ASSIGNMENT OF TASK TO A PHYSICAL THERAPIST SUPPORT WORKER

Definitions

Assignment of Task: Transfer of a component of a physical therapy treatment plan to a physical therapist support worker. For the purpose of this Practice Standard the term ‘assignment of task’ should be considered synonymous with ‘transfer of function’ or ‘delegation’ to a support worker.

Physical Therapist Support Worker (PTSW): An individual who works under the direction and supervision of a physical therapist. An individual who does not work under the direction and supervision of a physical therapist is not considered a PTSW.

Supervision: The means by which the physical therapist monitors the performance of the PTSW to ensure the provision of competent care. Supervision may occur directly (where the physical therapist is physically present) or indirectly (where the physical therapist is not physically present).

Consultation: The process of providing expert advice, education and/or training, or facilitating problem-solving regarding a specific issue with another service provider, on a time limited basis, that does not transfer responsibility. The consulting physical therapist does not have responsibility for supervising the ongoing services of the provider¹.

Purpose

Where a physical therapist determines that assigning a portion of the ongoing physical therapy treatment plan to a PTSW is appropriate for a patient, and that care will not be compromised by an assignment, an assignment of task may occur in accordance with the requirements set out in this Practice Standard. Physical therapists must demonstrate accountability for the assigning process, including the decision to assign as well as the monitoring and supervision of the PTSW to whom the task is assigned.²

When assessing a patient in a consulting or advisory capacity, the physical therapist may determine that ongoing physical therapy is not warranted; in which case an assignment of task is not required. The consulting physical therapist may make patient specific recommendations based on their assessment, which do not require ongoing physiotherapy supervision. See above definition of ‘consultation’.

¹ Consultation is not considered a form of supervision.
² Physical therapists must maintain a record of the decision to assign a task, the reasons for assigning, the PTSW to whom the task is assigned, and any supervision or consultation provided.
Accountability

The physical therapist assigning a component of the physical therapy treatment plan has the responsibility to determine and demonstrate appropriate assignment, supervision, and documentation. This includes ensuring that the PTSW is aware of patient confidentiality and standard infection control measures.

The physical therapist is accountable for the physical therapy task(s) he/she assigns to the PTSW. Assigned tasks must be within the physical therapy scope of practice and the physical therapist’s level of competence.

Critical Thinking

The decision to assign a task to a PTSW is made by the physical therapist, on a case by case basis, and requires clinical judgment. When deciding whether or not to assign a task to a PTSW, consideration must be given to: whether or not the assignment is in the interest of the patient, the competence of the PTSW, and the level of risk involved. See Appendix A – Decision Making Tool.

Ensuring Competence

Once the physical therapist has made the decision to assign a task to a PTSW, the physical therapist must ensure the competence of the PTSW.

Steps in Assigning a Task

The physical therapist demonstrates adherence to the Practice Standard by:
- Explaining to each patient the relationship between the physical therapist and the PTSW to clarify the difference in roles and responsibilities as they relate to patient assessment and treatment.
- Obtaining informed consent from each patient, or substitute decision maker, for the involvement of a PTSW in the delivery of their physical therapy treatment plan. The PTSW must be made aware that patient consent can be revoked at any time.
- Teaching the assigned task to the PTSW.
- Ensuring that the PTSW is competent to carry out the assigned task(s).
- Instructing the PTSW to recognize any adverse treatment reactions, cease treatment and immediately report to the appropriate person as indicated in the supervision plan.
- Establishing and documenting an appropriate supervision and communication plan.
- Being available for consultation. In the event of planned or unplanned absences, the physical therapist must have an appropriate supervision and communication plan in place, or arrange for transfer of supervision to another physical therapist.
- Reassessing the patient and assigned task at timely intervals.
- Making any changes to the treatment plan, including terminating the assigned task appropriately.

Tasks That are Not Assigned to Physical Therapist Support Workers

Physical therapists must not assign any physical therapy task which has an evaluation component that immediately influences the treatment program. A physical therapist must not assign the following tasks to PTSW:
- Interpretation of referrals;
• Initial assessment and reassessment;
• Interpretation of assessment findings, diagnosis, and/or prognosis;
• Discussion of physical therapy diagnosis or treatment rationale with anyone other than the physical therapist;
• Planning, selecting, or initiating physical therapy treatment programs;
• Tasks requiring a physical therapist’s clinical judgment, or where continuous clinical judgment is necessary to monitor and guide patient care;
• Modification of treatment beyond established limits;
• Completion of documentation that is the physical therapist’s responsibility;
• Teaching of the assigned task to another person;
• Referral of a client to other professionals or agencies; and
• Discharge planning.

Supervision

The physical therapist will provide appropriate supervision to the PTSW for assigned tasks to ensure the appropriate quantity and quality of care that will achieve physical therapy treatment goals. Supervision includes ongoing monitoring of support personnel competence.

A clearly documented supervision plan must be in place to ensure the safety and effectiveness of the assigned tasks. It is the assigning physical therapist’s responsibility to determine and implement an appropriate method of direct and/or indirect supervision on a case by case basis. The method and frequency of supervision provided by the physical therapist is dependent on assessing risk by considering: the practice setting, the complexity of the patient needs, the nature of the assigned task, and the physical environment. The PTSW supervision plan must anticipate, and include strategies for, planned and unplanned absences. Where a different physical therapist will be covering a caseload during a planned or unplanned absence, the covering physical therapist assumes accountability for any direct supervision he/she provides to the PTSW and any changes he/she makes to the assigned task.

Documentation

The physical therapist must document the assigned task(s) in the patient’s clinical record accordance with Practice Standard No. 1 Clinical Records.

Documentation must include:
• details of the assigned tasks;
• identity of the support worker who is to perform the assigned tasks;
• supervision plan and process; and
• any changes made, or progression of, the assigned tasks.

Billing

Physical therapists that bill on a fee-for-service basis must ensure that receipts are transparent and make clear to the payer who is providing physical therapy treatment on a given day. Where a physical therapy treatment session is provided exclusively by a PTSW the receipt must indicate this. The physical therapist must only submit accurate and factual accounts.
APPENDIX A

DECISION MAKING TOOL

Based on my physical therapy assessment, what are the risks in assigning a task?

STEP ONE
IDENTIFY CURRENT AND POTENTIAL RISK FACTORS

STEP TWO
ASSESS RISK FACTORS IN ALL AREAS AND CLASSIFY RISK OF HARM

What is the probability (chance, likelihood) of harm, given each factor? What would be the degree of impact?

LOW TO HIGH IMPACT

LOW PROBABILITY LOW IMPACT

HIGH PROBABILITY LOW IMPACT

LOW PROBABILITY HIGH IMPACT

HIGH PROBABILITY HIGH IMPACT

STEP THREE
MANAGE OR CONTROL RISKS

What measures could I put in place to prevent, minimize, and/or control the risk of harm?

STEP FOUR
CONTINUE TO MONITOR THE RISKS

Review and Revise the Plan as Necessary
What is my plan for continuous monitoring and revision to manage risk?

Diagram adapted from “Supervising Support Personnel” by the College of Occupational Therapists of British Columbia (COTBC), 2011, p. 8. Copyright 2011 by COTBC.

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References:


Additional Resources:

*Competency Profile Essential Competencies of Physiotherapist Support Workers in Canada.*
Canadian Alliance of Physiotherapy Regulators and Canadian Physiotherapy Association, July 2002.

