

Page

DIRECT MEDICAL SUPERVISION OF PHYSICAL THERAPY

Editorial--Archives of Physical Medicine and Rehabilitation

The term "direct supervision" of physical therapy is interpreted to mean that the physician responsible for the treatment has a complete understanding of all aspects and phases of the treatment; that he is acquainted with the facilities and methods used by the physical therapist, and that he has prescribed the details of the treatment to be used. Direct supervision means further that the physician is available to observe the patient and his response to the treatment as may be necessary, and to alter the prescription for treatment according to the needs of the patient.

Direct supervision requires, therefore; that the physician who is supervising the treatment have a continuing close contact with the physical therapist by whom his patients are treated. A therapist, in an office of his own, to whom patients are referred by the prescriptions of physicians would not come under the category of direct supervision. A physical therapy clinic which does not have a physician or a group of physicians available for direction of medical treatment does not come under the category of direct supervision. Arrangements should be formalized for the specific responsibility for medical supervision of each physical therapist or each physical therapy clinic. Clinics or therapists who have not formally established responsibility for medical supervision cannot be said to be under "direct medical supervision."

The foregoing definition concerning the relationship of the practice of physical therapy to the field of medicine was officially adopted by the American Congress of Physical Medicine and Rehabilitation and the American Society of Physical Medicine and Rehabilitation at their meetings in Chicago, in September, 1953. This definition does not present a change of policy, but rather the formal enunciation of a policy which has been the goal of the leaders of those organizations for many years.

PRINCIPLES OF ETHICS FOR REGISTRANT MEMBERS OF THE
AMERICAN REGISTRY OF PHYSICAL THERAPISTS

ARTICLE I. General Principles: The good of the patient is the primary and main concern of practitioners of the healing art. That end can be accomplished only if a qualified physician diagnoses the patient's condition, prescribes for the condition, and administers the indicated therapy or treatment. Such a qualified person can only be a physician with adequate medical education and training. The laws of the several states recognize this fact and provide that only a person licensed to practice medicine and surgery without restriction can legally diagnose, prescribe for, or administer for any human ailment without restriction of method of diagnosis, prescribing, or treatment. However, a physician legally may delegate those portions of his functions not involving professional judgment or discretion to a person not a physician if adequate directions are given by him and if he exercises direct and effective supervision. The function and training of the physical therapist qualify him or her to execute the prescription and instructions of a licensed physician but not to diagnose or prescribe for a patient's ailments or deviations from normality. In so doing the physical therapist is acting as the agent of the physician--is acting for the physician. This, too, is the legal limit of the physical therapist's right to act.

ARTICLE II. Responsibilities of Physician to Patient and of Physical Therapist to Physician: Section I. Properly to fulfill his obligations to a patient, the doctor of medicine and surgery responsible for the treatment of the patient should have a complete understanding of all aspects and phases of the treatment which the patient is to undergo and the physician should be acquainted with the facilities and methods to be used. After the physician has diagnosed the patient's ailment and has personally determined the precise treatment to be employed and all details of that treatment that require professional judgment to determine, the physician should

inform the physical therapist fully concerning the treatment and should give detailed instructions on how to bring about the desired results. The physician should exercise direct supervision over the treatment administered at least to the extent that he, the physician, is available to observe the patient and to alter the prescription for treatment according to the needs of the patient. For the physician properly to exercise direct supervision of a treatment he has prescribed, he must have continued close contact with the physical therapist by whom his patient is being treated. It would not seem therefore, that direct supervision can be exercised by the physician if the physical therapist operates an office of his or her own where he or she purports to administer the treatment prescribed by the physician.

Section 2. With the foregoing principles in mind, it must be emphasized that diagnosis of the patient's condition and the determining and prescribing of physical therapy and rehabilitation treatment is the responsibility of the physician and cannot and must not be assumed by a physical therapist and the administration of the treatment by a physical therapist must not exceed the limits of the instructions given by the physician. The physical therapist, however, should make known to the physician promptly any changes he or she observes in a patient's condition that may be significant for the physician's evaluation, further examination, and further instructions. Furthermore, administration of the treatment prescribed by the physician cannot be applied under any circumstances that inhibit or stultify direct supervision by the physician.

ARTICLE III. Responsibility of the Physical Therapist to the Patient:

Section 1. Information of a confidential nature regarding patients gained from any source whatsoever must be considered a sacred trust by the physical therapist and should be well guarded at all times. The physical therapist should be discreet and tactful in all dealings with the patient.

Section 2. The physical therapist must avoid all actions or statements which in any way might be construed by the patient as criticism of the physician

in charge or his handling of the case. Likewise, disparaging remarks or implications concerning professional co-workers, particularly those who previously have dealt with the patient, should be studiously avoided.

Section 3. Specific statements concerning the patient's prognosis shall be made only by the physician in charge and under no circumstances should be made by the physical therapist.