

PROPOSED REVISION OF CODE OF ETHICS
of the
American Physical Therapy Association

Adopted May 1948

Amended June 1952

Amended June 1957

P R E A M B L E

This Statement of Ethical Principles constitutes the Code of Ethics specified in the Bylaws of the American Physical Therapy Association. These principles express the basic philosophical concepts from which we take guidance as physical therapists and as members of this Association. They are not laws but are standards which determine the propriety of our conduct as it pertains to our patients, to our colleagues, to other health professionals, and to the general public. Individually and collectively we accept the responsibility for promoting and maintaining the highest ethical standards in the practice of our profession.

To assist the Association and its members in interpreting this Statement of Ethical Principles, which is binding on the membership, a Guide for Professional Conduct has been established. This Guide, taking reference from the Statement of Ethical Principles, shall be subject to monitoring, interpretation, and timely revision by the Judicial Committee.

STATEMENT OF ETHICAL PRINCIPLES

1. Physical therapy as a health profession is dedicated to the benefit and interest of the patient.
2. The service of a physical therapist should be unrestricted by considerations of nationality, race, creed, politics, or economic and social status.
3. The physical therapist should assume his share of responsibility in meeting the health needs of the public.
4. The physical therapist should not only be adequately prepared to practice but ~~should~~ also assume the responsibility for continuing his intellectual advancement and professional growth.
5. The physical therapist should exercise skill, judgment, and leadership in all areas of his professional practice.
6. The physical therapist should comply with existing laws relevant to his professional conduct and should maintain the highest community standards of professional practice.
7. The physical therapist should hold in confidence all privileged information entrusted to him unless required by law to divulge it and should discuss a patient's affairs with others only when such discussion shall enhance the patient's care.
8. The physical therapist should receive just and professionally appropriate remuneration for his services.
9. The physical therapist should not solicit patients through advertising or any form of self-aggrandizement, nor should he permit his name to be used in connection with the advertisement of products. Furthermore, the physical therapist should not realize a profit through the sale or rental of equipment to patients.
10. As a member of a profession, the physical therapist should assume definite responsibilities toward his associates and should commit himself to uphold the ethics and ideals of his profession.
11. The physical therapist should give his loyalty and support to the organization and individuals with whom he is professionally identified.
12. The physical therapist should give his loyalty and support to the American Physical Therapy Association in its efforts to attain its objectives.
13. The physical therapist has an obligation to protect the public and should not delegate to a less qualified person any service which requires his professional skill, judgment, and competence.
14. The physical therapist, accepting his professional responsibility, should expose incompetence or unethical conduct to the appropriate authority.

GUIDE FOR PROFESSIONAL CONDUCT

The concepts expressed in this Guide for Professional Conduct are based on interpretations of the Code of Ethics. This Guide represents and reflects the accrued interpretations, opinions, decisions, and counsel of the Judicial Committee. It is subject to timely revision by the Committee

I. Referral Relationships

A. Referral

Direct patient care is carried out only on referral by a physician and involves a developed interprofessional relationship for interchange of information. The law of each state determines the nature of the referral.

B. Referral and/or Employment by Osteopaths.

The law of the state will be the guiding factor as to whether or not the physical therapist can accept referrals or employment from an osteopathic physician.

C. Referral by Dentist.

If a dentist is recognized professionally and legally in a state as a person skilled in the art of healing in a specified area, the physical therapist may treat patients referred by him if permitted by his state's physical therapy practice act. The treatment must be limited to the conditions or areas of the body for which the dentist is professionally trained and legally authorized to diagnose and treat.

D. Referral from Practitioners licensed in another state.

The law of the state will determine whether or not the physical therapist can accept referrals from out-of-state practitioners.

II. Professional Practice

A. Diagnosis

A physical therapist shall not diagnose a patient's disability unless the therapist is also licensed as an independent practitioner of medicine and surgery.

B. Prognosis

Inquiries regarding a patient's prognosis other than by a responsible health professional shall be referred to the physician in charge of the patient's medical care.

C. Confidential Information

1. Before supplying information to another agency, the patient's written permission should be obtained.
2. When requested, progress reports may be submitted to a third party payer provided written consent of patient has been obtained.

D. Termination of Treatment

It is the responsibility of the physical therapist to inform the referring practitioner when, in his judgment, the patient cannot benefit from treatment.

E. Medical Consultation

It is unethical for a physical therapist to imply, encourage, or suggest that a patient referred to him by one physician seek the services of another physician.

F. Soliciting of Patients

1. To avoid being considered advertising for the solicitation of patients, all printed materials distributed by a member or group of members must be carefully evaluated for acceptable content and format.
2. Announcements of the opening of an office or clinic, which are distributed once to physicians and other health professionals or which appear once in a medical society bulletin, are acceptable, provided the announcements follow community practice and contain material comparable to that used by local physicians for the same purpose.
3. Listing of physical therapists in medical society publications should follow the same pattern as is used for physicians.
4. Telephone listings shall conform to the Opinion of the Judicial Committee.
5. Furnishing or inspiring articles or supplying information regarding physical therapy to newspapers or other media of communication is not in itself unethical practice. The purpose and content of each news item must be in keeping with the principles embodied in the Code of Ethics.

G. Professional Fees

The charges to a patient for professional services should be an established fee. This fee should be consistent with those customarily charged in the community and should be based on the professional service rendered with consideration of the time expended and the skills utilized.

H. Gratuities

Gratuities in the form of bribes or tips for preferential consideration of the patient or to supplement professional income are not acceptable.

I. Endorsement of Equipment

The endorsement of equipment by a physical therapist for advertising purposes is in violation of the Code of Ethics. However, articles based on research in which specific equipment is identified may be published.

J. Sale or Rental of Equipment

Appliances or equipment may be supplied to patients provided the dispensing of such devices is within the scope of physical therapy practice and provided these devices are furnished not for profit.

K. Bi-Professional Practice

A second profession or another vocation of a physical therapist should not place him in a position where his conduct violates the Code of Ethics.

L. Athletic Trainer

A physical therapist may be employed as an athletic trainer provided he uses the skills of his profession for patient care only upon adequate referral.

M. Hypnosis

A physical therapist may treat a patient in a hypnotic state only when the hypnotic state has been induced by a qualified physician.

N. Educational Programs

A physical therapist may instruct courses of a professional nature such as prosthetics, administration and supervision, specific treatment procedures, if such participation is consistent with the principles inherent in the Code of Ethics.

III. Association Relationships

A. Obligations to the Association

Support and loyalty to the Association imply an obligation to cooperate with official representatives of the Association, to reply promptly to official requests, and to furnish accurate information.

B. Membership in Organizations

A member of the Association shall not actively support any group whose objectives and standards are in conflict with the objectives and standards of the American Physical Therapy Association.

C. Use of Insignia

The insignia of this Association is a registered trademark and the property of the American Physical Therapy Association. It can be used only as designated and approved by the Association.

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DEFINITION OF PHYSICAL THERAPY

Physical therapy is a profession that contributes to meeting the health needs of society. Its body of knowledge is acquired through specialized and extended education within an institution of higher education and is based on a broad background in the humanities, the social sciences and the natural sciences. Specifically, the special knowledge and skills of the physical therapist fall into four general areas.

1. Basic natural sciences (including physics, chemistry and mathematics)
2. Basic health sciences (including human anatomy, physiology, kinesiology, psychology and pathology)
3. Clinical sciences (including physical therapy principles and practices, clinical medicine and surgery)
4. Clinical arts (the administration of evaluative and therapeutic procedures to human subjects)

THE PRACTICE OF PHYSICAL THERAPY is directed toward preventing disability, relieving pain, developing, improving or restoring motor function, and maintaining maximum performance within the patient's capabilities. Physical therapy provides opportunities of practice for persons with different skills and interests. Practice may encompass treatment of individual patients, planning and administering programs for groups of patients, or cooperative planning for community health programs.

THE PRACTICE OF PHYSICAL THERAPY consists of:

1. Evaluating the patient by performing and interpreting tests and measurements of neuromuscular and musculoskeletal functions as an aid to treatment, and (cardiovascular, respiratory, sensorimotor*)
2. Planning and implementing initial and subsequent treatment programs on the basis of test findings, and within the referral or prescription of the physician, surgeon or dentist, and
3. Administering treatment through the use of therapeutic exercise, massage, mechanical devices and therapeutic agents which employ the physical, chemical and other properties of air, water, electricity, sound and radiant energy.

Delegating selected forms of treatment to supportive personnel with assumption of the responsibilities for the care of the patient and the continuing supervision of the supportive personnel.*

But does not include the use of roentgen rays or radium, nor the use of electricity for cauterization or surgery.

4. Applying appropriate psychological and sociological principles in motivating and instructing the patient, his family, and others.

5. Preventing potential disabilities through developing in others as in self an awareness and concern for effective and safe body mechanics, in posture and in activities.

THE PHYSICAL THERAPIST practices physical therapy as defined above and in addition:

1. Initiates and/or participates in:
 - a. Instruction and/or program planning, implementation and evaluation as it relates to the health needs of the public, and
 - b. Community health planning, and
 - c. Coordination of physical therapy services with those of other health professions, and
 - d. Policy formulation as it relates to physical therapy services and programs, and
2. Serves as an educator through participation in:
 - a. Continuing education of self; and
 - b. Inservice education of staff and supportive personnel, and
 - c. Educational preparation of students in professional and supportive levels of training in physical therapy, and
 - d. Educational preparation of members of other health professions as related to physical therapy, and
 - e. Planning, teaching and fostering of graduate educational programs for physical therapists
 - f. Organization and implementation of research.
3. Administers and supervises programs, staff, and supportive personnel.
4. Provides consultation services to agencies and members of other health professions.

The profession of physical therapy has assumed responsibility for autonomy by sustaining the American Physical Therapy Association which is dedicated to serving the physical therapy needs of the people. The profession is controlled internally by its Code of Ethics, enforced by the Judicial Committee,* and externally by the legislation which it has promoted to regulate its practice. It has developed standards of education and participates actively in its responsibilities for the accreditation of its educational programs.

Physical therapists are committed to the art, science, discipline, standards and ethics of the profession. They support excellence in practice, the sharing of scientific and professional knowledge and continued professional growth.

Endorsed by the Board of Directors as a working copy - 11/18/67

* Suggested after endorsement by Board.

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CRITERIA OF A PROFESSION

A profession is essential to the welfare of the public. Its purpose is to serve mankind and its services are esoteric. Certain criteria are basic to every profession and are identifiable as follows.

- I. A profession possesses a systematic body of knowledge which is:
 - A. correlated directly with the needs of society which it serves
 - B. acquired through specialized and extended education within an institution of higher education
 - C. applied as the skill and art of professional practice
 - D. used as a basis for making evaluative judgments
 - E. developed through research and service
 - F. promoted and disseminated by publication
- II. A profession assumes responsibility for autonomy by:
 - A. creating and sustaining a professional organization dedicated to serving the needs of the people
 - B. establishing and enforcing a Code of Ethics
 - C. safeguarding the public against incompetent and unscrupulous practitioners by promoting legislation to regulate the practice of the profession
 - D. developing, promoting and controlling standards of education and practice
 - E. encouraging rewards by society which are commensurate with the quality of service provided and which combine factors of prestige, status, titles and monetary income
 - F. promoting the education of competent entrants into the profession in sufficient numbers to meet the needs of society
 - G. making a dedicated effort to expand its body of knowledge.
- III. A profession aspires to a set of attitudes and values which are exemplified by:
 - A. concern for human beings
 - B. belief that all human beings are deserving of good service and that this service is given to all who need it
 - C. excellence in practice
 - D. intellectual curiosity, inquiry, and the desire to share scientific and professional knowledge
 - E. commitment to the art, science, discipline, standards and ethics of the profession
 - F. personal and social standards which are congruent with professional standards
 - G. interest in, and familiarity with, other bodies of knowledge
 - H. self growth through life-long learning.

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