EDITORIAL

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Direct Medical Supervision of Physical Therapy

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.

Since its formation in 1935, the American Registry of Physical Therapists has provided leadership in establishing a close relationship between physicians and physical therapists. It has maintained that the medical knowledge for diagnosis and prescription of treatment must be closely associated with the actual treatment in order to obtain the best results. It has understood that as the patient's condition changes, the prescription should also be changed. Unless, therefore, the doctor is available to see the patient and prescribe the necessary changes in treatment, either the patient's progress will lag for lack of adequate treatment, or the physical therapist will have to change the prescription. In

either case the lack of medical knowledge in those circumstances will be detrimental to the best interests of the patient.

It has been and will be argued that a physician may not be available when needed. Perhaps there are more cases where this is true today than there have been in times past. Many charitable organizations have established so-called "rehabilitation centers" by providing a building, equipment, business management, and physical and occupational therapists. It has been assumed by these organizations that this equipment and personnel would be adequate to rehabilitate the physically handicapped. Where medical supervision and direction has not been available throughout the entirety of the therapeutic program, this "rehabilitation" has fallen far short of its goal. This provision of space for "rehabilitation" has made acute the shortage of physicians trained in physical medicine and rehabilitation. Many more need to be trained.

It has been and will be argued that some physicians lack knowledge of the uses and methods of physical therapy and, therefore, must leave those decisions to the therapists. The corollary of this argument which should be brought into the open is that any therapist prescribing for and treating a patient on her own knowledge rather than under the guidance of a physician presumes to have the medical judgment to practice medicine independently. A simple referral for treatment by a physician is no more a prescription which ethically covers a physical therapist's assuming responsibility for treating a patient than does a referral of a patient to a pharmacist for "pain killer" legally cover the dispensing of a narcotic. The use of physical therapy is the practice of medicine. If a physician feels unqualified to prescribe physical therapy for a patient, he should refer that patient to another physician for treatment just as he would do for any other type of specialized therapy. The physical therapist works as an agent of the physician and, therefore, ethically works only under his supervision. It is the obligation of the physician, who sends a patient for physical therapy, to determine that the orders for treatment are specific and adequate and that they are modified as frequently as the patient's progress makes necessary.

To provide adequate supervision of his patients in physical therapy, the physician needs to be readily available to the physical therapy clinic, to be in it frequently and observe the patients during treatment. In general practice in a city, one large rehabilitation center centrally located, away from doctors' offices and away from hospitals makes such supervision impossible. Of necessity such an arrangement requires a physiatrist who will spend time each day at the rehabilitation center. Yet seventy per cent of the patients seen in a doctor's office who need physical therapy do not require elaborate equipment and could be adequately treated in a physical therapy clinic located at the physician's office building or in the hospital. Here the physician is available to prescribe and supervise treatment as necessary. Other patients requiring more elaborate facilities will probably also require more time and more specialized knowledge and the physician will wish to refer them to a physiatrist.

Physical medicine is growing in two directions: there is greater use of physical therapy by physicians and surgeons in general practice, and there is more demand for physiatrists for the rehabilitation of the severely disabled. These two phases of expansion are quite compatible. In both phases healthy expansion will occur only if physical therapy is an integral part of medical practice by being under the direct supervision of a qualified doctor of medicine and surgery.