize the health and well being of the public; and,~~

~~Whereas, The proliferation of health occupations may escalate the cost of health care through the marketing of unnecessary or ineffective services, and may at the same time divert public expenditures away from necessary and effective health services;~~

~~Resolved, That APTA support the development of a new health occupation only when:~~

- ~~1. The role for that health occupation in relation to other existing health occupations is demonstrated to be unique and justified,~~
- ~~2. The services to be performed by that health occupation are demonstrated to be both necessary and effective,~~
- ~~3. The educational preparation for that health occupation is adequate to assure the safe, effective, and ethical delivery of services unique to that occupation, and~~
- ~~4. The plan for development of the health occupation includes an effective system for quality assurance in the delivery of services.~~

RC 6-18 RESCIND: CROSS-TRAINED PERSONNEL (HOD P06-99-12-05)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Cross-Trained Personnel (HOD P06-99-12-05) be rescinded

CROSS-TRAINED PERSONNEL

~~The American Physical Therapy Association (APTA) opposes the concept of the cross-trained professional practitioner, defined as “a health care practitioner who is cross-trained in area(s) of practice in which the individual is neither educated nor licensed.” This position should not be interpreted as expressing opposition to coordination of care involving professional practitioners from different disciplines or dual credentialing through education and licensure.~~

~~APTA does not oppose the utilization of cross trained support personnel who provide physical therapist-directed support services as aides. Cross trained support personnel refers to individuals with “on the job training within applicable state laws and regulations to provide services outside or in addition to the scope of their educational preparation or training.”~~

RC 7-18 RESCIND: COLLECTIVE BARGAINING ALTERNATIVES (HOD P06-85-27-53)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Collective Bargaining Alternatives (HOD P06-85-27-53) be rescinded.

COLLECTIVE BARGAINING ALTERNATIVES

~~If and when physical therapists become involved with the issue of collective bargaining they should be prepared to pursue one or more of the following alternatives:~~

- ~~1. To be excluded from any bargaining unit.~~
- ~~2. To be included in units composed only of physical therapists.~~
- ~~3. If they choose, to be included in units composed only of professionals with the same community of interests.~~

~~Physical therapist assistants, when faced with the issue of collective bargaining, should be prepared to pursue one or more of the following alternatives:~~

- ~~1. To be excluded from any bargaining unit.~~
- ~~2. To be included in units composed only of physical therapist assistants.~~
- ~~3. To be included in units composed only of persons with the same community of interest.~~

RC 8-18 RESCIND: ACCREDITING AGENCY AGREEMENTS (HOD Y06-82-11-35)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Accrediting Agency Agreements (HOD Y06-82-11-35) be rescinded.

ACCREDITING AGENCY AGREEMENTS

~~No agreements concerning accreditation of physical therapy education shall be entered into with any accrediting agency(ies) without the consent of the House of Delegates.~~

RC 9-18 RESCINDING HOUSE DIRECTIVES TO THE BOARD ON OPERATIONAL ISSUES

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That the following documents of the House of Delegates be rescinded:

- ACRONYM "APTA" (HOD Y06-88-19-30)
~~When the acronym "APTA" is used in public relations and marketing, it should be used in conjunction with the title "American Physical Therapy Association."~~
- CAPTE ON-SITE EVALUATORS TRAVEL AND PER DIEM (HOD Y06-83-14-53)
~~The per diem and travel costs of on site evaluators in the accreditation process shall be borne by the American Physical Therapy Association (APTA) and not by the educational institution.~~
- COMPONENT OFFICERS AT COMBINED SECTIONS MEETING (HOD Y06-85-17-36)
~~A time and a place shall be made available for a Council of Chapter Presidents' Meeting and a Council of~~

~~Section Presidents' Meeting at the Combined Sections Meeting (CSM). These meetings may be conducted concurrently with the pre/post-instructional programs. One year's advance notice will be given by the American Physical Therapy Association of the scheduled date and time of these meetings by: 1) announcing scheduled date and time at CSM and 2) publishing notification in the Component Bulletin.~~

- CONTRACT STAFF SALARY RANGE/BENEFITS (HOD Y06-81-22-84)
~~The American Physical Therapy Association (APTA) shall make available to members, upon request, a range of salaries (within plus or minus 10% of the actual salaries) and benefits for contract personnel employed by APTA.~~
- GOALS AND OBJECTIVES: DEVELOPMENT AND PRESENTATION TO THE HOUSE OF DELEGATES (HOD Y06-04-08-08)
~~The American Physical Therapy Association Board of Directors shall develop Association Goals and prioritized Objectives. The Goals of the Association shall be adopted by the House of Delegates. The prioritized Objectives shall be presented to the House of Delegates for information purposes in an annual report published in the House of Delegates Handbook.~~
- GOALS THAT REPRESENT THE PRIORITIES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION (HOD P06-05-15-24)
 - ~~Goal I: Physical therapists are universally recognized and promoted as the practitioners of choice for persons with conditions that affect movement and function.~~
 - ~~Goal II: Physical therapists are universally recognized and promoted as providers of fitness, health promotion, wellness, and risk reduction programs to enhance quality of life for persons across the life span.~~
 - ~~Goal III: Academic and clinical education prepares doctors of physical therapy who are autonomous practitioners.~~
 - ~~Goal IV: Physical therapists are autonomous practitioners to whom patients/clients have unrestricted direct access as an entry point into the health care delivery system, and who are paid for all elements of patient/client management in all practice environments.~~
 - ~~Goal V: Research advances the science of physical therapy and furthers the evidence-based practice of the physical therapist.~~
 - ~~Goal VI: Physical therapists and physical therapist assistants are committed to meeting the health needs of patients/clients and society through ethical behavior, continuing competence, collegial relationships with other health care practitioners, and advocacy for the profession.~~
 - ~~Goal VII: Communication throughout the Association enhances participation of and responsiveness to members and promotes and instills the value of belonging to the American Physical Therapy Association (APTA).~~
 - ~~Goal VIII: APTA standards, policies, positions, guidelines and the *Guide to Physical Therapist Practice*, *Normative Model of Physical Therapist Education* and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, *Normative Model of Physical*~~

Therapist Assistant Education and Evaluative Criteria for Accreditation of Education Program for the Preparation of Physical Therapist Assistants, and Professionalism in Physical Therapy: Core Values are recognized and used as the foundation for physical therapist practice, research, and education environments.

These goals are based upon APTA Vision Statement for Physical Therapy 2020 (Vision 2020) developed by the Association in 2000. The goals encompass the Association's major priorities as it moves toward realization of the ideals set forth in Vision 2020. The Board is committed to these goals as the foundation from which to lead the Association. The Association's awareness of cultural diversity, its commitment to expanding minority representation and participation in physical therapy, and its commitment to equal opportunity for all members permeate these goals. These goals are not ranked and do not represent any priority order.

- GOALS TO IMPROVE THE STATUS OF WOMEN IN PHYSICAL THERAPY (HOD P06-92-23-51)
Progress in achieving the following Goals in the Plan to Improve the Status of Women in Physical Therapy shall be reported annually to the House of Delegates:

GOAL 1: Increase awareness of the issues of inequity for women.

GOAL 2: Recognize barriers and promote mechanisms to eliminate or reduce these barriers to professional growth and career development.

GOAL 3: Promote physical therapy as a lifelong profession.

GOAL 4: Provide for the systematic evaluation of the status of women and the Association's action concerning women's issues.
- MEETING COLLABORATION BETWEEN THE AMERICAN PHYSICAL THERAPY ASSOCIATION AND HOST CHAPTERS (HOD Y06-04-26-22)
When considering meeting locations for Annual Conferences, conclaves, or scientific expositions for presentation to the Board of Directors, the American Physical Therapy Association (APTA) staff will contact prospective host chapter(s) and ask them for their potential scheduling, location, and financial concerns. Upon approval of the meeting location and date by the APTA Board of Directors, the Association will provide the host chapter(s) immediate notice of the planned meeting and begin collaboration with them to develop opportunities to meet the professional needs of members and the financial interests of APTA and the host chapter(s).
- PRODUCT ENDORSEMENT BY THE AMERICAN PHYSICAL THERAPY ASSOCIATION (HOD P06-95-32-20)
Some durable medical equipment and therapeutic products are recognized by the American Physical Therapy Association (APTA) as beneficial in the promotion of health and well being of the general public. The APTA House of Delegates supports the endorsement of products for Association members and for the general public when these products meet the criteria established by the APTA Board of Directors.
- PROGRAMS FOR PHYSICAL THERAPIST ASSISTANT MEMBERS (HOD Y06-76-25-65)
The annual conference program shall provide meetings specifically designed for the affiliate member.
- REPORTING FINANCIAL MATTERS TO MEMBERS (HOD Y06-93-14-17)
It shall be the responsibility of the Treasurer to publish an annual financial report which shall include a

~~breakdown of revenue and expenditures by priority and by division. Members may obtain a more detailed report by contacting the American Physical Therapy Association (APTA) headquarters. The Treasurer will include in the financial report to the membership the assets and liabilities statements for APTA and American Physical Therapy Properties.~~

- STAFF SALARIES/BENEFITS/EXPENSE GUIDELINES (HOD Y06-79-26-74)
~~Salary guidelines, benefit package, and expense account guidelines for association headquarters staff by personnel categories shall be available upon request to members.~~
- TECHNOLOGY IN THE HOUSE (HOD Y06-93-18-29)
~~Computers and audiovisuals shall be used at each session of the House of Delegates.~~

RC 10-18 ADOPT: PREFERRED NOMENCLATURE FOR THE PROVISION OF PHYSICAL THERAPIST SERVICES - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

(Note: This is a motion with 2 conforming amendments—Parts A and B.)

PART A

That the following be adopted:

PREFERRED NOMENCLATURE FOR THE PROVISION OF PHYSICAL THERAPIST SERVICES

The American Physical Therapy Association (APTA) defines and uses the following terms in its documents and publications to promote consistency and a common understanding and use of these terms external to APTA regarding the provision of physical therapist services.

1. "Physical Therapist" – the professional practitioner of physical therapist services
2. "Physical Therapist Assistant" – the only individual who assists the physical therapist in practice
3. "Physical therapist services" or "physical therapist practice" – preferred nomenclature when referring to the provision of physical therapy. The term "physical therapy service" is appropriate when referring to a facility or a department in which physical therapist services are provided.
4. Professional titles – physical therapists are identified by their professional title, "Physical Therapist" or "Doctor of Physical Therapy."

PART B

That the following positions be rescinded:

- DISTINCTION BETWEEN THE PHYSICAL THERAPIST AND THE PHYSICAL THERAPIST ASSISTANT IN PHYSICAL THERAPY (HOD P06-01-18-19)
~~The American Physical Therapy Association (APTA) is committed to promoting the physical therapist as the professional practitioner of physical therapy and promoting the physical therapist assistant as the only~~

individual who assists the physical therapist in the provision of selected physical therapy interventions. APTA is further committed to incorporating this concept into all Association policies, positions, and program activities, wherever applicable.

Professional: The term “professional,” when used in reference to physical therapy services, denotes the physical therapist.

Physical Therapist Assistant: The physical therapist assistant is an educated individual who works under the direction and supervision of a physical therapist. The physical therapist assistant is the only individual who assists the physical therapist in accordance with APTA’s policies and positions in the delivery of selected physical therapy interventions. The physical therapist assistant is a graduate of a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education.

Practice: The practice of physical therapy is conducted by the physical therapist.

- IDENTIFICATION OF PHYSICAL THERAPISTS BY PROFESSIONAL TITLE (HOD P06-15-25-23)
Physical therapists should be identified by their professional title (physical therapist or doctor of physical therapy) and not by generic terms such as allied health, nonphysician provider, or physician extender.
- PREFERRED NOMENCLATURE FOR THE PROVISION OF PHYSICAL THERAPY (HOD P06-13-25-20)
“Physical therapist services” or “physical therapist practice” should be the preferred nomenclature when referring to the provision of physical therapy.

Proviso: The American Physical Therapy Association shall incorporate this preferred nomenclature into all relevant documents, publications, and communications as appropriate in a manner that is efficient.

RC 11-18 AMEND: COMPLEMENTARY AND ALTERNATIVE THERAPEUTIC INTERVENTIONS (HOD P06-01-26-26)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Complementary and Alternative Therapeutic Interventions (HOD P06-01-26-26) be amended by striking out the words “integration of evidenced-based complementary and alternative therapeutic interventions into practice consistent with the patient/client management model, education, and research” after the word “continued” and adding the words “use of evidenced-based complementary and integrative interventions in physical therapist practice” so that it would read:

COMPLEMENTARY AND ALTERNATIVE THERAPEUTIC INTEGRATIVE INTERVENTIONS

The American Physical Therapy Association supports the continued integration of evidenced-based complementary and alternative therapeutic interventions into practice consistent with the patient/client management model, education, and research use of evidenced-based complementary and integrative interventions in physical therapist practice.

RC 12-18 AMEND: DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES (HOD P06-15-17-09) - REPLACEMENT PACKET II

WITHDRAWN

See Packet II for motion language.

RC 13-18 AMEND: EXCLUSIVE USE OR USE OF MULTIPLE PHYSICAL AGENTS/MODALITIES (HOD P06-10-08-05) - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED

That Exclusive Use or Use of Multiple Physical Agents/Modalities (HOD P06-10-08-05) be amended by substitution.

EXCLUSIVE USE OR USE OF MULTIPLE BIOPHYSICAL AGENTS/MODALITIES

~~Physical agents/modalities should be utilized only as a component of patient/client management. The use of biophysical agents/modalities as a standalone intervention, in the absence of other interventions or the use of multiple biophysical agents/modalities with a similar physiologic effect should, is not be considered physical therapy nor should it be considered medically necessary without documentation that justifies the necessity use of the biophysical agents/modalities for those purposes. The medical necessity of physical therapist services is determined by a licensed physical therapist based on the results of the physical therapist's evaluation. Medically necessary physical therapist services improve, maintain, or slow the decline of the current level of function, or prevent, minimize, slow the progression of, or eliminate impairments of body functions and structures, activity limitations, or participation restrictions.~~

RC 14-18 AMEND: ETHICAL AND LEGAL CONSIDERATIONS FOR CLINICAL EDUCATION (HOD P06-01-16-18) - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED

That Ethical and Legal Considerations for Clinical Education (HOD P06-01-16-18) be amended by substitution:

LEGAL AND ETHICAL AND LEGAL CONSIDERATIONS EXPECTATIONS FOR CLINICAL EDUCATION

~~The American Physical Therapy Association (APTA) expects physical therapists, physical therapist assistants, and academic programs shall to provide clinical education that reflects, supports, and promotes professional development; complies with legal and ethical standards for patient and client management; and is consistent with the positions, standards, guidelines, policies, and procedures of APTA, and promotes professional development. Physical therapist and physical therapist assistant students are obligated to The public and the profession are best served when students~~ communicate information to their academic program regarding

clinical education experiences that appear to be in conflict with these positions, standards, guidelines, policies, and procedures.

RC 15-18 AMEND: WORLDWIDE PHYSICAL THERAPY (HOD P06-00-15-25)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Worldwide Physical Therapy (HOD P06-00-15-25) be amended by substitution:

WORLDWIDE PHYSICAL THERAPY

The American Physical Therapy Association and its members will collaborate with the World Confederation for Physical Therapy and other domestic and international organizations to enhance physical therapist services worldwide through education, research, ~~and training,~~ and community engagement.

RC 16-18 AMEND: ENDORSEMENT OF NATIONAL EFFORTS ADDRESSING THE OPIOID HEALTH CRISIS (HOD P06-16-14-14)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Endorsement of National Efforts Addressing the Opioid Health Crisis (HOD P06-16-14-14) be amended by substitution:

ENDORSEMENT OF ~~NATIONAL~~ EFFORTS ADDRESSING THE OPIOID HEALTH CRISIS

Whereas, In 2016 the Centers for Disease Control and Prevention, and the White House declared that inappropriate opioid use has led to an epidemic of misuse, abuse, and even death among thousands of Americans;

Whereas, The Centers for Disease Control and Prevention, and the White House initiated efforts to address this health crisis, including a call for nondrug alternatives for the management of pain;

Whereas, The Centers for Disease Control and Prevention has recognized physical therapist services as preferred and cost effective in management of chronic pain; and,

Whereas, many state and local governments and agencies have initiatives aimed at reducing the use of opioids;

Resolved, That the American Physical Therapy Association endorses the national efforts by the Centers for Disease Control and Prevention, and the White House, and supports components that participate in state and local initiatives to address opioid abuse and dependence and the recognition of physical therapist services as an effective nondrug alternative for addressing pain.

~~Proviso: This position will be retired upon completion of the efforts by the Centers for Disease Control and Prevention, and the White House.~~

RC 17-18 AMEND: ACCESS TO DURABLE MEDICAL EQUIPMENT (HOD P06-13-28-28)

Required for Adoption: Majority Vote

PASSED

That Access to Durable Medical Equipment (HOD P06-13-28-28) be amended by substitution:

Whereas, ~~The physical therapist's goal is to~~ Physical therapists are movement experts who improve patients' or clients' ability to move, reduce pain, restore function, enhance participation, manage chronic disease, and prevent disability;

~~Whereas, Goals That Represent the Priorities of the American Physical Therapy Association (HOD 06-05-15-24) include recognition of physical therapists as the practitioners of choice for persons with conditions that affect movement and function;~~

Whereas, Physical therapists, ~~are~~ individually and as key members ~~in the of~~ interprofessional service delivery teams, are responsible for evaluating, recommending, justifying, and documenting the need for durable medical equipment (DME);

~~Whereas, There are frequently delays in prescribing durable medical equipment by providers authorized to do so even after an evaluation by a physical therapist reveals this necessity; and,~~

Whereas, Consumers are increasingly experiencing delays and barriers to obtaining clinician-recommended equipment that meets their needs, and specified equipment is being replaced with dissimilar products with the same code; and,

Whereas, ~~Legislative and regulatory changes~~ Payment policies, laws, and regulations have resulted in barriers to consumer choice, timely access, and high-quality DME and related services;

Resolved, That the American Physical Therapy Association supports physical therapists as authorized prescribers of durable medical equipment; ~~which is integral to the physical therapist management of the patient/client; and,~~

Resolved, That the American Physical Therapy Association supports and advocates for patients' and clients' access to high-quality, cost-effective, appropriate durable medical equipment; and,

Resolved, That the American Physical Therapy Association supports and advocates for patients' and clients' access to ~~high-quality durable medical equipment and services~~ technology-related durable medical equipment services and to clinically related durable medical equipment services including professional services provided by physical therapists, and will by advocating advocate for choice, access, quality, cost-effectiveness, and adequate funding to allow patients and clients to live active and productive lives in their homes and communities.

RC 18-18 AMEND: ACCESS TO, ADMISSION TO, AND PATIENT/CLIENT RIGHTS WITHIN PHYSICAL THERAPY SERVICES (HOD P06-14-06-05)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

Note: Triple asterisks (* *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

That Access To, Admission To, And Patient/Client Rights Within Physical Therapy Services (HOD P06-14-06-05), 11., be amended by striking out the word "discharge" after the word "impending" and inserting the words "conclusion of the episode of care" so that it would read:

- * * *
- The physical therapist shall ensure services regardless of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status. The physical therapist respects the rights of individuals referred or admitted to the physical therapy service. The individual referred or admitted to the physical therapy service has rights that include but are not limited to:
- * * *
11. Timely information about impending ~~discharge~~ conclusion of the episode of care and continuing care requirements.
- * * *

RC 19-18 AMEND: SUPPORT FOR CANDIDATES FOR NATIONAL ELECTION (HOD Y06-10-16-14)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Support for Candidates for National Election (HOD Y06-10-16-14) be amended by substitution:

SUPPORT FOR CANDIDATES FOR NATIONAL ELECTION

The American Physical Therapy Association (APTA) is committed to having a diverse and inclusive elected leadership team. To mitigate financial barriers, APTA shall provide financial support to candidates for national office, during the period of their candidacy, for their participation in leadership activities.
~~Each candidate for national election shall be reimbursed for costs incurred if they choose to attend the Combined Sections Meeting and the associated Component Leadership Meeting, or an American Physical Therapy Association (APTA) Board of Directors meeting, for the year in which he or she is a candidate and participate in leadership activities as identified by the Nominating Committee. Funding will be determined by the APTA Board of Directors during the annual budget process for a minimum of four days. This funding shall be limited to transportation, hotel, meals, and incidental expenses and shall be in compliance with APTA financial policies. This reimbursement would not be available to the candidate if other APTA or component funding were available to attend these events. A candidate would not be obligated to attend any of the aforementioned meetings nor utilize the funds if they chose not to. Instructions and reimbursement procedures will be provided to the candidate promptly after being slated for an appropriate office.~~

RC 20-18 AMEND: CANDIDATES' STATEMENTS (HOD Y06-72-19-32)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Candidates' Statements (HOD Y06-72-19-32) be amended by striking out everything after the word "have" and adding the words "responsibility to develop questions for candidate statements for individuals slated for national office" so that it would read:

CANDIDATES' STATEMENTS

The Nominating Committee shall have ~~continuing responsibility to obtain statements from candidates for national office concerning their opinions on issues pertinent to the growth and development of the profession. The responses of the candidates shall be made available to the membership no later than six weeks (6) prior to Annual Conference.~~ responsibility to develop questions for candidate statements for individuals slated for national office.

RC 21-18 AMEND: PUBLIC POLICY EFFORTS TO IMPROVE CONSUMER ACCESS TO PHYSICAL THERAPISTS (HOD P06-13-24-17)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Public Policy Efforts to Improve Consumer Access to Physical Therapists (HOD P06-13-24-17) be amended by striking out the preamble so that the position would read:

PUBLIC POLICY EFFORTS TO IMPROVE CONSUMER ACCESS TO PHYSICAL THERAPISTS

~~Whereas, The health care delivery system in the United States is in the process of significant change due to the passage of the Patient Protection and Affordable Care Act (PL 111-148) and consolidation and integration of past delivery models;~~

~~Whereas, Opportunities to improve, simplify, and reduce barriers (statutory and regulatory) to consumer access to physical therapists are evident and fluid; and,~~

~~Whereas, Pursuing selective changes in specific provisions in statute and regulations on the federal and state levels may be timely and achievable;~~

~~Resolved, The p~~Public policy and payment efforts of the American Physical Therapy Association shall focus on opportunities to demonstrate to society the value of physical therapists' participation in the health care system and in improving individuals' health, quality of life, and functional performance.;~~and, Resolved, These efforts shall be focused on consumers achieving access to medically necessary or educationally related physical therapist services and recognition of the entire professional scope of practice.~~

RC 22-18 AMEND: ANNUAL VISIT WITH A PHYSICAL THERAPIST (HOD P05-07-19-20)

Required for Adoption: Majority Vote

PASSED

That Annual Visit With a Physical Therapist (HOD P05-07-19-20) be amended by striking out the words “promote optimal” and inserting the words “optimize movement and promote” after the words “annually to” so that it would read:

ANNUAL VISIT WITH A PHYSICAL THERAPIST

The American Physical Therapy Association recommends that all individuals visit a physical therapist at least annually to ~~promote optimal~~ optimize movement and promote health, wellness, and fitness; and slow progression of impairments of body functions and structures, activity limitations, and participation restrictions.

RC 23-18 AMEND: CARDIOPULMONARY RESUSCITATION (HOD P06-06-12-09)

Required for Adoption: Majority Vote

PASSED

That Cardiopulmonary Resuscitation (HOD P06-06-12-09) be amended by substitution:

CARDIOPULMONARY RESUSCITATION

Basic Life Support

The American Physical Therapy Association (APTA) supports certification in basic life support of the adult, child, and infant for ~~All physical therapists, physical therapist assistants, student physical therapists, and student physical therapist assistants, should be certified in basic life support of the adult, child, and infant, including:~~

- ~~• 1-rescuer and 2-rescuer cardiopulmonary resuscitation (CPR)~~
- ~~• removal of foreign body airway obstruction~~
- ~~• use of automated external defibrillators (AEDs)~~

In addition, APTA recommends that, ~~when dependent upon a community emergency medical system,~~ all health care and wellness facilities providing physical therapist services have an automated external defibrillator available for use by trained personnel during first-response cardiopulmonary resuscitation efforts.

Advanced Cardiac Life Support

APTA recommends that physical therapists and physical therapist assistants certified in advanced cardiac life support (ACLS) be authorized to perform ACLS procedures as allowable by jurisdictional law.

RC 24-18 AMEND: SEXUAL HARASSMENT (HOD P06-99-17-06) – AMENDMENT – PACKET III

Required for Adoption: Majority Vote

PASSED UNANIMOUSLY

That Sexual Harassment (HOD P06-99-17-06) be amended by adding the words “and report instances of sexual harassment to the appropriate authority” after the word “harassment” so that it would read:

Environments where physical therapist services are provided, or where the work of the American Physical Therapy Association and its components is carried out, should be completely free of sexual harassment. Members of the association have an obligation to comply with applicable legal prohibitions against sexual harassment, to actively foster an environment in which sexual harassment is not accepted, and to protect individuals from sexual harassment and its negative consequences. Members shall, with permission of the affected individual(s), report sexual harassment to an appropriate authority.

RC 25-18 AMEND: PHYSICAL AND CHEMICAL RESTRAINTS: ROLE OF THE PHYSICAL THERAPIST (HOD P06-03-17-05)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

Note: Triple asterisks (* *) indicate language that is not being amended and therefore has not been included in order to make the document more concise.*

That Physical and Chemical Restraints: Role of the Physical Therapist (HOD P06-03-17-05) be amended in the first paragraph by striking out the words “a multidisciplinary team, to examine and evaluate the function, disability” after the words “consultation within” and inserting the words “an interprofessional team, to examine and evaluate body structures and functions, activity, participation,” and be amended in the second paragraph by striking out the word “functional” after the word “regular” so that it would read:

PHYSICAL AND CHEMICAL RESTRAINTS: ROLE OF THE PHYSICAL THERAPIST

The American Physical Therapy Association (APTA) recognizes that inappropriate or indiscriminate use of physical and chemical restraints across the life-span is harmful to the quality of life of patients and clients. APTA recognizes the role of the physical therapist to provide consultation within ~~a multidisciplinary team, to examine and evaluate the function, disability~~ an interprofessional team; to examine and evaluate body functions and structures, activity, participation, and rehabilitation potential of individuals; and to implement appropriate therapeutic interventions before considering the use of physical or chemical restraints.

APTA recognizes that restraints may be used in specific circumstances to treat symptoms, in accordance with state and federal regulations and appropriate regulatory agencies, to enhance physical and psychosocial needs. Thus, APTA promotes regular ~~functional~~ reassessment of individuals who are restrained in order to consider less-restrictive interventions as described by the Centers for Medicare & Medicaid Services, The Joint Commission, and other agencies.

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RC 26-18 AMEND: VETERINARIANS: COLLABORATIVE RELATIONSHIPS (HOD P06-03-23-20)

Required for Adoption: Majority Vote

PASSED

That Veterinarians: Collaborative Relationships (HOD P06-03-23-20), be amended by substitution:

VETERINARIANS: COLLABORATIVE RELATIONSHIPS BETWEEN PHYSICAL THERAPISTS AND VETERINARIANS

The American Physical Therapy Association supports the collaborative relationships of physical therapists and veterinarians and the evolution of specialized practice by physical therapists who are addressing the rehabilitation needs of animals. Where allowable by state law and regulation, and consistent with a physical therapist's knowledge and skills, physical therapists may establish collaborative, collegial relationships with veterinarians for the purposes of providing physical therapy services or consultation professional consultation and expertise in movement impairments, fitness, and conditioning for animals. However, the American Physical Therapy Association opposes the use of the terms "physical therapy" or "physiotherapy" in veterinary practice unless services are performed by a physical therapist, or physical therapist assistant under the direction and supervision of a physical therapist.

RC 27-18 AMEND: CORE VALUES: ENDORSEMENT (HOD P05-07-19-19) – REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED

That Core Values: Endorsement (HOD P05-07-19-19) be amended by substitution:

CORE VALUES FOR THE PHYSICAL THERAPIST: ENDORSEMENT

The American Physical Therapy Association endorses and promotes the Core Values of Physical therapist practice is guided by a set of 7 core values, as stated in the Code of Ethics for the Physical Therapist: accountability, altruism, compassion and caring, excellence, integrity, professional duty, and social responsibility as identified in Professionalism in Physical Therapy: Core Values (BOD 05-04-02-03). The core values are defined as follows:

- Accountability
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- Altruism
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the fiduciary responsibility of placing the needs of patients and clients ahead of the physical therapist's self-interest.

- Compassion and Caring
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.

Caring is the concern, empathy, and consideration for the needs and values of others.
- Excellence
Excellence is physical therapist practice for which the physical therapist consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient or client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.
- Integrity
Integrity is steadfast adherence to high ethical principles and professional standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.
- Professional Duty
Professional duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- Social Responsibility
Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

RC 28-18 ADOPT: VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

Required for Adoption: Majority Vote

PASSED

That the following position be adopted:

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

The values-based behaviors for the physical therapist assistant are altruism, compassion and caring, continuing competence, duty, integrity, physical therapist-physical therapist assistant collaboration, responsibility, and social responsibility, and are defined as follows:

- Altruism
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming responsibility of placing the needs of patients and clients ahead of the physical therapist assistant's self-interest.
- Compassion and Caring
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.

Caring is the concern, empathy, and consideration for the needs and values of others.

- Continuing Competence
Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.¹
- Duty
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to individual patients and clients, to serve the profession, and to positively influence the health of society.
- Integrity
Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.
- Physical Therapist-Physical Therapist Assistant Collaboration
The Physical Therapist-Physical Therapist Assistant team works together, within each partner's respective role, to achieve optimal patient and client care and to enhance the overall delivery of physical therapist services.
- Responsibility
Responsibility is the active acceptance of the roles, obligations, and actions of the physical therapist assistant, including behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- Social Responsibility
Social responsibility is the promotion of a mutual trust between the physical therapist assistant, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.

REFERENCES:

- 1 Federation of State Boards of Physical Therapy. Continuing Competence Model.
<https://www.fsbpt.org/ForCandidatesAndLicensees/ContinuingCompetence/Model/>. Accessed July 2, 2010.

RC 29-18 AMEND: ENTRY POINT INTO HEALTH CARE (HOD P06-14-07-11)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

(Note: This is a motion with 2 conforming amendments - Parts A and B.)

PART A

That Entry Point Into Health Care (HOD P06-14-07-11) be amended by inserting the words "make unique contributions as individuals or members of primary care teams and" after the words "Physical therapists" so that it would read:

PHYSICAL THERAPISTS AS PRIMARY CARE AND ENTRY-POINT INTO HEALTH CARE PROVIDERS

Physical therapists make unique contributions as individuals or members of primary care teams and are entry-point providers into the health care system.

Physical therapists provide a broad range of services to optimize movement, including screening, examination, evaluation, diagnosis, prognosis, intervention, coordination of care, prevention, wellness and fitness, and, when indicated, referral to other providers.

PART B

That Primary Care and The Role of the Physical Therapist (HOD P06-06-07-03) be rescinded.

PRIMARY CARE AND THE ROLE OF THE PHYSICAL THERAPIST

~~Physical therapists participate in and make unique contributions as individuals or members of primary care teams to the provision of primary care.~~

~~Physical therapists provide patient/client management in primary care through the processes of screening, examination, evaluation, diagnosis, prognosis, intervention, education, prevention, coordination of care, and referral to other providers to prevent, remediate, decrease, or slow the progression of impairments, activity limitations, and participation restrictions, and lessen the impact of environmental barriers, and optimize cost-effective clinical outcomes.~~

RC 30-18 AMEND: DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD P06-05-18-26)

Required for Adoption: Majority Vote

PASSED

That Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26) be amended by substitution:

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

Physical therapist practice and the practice of physical therapy are synonymous. Both phrases are inclusive of patient and client management, and direction and supervision. Direction and supervision apply to the physical therapist assistant, who is the only individual who assists a physical therapist in practice. The utilization of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists have a responsibility to deliver are responsible for providing safe, accessible, cost-effective, and evidence-based services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction. Services are rendered directly by the physical therapist and with responsible utilization of physical therapist assistants who assist with selected. The physical therapist's practice responsibility for patient and client management includes examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Physical therapist assistants may be

appropriately utilized in components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist and in collection of selected examination and outcomes data.

Direction and supervision are essential in the provision of quality physical therapist services. The degree of direction and supervision necessary for ensuring quality physical therapist services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure where physical therapist services are provided.

Regardless of the setting where the physical therapy service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available
2. ~~Initial examination, e~~ Evaluation, diagnosis, and prognosis
3. Development or modification of a plan of care, which is based on the initial examination or reexamination and includes the physical therapy goals and outcomes
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions services and when it may be appropriate to utilize the physical therapist assistant. ~~A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.~~
5. ~~Reexamination of the patient/client in light of their goals, and r~~Revision of the plan of care when indicated.
6. ~~Establishment of the discharge plan and documentation of discharge summary/status.~~
6. Conclusion of an episode of care.
7. Responsibility for any "hand off" communication.
8. Oversight of all documentation for services rendered to each patient or client.

Only the physical therapist performs the initial examination and reexamination of the patient and may utilize the physical therapist assistant in collection of selected examination and outcomes data.

The physical therapist ~~remains~~ is responsible for the ~~physical therapy~~ services provided when the physical therapist's plan of care involves the physical therapist assistant ~~to assist with selected interventions~~. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants ~~for selected interventions~~ requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice for Physical Therapy, the Code of Ethics for the Physical Therapist, and the Guide for Professional Conduct.

In determining the appropriate extent of assistance from the physical therapist assistant, the physical therapist considers:

- The physical therapist assistant's education, training, experience, and skill level
- Patient or client criticality, acuity, stability, and complexity
- The predictability of the consequences
- The setting in which the care is being delivered
- Federal and state statutes
- Liability and risk management concerns
- The mission of physical therapy services for the setting

- The needed frequency of reexamination

Physical Therapist Assistant

Definition

The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant ~~associate degree~~ program accredited by the Commission on Accreditation in Physical Therapy Education.

Utilization

The physical therapist is directly responsible for the actions of the physical therapist assistant ~~related to patient/client management in all practice settings~~. The physical therapist assistant may ~~perform selected physical therapy interventions~~ provide services under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to ~~perform the selected interventions as directed~~ provide services shall be assessed on an ongoing basis by the supervising physical therapist. ~~The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.~~

~~The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions~~ Services provided by the physical therapist assistant must be consistent with safe and legal physical therapist practice and shall be predicated on the following factors: complexity and acuity of the patient's or client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The physical therapist assistant makes modifications to ~~selected interventions~~ elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is ~~treating~~ providing services to patients and clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients and clients, the frequency of which is determined by the needs of the patient or client and the needs of the physical therapist assistant.
3. In ~~those~~ situations in which a physical therapist assistant is involved in the care of a patient or client, a supervisory visit by the physical therapist ~~will~~ shall be made:
 - a. Upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned ~~discharge~~ conclusion of the episode of care, and in response to a change in the patient's or client's medical status
 - b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client
 - c. A supervisory visit ~~should~~ shall include:
 - i. An on-site reexamination of the patient or client
 - ii. On-site review of the plan of care with appropriate revision or termination
 - iii. Evaluation of need and recommendation for utilization of outside resources

RC 31-18: AMEND: PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS (HOD P06-00-30-36)

Required for Adoption: Majority Vote

PASSED

That Procedural Interventions Exclusively Performed by Physical Therapists (HOD P06-00-30-36) be amended by substitution:

PROCEDURAL INTERVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS

~~The physical therapist's scope of practice as defined by the American Physical Therapy Association *Guide to Physical Therapist Practice*~~ Physical therapists' practice responsibility includes ~~interventions performed by physical therapists. These interventions include procedures performed exclusively by physical therapists~~ all elements of patient and selected interventions that can client management: examination, evaluation, diagnosis, prognosis, intervention, and outcomes. There are components of examination, intervention, and outcomes; and the entirety of evaluation, diagnosis, and prognosis that must be performed by the physical therapist assistant under the direction and supervision of the physical therapist. Interventions that require exclusively due to the requirement for immediate and continuous examination and, evaluation throughout the, or synthesis of information. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

~~There are performed exclusively by the physical therapist. Such procedural interventions within the scope of physical therapist practice~~ that are performed exclusively by the physical therapist. Such interventions include, but are not limited to, spinal and peripheral joint mobilization/manipulation and dry needling, which are components of manual therapy; and sharp selective debridement, which is a component of wound management.

RC 32-18 AMEND: PROVISION OF PHYSICAL THERAPY INTERVENTIONS AND RELATED TASKS (HOD P06-00-17-28)

Required for Adoption: Majority Vote

PASSED

That Provision of Physical Therapy Interventions and Related Tasks (HOD P06-00-17-28) be amended by substitution:

PROVISION OF PHYSICAL THERAPY INTERVENTIONS AND RELATED TASKS THE ROLE OF AIDES IN A PHYSICAL THERAPY SERVICE

~~Physical therapists are the only professionals who provide physical therapy interventions. Physical therapist assistants are the only individuals who provide selected physical therapy interventions under the direction and at least general supervision of the physical therapist.~~

Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy service. Tasks are activities that do not require the clinical decision making of the physical therapist or the clinical problem solving of the physical therapist assistant. Tasks related to patient and client services management must be assigned to the physical therapy aide by the physical therapist, or where allowable by law the physical therapist assistant, and may be performed by the aide only under direct personal supervision ~~of the physical therapist, or where allowable by law, the physical therapist assistant.~~ Direct personal supervision requires that the physical therapist, or where allowable by law the physical therapist assistant, be physically present and immediately available to direct and supervise tasks that are related to patient/client management. ~~The direction and supervision is continuous throughout the time these tasks are performed. The physical therapist or physical therapist assistant must have direct contact with the patient/client during each session. Telecommunications does not meet the requirement of direct personal supervision.~~

RC 33-18 AMEND: DOCUMENTATION AUTHORITY FOR PHYSICAL THERAPY SERVICES (HOD P05-07-09-03)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Documentation Authority for Physical Therapy Services (HOD P05-07-09-03) be amended in the first paragraph by striking out the words “Physical therapy examination, evaluation ... physical therapist or selected interventions” and inserting the words “The physical therapist has oversight of all documentation regardless of the setting in which physical therapist services are provided and shall comply with jurisdictional documentation requirements. Services” so that it would read:

DOCUMENTATION AUTHORITY FOR PHYSICAL THERAPIST SERVICES

~~Physical therapy examination, evaluation, diagnosis, prognosis, and plan of care (including interventions) shall be documented, dated, and authenticated by the physical therapist who performs the service. Interventions provided by the physical therapist or selected interventions~~ The physical therapist has oversight of all documentation regardless of the setting in which physical therapist services are provided and shall comply with jurisdictional documentation requirements. Services provided by the physical therapist assistant under the direction and supervision of the physical therapist are documented, dated, and authenticated by the physical therapist or, when permissible by law, the physical therapist assistant.

Other notations or flow charts are considered a component of the documented record but do not meet the requirements of documentation.

Students in physical therapist or physical therapist assistant programs may document when the record is additionally authenticated by the physical therapist. When permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.

RC 34-18 AMEND: EDUCATIONAL DEGREE QUALIFICATION FOR PHYSICAL THERAPISTS (HOD P06-12-15-04)

Required for Adoption: Majority Vote

PASSED

(Note: This is a motion with 2 conforming amendments - Parts A and B.)

PART A

That Educational Degree Qualification for Physical Therapists (HOD P06-12-15-04) be amended by substitution:

EDUCATIONAL DEGREE QUALIFICATION QUALIFICATIONS AND NOMENCLATURE FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Consistent with current Commission on Accreditation in Physical Therapy Education (CAPTE) criteria, the American Physical Therapy Association (APTA) shall consider attainment of a ~~postbaccalaureate degree as the minimum professional education qualification for physical therapists who graduate from a program accredited by CAPTE from 2003 to December 31, 2017.~~ Effective January 1, 2018, the American Physical Therapy Association shall consider attainment of a doctor of physical therapy (DPT) degree the minimum professional education qualification for physical therapists who graduate from a program accredited by CAPTE in 2018 or thereafter.

When the DPT degree is awarded, it represents professional (entry-level) qualifications only, whether obtained following a professional (entry-level) education program or as part of a transition program, and is considered "physical therapist professional education." The term "physical therapist postprofessional education" is used to refer to degree- and nondegree-based professional development for the physical therapist to enhance professional knowledge, skills, and abilities.

APTA shall consider attainment of an associate degree from a program accredited by CAPTE the minimum educational qualification for a physical therapist assistant.

PART B

That the following positions be rescinded:

- PROFESSIONAL EDUCATION AND DESIGNATION OF THE PHYSICAL THERAPIST (HOD P06-02-25-06)
~~Physical therapist professional education is that which results in the awarding of a post baccalaureate degree. When the Doctor of Physical Therapy (DPT) degree is awarded, it represents professional (entry-level) qualifications only, whether obtained following a professional (entry-level) education program or as part of a transition program.~~
- EDUCATION FOR PHYSICAL THERAPISTS: TERMINOLOGY USED TO DESCRIBE (HOD P05-07-11-04)
~~The American Physical Therapy Association uses the term "physical therapist professional education" to refer to entry level education that prepares an individual to practice physical therapy, and uses the term "physical therapist post professional education" to refer to degree and non-degree based professional development for the physical therapist to enhance professional knowledge, skills, and abilities.~~

- EDUCATIONAL DEGREE QUALIFICATION FOR PHYSICAL THERAPIST ASSISTANTS (HOD P06-03-25-22)
~~The American Physical Therapy Association shall consider attainment of an associate's degree from a program accredited by the Commission on Accreditation in Physical Therapy Education, the minimum educational qualification for a physical therapist assistant.~~

RC 35-18 AMEND: PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE (HOD P06-04-14-14)

Required for Adoption: Majority Vote

PASSED

That Pharmacology in Physical Therapist Practice (HOD P06-04-14-14) be amended by substitution:

PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE

Physical therapist patient and client management integrates an understanding of a patient's or client's prescription and nonprescription medication regimen with consideration of its impact on health, function, movement, and disability. ~~The administration and storage of medications used for physical therapy interventions is also a component of patient/client management and thus within the scope of physical therapist practice.~~ It is within the physical therapist's professional scope of practice to administer and store medication to facilitate outcomes of physical therapist patient and client management.

~~Physical therapy interventions that may require the~~ Goals that may benefit from the concomitant use of medications include, but are not limited to, ~~agents that:~~

- Reducing pain
- Reducing inflammation
- Promoting integumentary repair and/or protection
- Facilitating airway clearance and/or ventilation and respiration
- Facilitating adequate circulation and/or metabolism
- Facilitating functional movement

RC 36-18 AMEND: ELECTROPHYSIOLOGIC EXAMINATION AND EVALUATION (HOD P06-96-20-04)

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

That Electrophysiologic Examination and Evaluation (HOD P06-96-20-04) be amended by substitution:

ELECTROPHYSIOLOGIC EXAMINATION AND EVALUATION

Electrophysiologic examinations and evaluations as practiced by physical therapists encompass both the professional and technical components of the observation, recording, analysis, and interpretation of bioelectric muscle and nerve potentials, detected by means of surface or needle electrodes, for the purpose of evaluating the integrity of the neuromuscular system.

Electrophysiologic evaluations ~~include~~ encompass, but are not limited to, electrodiagnostic testing, which includes clinical needle electromyography, motor and sensory nerve conduction studies, and other evoked potential procedures.

Independent, safe, effective, and efficient electrophysiologic examinations and evaluations by physical therapists include the following:

- Establishing appropriate rapport with each patient or client
- Conducting a history and systems review in order to plan an appropriate electrophysiologic examination and evaluation
- Documenting the electrophysiologic examination results
- Analyzing and interpreting the findings of the electrophysiologic examination
- Communicating examination procedures and results of evaluation to the appropriate individuals

The professional education of the physical therapist ~~includes gross anatomy, neuroanatomy, muscle and nerve physiology, clinical neurology, myology, pathology, physical and clinical sciences of electrophysiologic examination and evaluation, clinical practice experience, and~~ provides the knowledge base for the independent performance of electrophysiologic examinations and evaluations and includes clinical reasoning, differential diagnosis, and clinical practice experience. It also includes, but is not limited to gross anatomy, neuroanatomy, muscle and nerve physiology, clinical neurology, myology, pathology, and physical and clinical sciences of electrophysiologic examination and evaluation, including use of the associated biomedical equipment.

RC 37-18 AMEND: GUIDELINES: PRO BONO PHYSICAL THERAPY SERVICES (HOD G06-93-21-39) - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED

That Guidelines: Pro Bono Physical Therapy Services (HOD G06-93-21-39) be amended by substitution:

GUIDELINES: PRO BONO PHYSICAL THERAPIST SERVICES AND ORGANIZATION SUPPORT

~~In an effort to meet the physical therapy needs of society, Physical therapist members of the American Physical Therapy Association encourages its members to~~ shall render pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured and underinsured, to meet the physical therapy needs of society and to comply with the ethical obligation specified in the *Code of Ethics for the Physical Therapist*, Principle 8.A. A physical therapist may ~~discharge~~ meet this responsibility by:

- Providing professional service at no fee or at a reduced fee to persons of limited financial means when allowable by law
- Donating professional expertise and service to charitable groups or organizations
- Engaging in activities to improve access to physical therapist services

- Offering financial support for organizations that deliver physical therapist or other health services to persons of limited financial means

Physical therapist assistants, while not obligated to provide pro bono services, have an ethical obligation to support organizations that meet the health needs of persons who are economically disadvantaged, uninsured, and underinsured as specified in the *Standards of Ethical Conduct for the Physical Therapist Assistant*, Principle 8.A.

RC 38-18 ADOPT: COMMITMENT TO PERSON-CENTERED SERVICES

Required for Adoption: Majority Vote

PASSED

That the following be adopted:

COMMITMENT TO PERSON-CENTERED SERVICES

Whereas, The American Physical Therapy Association Code of Ethics for the Physical Therapist (Code) and Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) address the responsibility to act respectfully toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability (Principle 1A), as well as the responsibility to act in the best interests of patients and clients over the interests of the physical therapist or physical therapist assistant (Principle 2A);

Whereas, Physical therapists and physical therapist assistants are committed to practicing consistent with the Code and the Standards, ensuring that the best interests of the person remain at the center of physical therapist services;

Whereas, Denying services based on religious or personal objection may encourage health care professionals to shift from a person-centered focus to one aimed at the needs or beliefs of the provider;

Whereas, Shifting away from a person-centered model may result in harm to the health of individuals and populations; and,

Whereas, Physical therapists and physical therapist assistants have a duty to uphold the Code and the Standards;

Resolved, That the American Physical Therapy Association opposes efforts by government, institutions, and other entities that may threaten person-centeredness in the provision of physical therapist services.

RC 39-18 ADOPT: APTA STATEMENT IN SUPPORT OF ESSENTIAL HEALTH BENEFITS

Required for Adoption: Majority Vote

PASSED

That the following position be adopted:

APTA STATEMENT IN SUPPORT OF ESSENTIAL HEALTH BENEFITS

The American Physical Therapy Association supports the inclusion of a defined package of essential health benefits in all insurance plans to ensure that individuals across the lifespan, including those with pre-existing conditions, have adequate access to comprehensive health services that meet their unique needs.

Essential health benefits shall include, but not be limited to, access to the following services:

- Ambulatory patient services (outpatient care without being admitted to a hospital)
- Emergency services
- Hospice and palliative care
- Hospitalization
- Laboratory services
- Mental health and substance-use disorder services, including counseling and psychotherapy
- Pediatrics services, including oral and vision care
- Pregnancy, maternity, and newborn care, birth control, and breastfeeding support
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, developmental delay, or chronic conditions gain, maintain, slow the decline, or recover mental and physical skills, including assistive technology)

Health plans shall not place arbitrary limits on the duration or scope of services available in an essential health benefits package. Such decisions shall be determined by medical necessity for the patient and be consistent with jurisdictional scope of practice.

Essential health benefits shall be delivered by qualified health care personnel in accordance to professional standards and state law.

RC 40-18 ADOPT: BEST PRACTICE IN MENTORING

Required for Adoption: Majority Vote

PASSED

(Note: This is a motion with 2 conforming amendments - Parts A and B.)

PART A

That the following be adopted:

BEST PRACTICE IN MENTORING

The American Physical Therapy Association (APTA) encourages physical therapists and physical therapist assistants to use best practices for mentoring colleagues, physical therapist and physical therapist assistant students, postprofessional students, residents, and fellows. Mentorship has been recognized as a catalyst for career success.¹ Responsibilities of mentors include, but are not limited to:

1. Acclimate the mentee into the culture and values of physical therapy;
2. Actively promote to physical therapist colleagues the importance of the Code of Ethics for the Physical Therapist and Core Values for the Physical Therapist as critical components of a doctoring profession;
3. Actively promote to physical therapist assistant colleagues the importance of Values-Based Behaviors for the Physical Therapist Assistant as a model of expected behaviors;
4. Be open to working as a mentor to the mentee;
5. Clarify expectations and instill accountability for support of APTA's positions, standards, guidelines, policies, and procedures;
6. Create a collegial atmosphere that provides responsiveness and respect for the mentee;
7. Consistently demonstrate best practice in physical therapy;
8. Seek training and education to further skills in mentoring;
9. Model and promote the importance of membership and active participation in APTA and its components; and,
10. Encourage leadership development in the mentee's chosen arena.

Additionally, responsibilities of mentees include, but are not limited to:

1. Identify knowledge and skill gaps;
2. Establish career goals for lifelong learning, both short term and long term;
3. Identify specific experiential opportunities (eg, presentation, clinical research); and,
4. Identify potential junior and senior mentors who may be physical therapists, physical therapist assistants, or others who have compatible interests.

REFERENCES

1. Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: a qualitative study. *Acad Med.* 2009;84(1):135-139.

PART B

That the following positions be rescinded:

- BEST PRACTICE FOR MENTORING EARLY-CAREER PROTÉGÉS (HOD P06-12-16-05)
~~Whereas, APTA Vision Statement for Physical Therapy 2020 (Vision 2020) supports life-long learning;~~
~~Whereas, Mentorship has been recognized as a catalyst for career success;¹~~
~~Whereas, A mentor is one who "offers knowledge, insight, perspective or wisdom, that is especially useful to the other person;"²~~

Whereas, A protégé is “a person who is guided and supported by someone with greater experience or influence;”³

Whereas, A mentor assumes the responsibility to:

1. Acclimate the early career protégé into the culture and the value of physical therapy;
2. Help the early career protégé understand the core values of physical therapy and the role of each individual physical therapist and physical therapist assistant to support the practice mission of physical therapy;
3. Be open to working as a mentor to the early career protégé;
4. Clarify expectations and instill accountability for incorporating the Professionalism in Physical Therapy: Core Values, the Value-Based Behaviors for the Physical Therapist Assistant, the Code of Ethics for the Physical Therapist, the Standards of Ethical Conduct for the Physical Therapist Assistant by demonstrating quality of practice, sensitivity to others, life-long learning and evidence-based practice;
5. Create a collegial atmosphere that provides responsiveness and respect for the early career protégé; and,
6. Seek training and education to further skills in mentoring; and,

Whereas, a protégé assumes the responsibility to:

1. Identify knowledge and skill gaps;
2. Establish career goals for life-long learning, both short term and long term;
3. Identify specific experiential opportunities (eg. presentation, clinical research); and,
4. Identify potential mentors, both junior and senior, who have compatible interests;

Resolved, The American Physical Therapy Association encourages physical therapists and physical therapist assistants to use best practices for mentoring as delineated in this resolution.

1. Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: a qualitative study. *Academic Medicine*. 2009;Jan 2009;84(1):135-139.
2. Oliver C, Aggleton P. Mentoring for professional development in health promotion: a review of issues raised by recent research. *Health Education*. 2002;102(1):30-38.
3. *Oxford English Dictionary*. 3rd ed. Published online 2012.
<http://www.oed.com.libproxy.temple.edu/view/Entry/153156>. Accessed March 16, 2012.

- MENTORING FOR AMERICAN PHYSICAL THERAPY ASSOCIATION INVOLVEMENT (HOD P06-96-27-08)
The American Physical Therapy Association (APTA) strongly encourages all of its members to be involved in the activities of the Association. Each member, to the extent that they are able, should foster the involvement of other members in the Association. Those in leadership roles in the Association should mentor their fellow members to become actively involved at the district, state, or national level.

APTA also encourages physical therapists who hold leadership positions in their respective professional settings to create opportunities to support involvement in the Association.

- MENTORING OF PROFESSIONALISM IN ACADEMIC AND CLINICAL EDUCATION (HOD P06-03-29-27)
It is the responsibility of all academic and clinical faculty, clinical instructors, and professional mentors to actively promote to physical therapist students the importance of professionalism as a critical component of a doctoring profession. Professionalism requires ongoing membership and active participation in the American Physical Therapy Association (APTA) and support of its policies, positions, guidelines, standards,

~~and Code of Ethics. Academic and clinical faculty, clinical instructors, and mentors of physical therapist assistant students shall promote behaviors that are consistent with APTA's policies, positions, guidelines, standards, and the Standards of Ethical Conduct for the Physical Therapist Assistant, and that support the importance of ongoing membership and active participation in APTA.~~

- PROMOTION OF AMERICAN PHYSICAL THERAPY ASSOCIATION MEMBERSHIP BY RESIDENCY AND FELLOWSHIP EDUCATION PROGRAMS (HOD P06-17-09-08)

~~The American Physical Therapy Association supports efforts by programs accredited by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) to encourage residents and fellows in training to be members of the association and of the section representing the content of their education program.~~

RC 41-18 ADOPT: AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION RECOGNITION

Required for Adoption: Majority Vote

PASSED

That the following position be adopted:

AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION RECOGNITION

The American Physical Therapy Association recognizes the American Board of Physical Therapy Residency and Fellowship Education as the agency for the accreditation of physical therapy residency and fellowship education programs.

RC 42-18 ADOPT: ENHANCED PROFICIENCY AND CONTINUING EDUCATION FOR THE PHYSICAL THERAPIST ASSISTANT - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED [CONSENT CALENDAR]

(Note: This is a motion with 2 conforming amendments - Parts A and B.)

PART A

That the following be adopted:

ENHANCED PROFICIENCY AND CONTINUING EDUCATION FOR THE PHYSICAL THERAPIST ASSISTANT

Career development is essential for the physical therapist assistant and includes clinical experience, continuing education, increased skill proficiency, clinical mentoring, and the recognition thereof.

Physical therapist assistants may participate in continuing education that may include subject matter that is at, above, or different from entry-level knowledge and skills as described in the Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data only as consistent with jurisdictional law; only as consistent with American Physical Therapy Association positions, standards, guidelines, policies, and procedures; and under the direction and supervision of the physical therapist.

PART B

That the following positions be rescinded:

- CONTINUING EDUCATION FOR THE PHYSICAL THERAPIST ASSISTANT (HOD P06-01-22-23)
~~Physical therapist assistants may participate in continuing education that includes and teaches subject matter and interventions that differ from the description of entry level skills as described in the Normative Model of Physical Therapist Assistant Education. Physical therapist assistants may use the interventions taught in continuing education only as consistent with the American Physical Therapy Association [policies, positions, guidelines, standards, and the Code of Ethics] and under the direction and supervision of the physical therapist.~~
- POST ENTRY-LEVEL EDUCATION AND RECOGNITION OF ENHANCED PROFICIENCY FOR THE PHYSICAL THERAPIST ASSISTANT (HOD P06-03-26-23)
~~Career development is essential for the physical therapist assistant and includes clinical experience, continuing education, increased skill proficiency, clinical mentoring, and the recognition thereof.~~

RC 43-18 CHARGE: ENDORSEMENT AND INTEGRATION OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF CURRICULUM OUTLINE ON PAIN FOR PHYSICAL THERAPY - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED

That the American Physical Therapy Association endorse and promote integration of the International Association for the Study of Pain Curriculum Outline on Pain for Physical Therapy into education, practice, and research initiatives, where feasible.

RC 44-18 CHARGE: THE ROLE OF THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT IN DISASTER MANAGEMENT - REPLACEMENT PACKET II

Required for Adoption: Majority Vote

PASSED

That the American Physical Therapy Association (APTA) engage and collaborate with disaster management agencies to identify the professional roles of the physical therapist (PT) and physical therapist assistant (PTA) in disaster preparation, response/relief, and recovery. Further, that APTA promote the role of the PT and PTA

to members, and to agencies that study and manage disasters so that the expertise of PTs and PTAs can be utilized appropriately.

RC 45-18 CHARGE: EXPLORATION OF BARRIERS TO CLINICAL RESEARCH BY PHYSICAL THERAPIST PRACTITIONERS – REPLACEMENT PACKET II

Required for Adoption: Majority Vote

DEFEATED

That the American Physical Therapy Association explore barriers to physical therapist practitioners' involvement in clinical research including, but not limited to, access to Institutional Review Board services.

RC 46-18 CHARGE: ELIMINATING THE IMPROVEMENT STANDARD FOR RECEIVING PHYSICAL THERAPY

Required for Adoption: Majority Vote

PASSED

That the American Physical Therapy Association develop and implement a long-term plan to pursue the elimination of the improvement standard in all settings and payment situations.

RC 47-18 CHARGE: ADJUSTMENTS IN DOCUMENTATION REQUIREMENTS FOR PREVENTION AND WELLNESS INTERACTIONS

Required for Adoption: Majority Vote

PASSED

That the American Physical Therapy Association evaluate documentation requirements for physical therapists providing prevention, wellness, fitness, aftercare, and health promotion services.

RC 48-18 CHARGE: PROFESSIONAL WELL-BEING

Required for Adoption: Majority Vote

PASSED

That the American Physical Therapy Association develop strategies to address factors that challenge the well-being and resilience of physical therapists, physical therapist assistants, and students of physical therapy.

RC 49-18 CHARGE: ADVANCED PRACTICE IN PHYSICAL THERAPY – REPLACEMENT PACKET II

Required for Adoption: Majority Vote

DEFEATED

That the American Physical Therapy Association identify the benefits, including roles and opportunities, to the practitioner as a result of attaining board certification, residency-training, or fellowship-training.

**RC 50-18 ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION:
JAMES H. RIMMER, PhD**

Required for Adoption: 2/3 Vote

PASSED

Whereas, James H. Rimmer, PhD, has made significant contributions to research and the practice of physical therapy, particularly in the area of health promotion and wellness for people with disability;

Whereas, Dr Rimmer has coauthored numerous peer-reviewed articles with physical therapists;

Whereas, Dr Rimmer was instrumental in conducting research in a large number of studies that contributed significantly to the understanding of health promotion and wellness, physical activity, and inclusion of people with disability related to physical therapist practice; and,

Whereas, Dr Rimmer has advocated for and won increased funding for physical therapy and rehabilitation-related research;

Resolved, that James H. Rimmer, PhD, be elected an Honorary Member of the American Physical Therapy Association.

**RC 51-18 ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION:
DANIEL M. CORCOS, PhD**

Required for Adoption: 2/3 Vote

PASSED

Whereas, Daniel M. Corcos, PhD, is a distinguished scientist whose research focuses on the neural basis of motor control, movement disorders, and neurodegenerative disease in humans;

Whereas, Dr Corcos' research goals are to design clinical trials and perform experiments that alter how physical therapists and neurologists treat patients with movement disorders and neurodegenerative diseases;

Whereas, Dr Corcos has served as an editor or on the editorial board of numerous scientific journals including *Journal of Motor Behavior* and *BMC Neuroengineering and Rehabilitation*;

Whereas, Dr Corcos has a 30-year history of collaborating with physical therapists, has been the doctoral chair to 6 physical therapists, and has authored more than 170 peer-reviewed publications, with at least 70 of those publications including physical therapists as coauthors;

Whereas, Dr Corcos has played critical roles in developing grants to support the professional development of physical therapists and has received research grants totaling over \$15 million, with many of those having physical therapists as principal investigators and co-principal investigators; and,

Whereas, Dr Corcos has a deep understanding and appreciation of clinical questions related to rehabilitation and has been a friend to the profession of physical therapy throughout his career, culminating in his receipt of the John Masalter Friend of Physical Therapy Award from the Illinois Physical Therapy Association in 2015;

Resolved, that Daniel M. Corcos, PhD, be elected an Honorary Member of the American Physical Therapy Association.

**RC 52-18 ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION:
BONNIE POLVINALE**

Required for Adoption: 2/3 Vote

PASSED

Whereas, Bonnie Polvinale has spent the majority of her career in service to the profession of physical therapy as a member of the staff of the American Physical Therapy Association for over 38 years, and is the longest-serving staff member in the history of the association;

Whereas, Ms Polvinale has more than competently served the association at many levels, always willingly accepting more responsibility, including interim service as the association's chief executive officer;

Whereas, Ms Polvinale's work in developing and growing APTA's professional development activities has resulted in delivery of vital information to thousands of physical therapists and physical therapist assistants, thereby contributing to the provision of high-quality services to physical therapy patients and clients;

Whereas, under Ms Polvinale's leadership, the NEXT Conference & Exposition was redesigned to support the APTA House of Delegates and to offer important professional programming; the APTA Learning Center was created to provide valuable, high-quality continuing education; and the Combined Sections Meeting has become a major meeting in the United States and 1 of the largest physical therapy gatherings in the world;

Whereas, these activities not only are important to the quality of physical therapist services, but they also have succeeded in providing much needed revenue for the association, allowing APTA to use these funds for vital services to its members in service of physical therapy patients and clients;

Whereas, Ms Polvinale was an integral member of the APTA Staff Executive Team, which ultimately took APTA over the 100,000-member target, thereby strengthening the voice of the profession and the association to the public and in policy discussions;

Whereas, under Ms Polvinale's leadership, the association developed the program for component relations within APTA services, which provides valuable support to APTA's diverse components;

Whereas, Ms Polvinale has always demonstrated the true spirit of physical therapy by showing great respect and empathy to individual members, evidenced by the many members who can tell their stories of her help as they faced personal crises away from home at APTA's meetings; and,

Whereas, Ms Polvinale has accomplished all of this through true leadership, always using her quiet presence to bring diverse groups together to solve complex problems, and always working to reach "win-win" solutions that helped all parties find success;

Resolved, that Bonnie Polvinale be elected an Honorary Member of the American Physical Therapy Association.

RC 53-18 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, ARTICLE VIII. HOUSE OF DELEGATES, SECTION 3: VOTING DELEGATES, A. QUALIFICATIONS OF VOTING DELEGATES, (1) CHAPTER DELEGATES

Required for Adoption: 2/3 Vote to consider, 2/3 Vote to adopt

NOT CONSIDERED

See Packet I for motion language.

RC 54-18 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, ARTICLE VIII. HOUSE OF DELEGATES, SECTION 4: NONVOTING DELEGATES, A. QUALIFICATIONS OF NONVOTING DELEGATES, (1) SECTION DELEGATES

Required for Adoption: 2/3 Vote to consider, 2/3 Vote to adopt

WITHDRAWN

See Packet I for motion language.

RC 55-18 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, ARTICLE VIII. HOUSE OF DELEGATES, SECTION 4: NONVOTING DELEGATES, A. QUALIFICATIONS OF NONVOTING DELEGATES, (2) PTA CAUCUS DELEGATES

Required for Adoption: 2/3 Vote to consider, 2/3 Vote to adopt

WITHDRAWN

See Packet I for motion language.

RC 56-18 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO ALLOW SECTIONS TO VOTE IN THE HOUSE OF DELEGATES

Required for Adoption: 2/3 Vote to consider, 2/3 Vote to adopt

NOT CONSIDERED

See Packet I for motion language.

RC 57A-18 CHARGE: REFRAME THE DESCRIPTION OF PHYSICAL THERAPIST SERVICE DELIVERY – SUBSTITUTE

Required for Adoption: Majority Vote to Consider, Majority Vote to Adopt

PASSED

That the American Physical Therapy Association explore revisions to Standards of Practice for Physical Therapy to reflect the establishment and fostering of the therapist-client relationship, including elimination of descriptors that limit or impede this relationship.