

AMERICAN PHYSICAL THERAPY ASSOCIATION  
1790 Broadway  
New York 19, N. Y.

PROPOSED RESOLUTION REGARDING A NATIONAL BOARD  
FOR PHYSICAL THERAPY CERTIFICATION

WHEREAS physical therapy is a profession that wishes to assume major responsibility for its own activities aside from the treatment of patients, and

WHEREAS it is believed that by so doing the interests of the public health and welfare, the physical therapy profession and the medical profession will best be served, and

WHEREAS one of the major duties to be undertaken in fulfilling such responsibility is certification of the competency of its own members,

THEREFORE, be it resolved that the American Physical Therapy Association will actively support an independent national board for physical therapy certification with the following functions:

to construct, administer, correct, grade and publicize the results of a voluntary examination to evaluate the competency of physical therapists for practice under the direction and prescription of qualified physicians,

And be it further resolved, that such national board for physical therapy certification shall be composed of:

1. a majority of graduates of physical therapy programs approved by the Council on Medical Education and Hospitals of the American Medical Association including representatives active in
  - (a) direction of physical therapy curricula
  - (b) clinical service and
  - (c) State Examining Boards and who hold at least a baccalaureate degree and are legally qualified to practice physical therapy in the State of their residence or work.
2. Representatives from the Council on Medical Education and Hospitals of the American Medical Association.
3. Physicians representing medical specialties that commonly utilize physical therapy.
4. Representatives from
  - (a) medical directors of physical therapy curricula OR
  - (b) members of the Advisory Committee of Physical Therapy Curricula.

American Congress of Physical Medicine and Rehabilitation  
American Registry of Physical Therapists  
American Physical Therapy Association  
Relationships

### Historical Development

Since the establishment of the American Registry of Physical Therapists in 1935 by the American Congress of Physical Medicine and Rehabilitation there have been periodic attempts initiated by the American Physical Therapy Association to obtain channels of communication, to understand purposes and programs and to have representation in matters pertaining to physical therapists.

In November 1936, the American Physical Therapy Association appointed, by request, one representative to serve on the four member Advisory Board of the American Registry. These four persons served in an advisory capacity to the Board of the American Registry, composed of seven members appointed by the American Congress of Physical Medicine and Rehabilitation.

In September 1951 the American Congress of Physical Medicine and Rehabilitation instituted proceedings to enlarge the Board of the American Registry of Physical Therapists to nine members including two designated by the American Physical Therapy Association and seven physicians. The two physical therapists were appointed by the Board of Directors of the American Physical Therapy Association in December 1951 and such representation has continued. The seven physicians on the Board are appointed by the American Congress of Physical Medicine and Rehabilitation. An Advisory Committee to the Board of the Registry is also selected, composed of eight persons designated by:

The American Academy of General Practice  
The American Academy of Pediatrics  
The American College of Physicians  
The American College of Surgeons  
The American Hospital Association  
American Neurological Association  
American Orthopedic Association  
American Psychiatric Association

A documented brief of development and relationships between the American Physical Therapy Association and the American Registry of Physical Therapists was compiled in 1958 from source material in the American Physical Therapy Association's files and was included in material given to all delegates at the House of Delegates session in June 1958.

### Establishment of Joint Committee

Questions from individual members and groups within our Association regarding relationships between the Registry and the APTA increased and required the attention of the Board of Directors of the American Physical Therapy Association. This culminated in the resolution adopted by the American Physical Therapy Association House of Delegates in June 1958. The Report of Activity and Action Taken Regarding Meetings of Representatives from The American Congress of Physical Medicine and Rehabilitation, American Registry of Physical Therapists and American Physical Therapy Association, was sent to Chapter Presidents, District Chairmen and Board of Directors in August 1960, (Appendix B)

### Fourth Meeting of Joint Committee

On December 5, 1960, another meeting of representatives of the ACPM&R, ARPT and APTA was held and resolutions were presented from all organizations concerned (see Appendix A).

One point of agreement--in philosophy if not in phraseology--was the recognition of the need for a certifying or qualifying board for physical therapists. All three groups indicated that this point could be supported. There was, however, no agreement on the composition of the governing board and the implications of the control within such a board of certification or registration.

Representatives of the American Congress of Physical Medicine and Rehabilitation and the American Registry of Physical Therapists could not accept the resolution presented by the American Physical Therapy Association and requested that the reasons for not accepting be reported to the American Physical Therapy Association Board of Directors. Their discussion included the following points:

The practice of physical therapy is an integral part of the practice of medicine and therefore the competency of the individual who is treating the patient should lie in the hands of medicine and not in the hands of physical therapists.

The physician, because he prescribes the treatment, is better able to visualize the need for physical therapy than the physical therapist. Therefore the physician should have a strong influence in the specific training of physical therapists and the only type of examination that could be valid for such a group would be an examination set up by physicians. The medical profession as a whole is not qualified to pass on the merits of such an

examination but a specialty within the medical profession which is most intimately concerned with the education of physical therapists, and has their interests more nearly at heart than other specialties, is so qualified. They believed that the American Physical Therapy Association resolution was loose and a meaningless gesture toward the medical profession, without assurance that individuals appointed to the board would be competent and actively interested in the education of physical therapists. They believed that the resolutions presented by the ACPM&R and ARPT provided the mechanics for the active participation of physical therapists in determining qualifications and also would retain medical control.

Therefore, representatives of the ACPM&R and ARPT could not support the APTA resolution because the appointment, number and qualifications of the physician representatives to such a board are inadequate to protect the medical interests of such a registry. Also, that the best interests of such a board are tied to medical control and this is the only way that the physical therapists can be irreversibly bound to the field of medicine and vice versa. The type of registrant we are certifying to the medical profession requires that the control of this board remain medical.

The representatives of the American Physical Therapy Association supported this Resolution with discussion of the following points:

Physical therapists work for and depend upon the guidance and direction of physicians who may or may not be members of any one specialty. Students of physical therapy are taught by a wide representation from the whole field of medicine as well as individuals from non-medical areas. Schools are staffed by physical therapists who do much of the teaching. Therefore, the evaluation should be based on the wide use of physical therapy and accomplished by representatives of those persons who have done the teaching.

The basic group concerned with the education and evaluation of physical therapists are the physical therapists themselves. The education of the physical therapist and the evaluation of the competency of the physical therapists are the business of the profession which they will ultimately represent.

The APTA resolution was constructed on a principle without detailed specifications, except to indicate that a certification board should include physicians and physical therapists. It was based on the premise that a professional organization should be concerned with promoting education and legislation and supporting ethical conduct and that a certification board should be primarily and solely concerned with establishing competency.

The resolutions proposed by the ACPM&R and ARPT raised some questions with the APTA representatives. The term "Advisory" Committee indicated that the committee had authority to act. The specific responsibilities in regard to examination and registration were not clarified. Providing for an "advisory" committee or a committee (to the board) for responsibilities relating to an examination and registration appears to be in conflict with comments made to the effect that the only type of examination that could be valid for such a group would be an examination set up by physicians. Also, the establishment of such a committee to be responsible for an examination appears to exclude the physicians from participating in the construction of the examination.

#### Executive Committee Action

The Executive Committee of the Board of Directors of the American Physical Therapy Association at its meeting on December 10, 1960, heard the reports of the APTA representatives attending the December 5, 1960 Joint Meeting, and discussed in detail the resolutions presented by each organization (Appendix A). The history of relationships between the organizations was reviewed again and the implications for the future were discussed. Finally, the Executive Committee constructed a resolution which was circulated to the entire Board of Directors and Advisory Council for advice and action. The following resolution has been proposed by the Board of Directors:

Whereas, The two resolutions regarding the constituency of the Board and the activities of the American Registry of Physical Therapists as presented by the Board of American Registry of Physical Therapists and the Board of Governors of the American Congress of Physical Medicine and Rehabilitation (in cooperation with the Board of Governors of the American Academy of Physical Medicine and Rehabilitation) do not meet the needs of physical therapy and cannot be accepted by the American Physical Therapy Association; and

Whereas, The resolution as adopted by the House of Delegates of the American Physical Therapy Association in June 1960 was not accepted by the representatives of the American Congress of Physical Medicine and Rehabilitation and the American Registry of Physical Therapists and communications between the American Physical

Therapy Association, the American Registry of Physical Therapists, and the American Congress of Physical Medicine and Rehabilitation over the years have not been successful, and again in 1960 an impasse has been reached; therefore

Resolved, First, That the American Physical Therapy Association discontinue official relationships with the American Registry of Physical Therapists at this time

Second, Continue the established relationships with organized medicine

Third, Continue to actively support prescriptive relationships between physicians and physical therapists in the best interests of patient care

Fourth, Explore with the American Medical Association and certifying bodies of other professional groups, desirable procedures for national certification of physical therapists.

The Board of Directors is not in complete agreement as to procedure in expediting action and the subject will have major priority for discussion at annual board sessions in June 1961. Comments in support of the resolution and future plans which have been made by members of our Advisory Council and Board of Directors relate to the following:

Specific organizational patterns should be studied further as well as criteria for certification procedures which will be acceptable and respected by all parties concerned.

We are reaffirming our desire for close relationships with the medical profession and all specialties in the best interest of patient care.

The proposed resolution seems logical in view of the preceding sequence of events. Nothing but frustration can occur with the arrangements proposed by the American Congress of Physical Medicine and Rehabilitation. A board that is concerned with registering physical therapists naturally should have a representative number of outstanding physical therapists serving on it. Other voluntary registry boards in the health or paramedical fields have better representation from the group they purport to register than do physical therapists. Most medical specialties have qualifying boards which are separate from specific professional organizations. It appears best to separate one agency from the other and to maintain identity by adhering rigidly to stated functions of each. Obviously the objectives of the resolution passed by the House of Delegates in 1958 have not been met. Also, the stand, or premise set forth by the APTA relative to professional responsibilities and prerogatives with subsequent clarification of these has not been considered or accepted by all groups represented at the joint meetings.

All statements made and resolutions proposed at the four meetings of representatives from the APTA, ARPT and ACPM&R during the past two and one half years should be studied in relation to the documented historical material provided to all APTA chapters.

American Congress of Physical Medicine and Rehabilitation  
American Registry of Physical Therapists  
American Physical Therapy Association  
Relationships

Resolutions Presented By Each Organization At Joint Meeting Of Representatives December 5, 1960

A. Proposed by the Board of the American Registry of Physical Therapists on April 3, 1960:

1. An American Registry of Physical Therapists is necessary.
2. The board of such Registry be composed of a specified number of physicians, all of whom by experience and teaching in the field of physical therapy and in its use are well qualified to participate in activities which pertain to such a registry board.
3. A Committee on Examination and Registration consisting of a specified number of physical therapists be formed and delegated specific responsibilities in regard to examinations and registration.
4. The board be assisted by a (carefully) selected medical advisory committee composed of physicians who in their practice have a high interest in the qualifications of physical therapists who care for their patients.

B. Proposed by the House of Delegates of the American Physical Therapy Association on June 29, 1960:

Whereas, Physical therapy is a profession that is prepared to assume major responsibility for its own activities aside from the treatment of patients, and

Whereas, It is believed that by so doing the interests of the public health and welfare, the physical therapy profession and the medical profession will best be served, and

Whereas, One of the major duties to be undertaken in fulfilling such responsibility is certification of the competency of its own members; therefore, be it

Resolved, That the American Physical Therapy Association will actively support an independent national board for physical therapy certification with the following functions:

to construct, administer, correct, grade and publicize the results of a voluntary examination to evaluate the competency of physical therapists for practice under the direction and prescription of qualified physicians, and be it further

Resolved, That members of such a national board for physical therapy certification shall be appointed initially by the American Physical Therapy Association, and be composed of nine members:

Four of the members shall be representatives of the medical specialties that commonly utilize physical therapy, and

Five of the members shall be physical therapists.

C. Proposed by the Board of Governors of the American Congress of Physical Medicine and Rehabilitation meeting jointly with the Governors of the American Academy of Physical Medicine and Rehabilitation in June 1960:

- I. An American Registry of Physical Therapists is necessary.
- II. The Board of such Registry be composed of nine physicians who are Diplomates of the American Board of Physical Medicine and Rehabilitation, and who are actively participating in the educational programs of physical therapy.
- III. An Advisory Committee on examination and registration be established, consisting of five physical therapists who are registrants in good standing of the American Registry of Physical Therapists. Specific responsibilities in regard to examination and registration will be delegated to this committee by the Registry Board.
- IV. One-third of the members of the Registry Board shall be nominated by the Board of Governors of the American Congress of Physical Medicine and Rehabilitation; one-third by the Board of Governors of the American Academy of Physical Medicine and Rehabilitation, and one-third by the officers of the Section on Physical Medicine of the American Medical Association, three nominations being submitted to the Registry Board for each vacancy. The Board shall elect from the nominees submitted or call for further nominations.
- V. Members of the Advisory Committee shall be appointed by the American Physical Therapy Association.

URGENT: Read before annual Business Meeting.

PERTAINING TO THE AGENDA:

1. Last year in Pittsburgh it was voted by the House of Delegates that delegates come to Chicago in 1961 fully instructed and informed by the membership of their chapters in order that the best decision for the most people will be reached regarding the question of the American Registry of Physical Therapists.

It appears that we have three alternatives:

1. To forget that we, as an organization, have ever taken a stand regarding the Registry and continue official relationships with the present Registry.
2. To ask for another committee in order to compromise and negotiate for a certification board that will satisfy the stand taken by the 1958 House of Delegates.
3. To discontinue official relationships with the American Registry of Physical Therapists and to explore mechanisms for certification.

The APTA Executive Committee at its meeting in December 1960, recommended the third of these alternatives. This resolution has since been endorsed, with some reservation, by the whole Board of Directors. In the enclosed material you will find a copy of the Executive Committee resolution for your Chapter's consideration. Perhaps a few words of interpretation might be in order in regard to the intent of the Executive Committee in drawing up the resolution.

1. The official relationships that the APTA has with the American Registry of Physical Therapists at the present time are:
  - a) the two members of the Registry Board appointed by the APTA Board of Directors.
  - b) the representatives on the joint committee of the APTA, American Registry of Physical Therapists and the American Congress of Physical Medicine and Rehabilitation.

If the first part of the resolution is passed, the APTA would dissolve the joint committee (we requested these committee meetings as a result of our resolution of the 1958 House of Delegates), would discontinue our present representation on the Registry Board, and would appoint no further representatives.

2. The established official relationships with all other medical organizations will be continued.
3. The discontinuance of official relationships with the Registry is in no guise an attempt to "pull away from medicine". The Code of Ethics of the APTA that physical therapy be practiced only on the prescription of a physician speaks more convincingly than any other words that can be said. The officers and members of the Association will always support this prescriptive relationship.
4. The American Medical Association will be contacted to clarify and interpret our action. Other certifying bodies will be explored to determine desirable procedures for national certification. Although the APTA discontinues official relationships with the Registry, there is no reason to assume that the present Registry Examination will be discontinued. It would seem highly undesirable without intensive study, to set up an independent certification board and immediately have two qualifying national examinations.

This is the essence of the Executive Committee's action. I hope that you will present these thoughts to your Chapter when members are considering the resolution.