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MEDICAL SUPERVISION OF PHYSICAL THERAPY

The role of the physical therapist in relation to that of the physician is one of the issues in the field of physical therapy. This controversy has arisen because physical therapy is undergoing a transition from a position on the fringe of medical practice to a position of integration with all other phases of medicine. This readjustment must be made to improve the medical care of patients with physical disabilities. The changes made necessary by this relocation are not always easily made. The establishment of physical medicine and rehabilitation in modern medicine has resulted in more aggressive treatment of physical disabilities. Aggressive treatment carries with it not only increased possibilities for recovery but also increased liability of injury to the patient. Close medical observation is required in order to maintain safe, yet progressive, therapy.

The central role in physical therapy is played by the physical therapist. However, this role needs to be defined clearly and its limits determined. The physical therapist is trained as a specialist in the application of the techniques of physical therapy. In order that the physical therapist might understand the use of these techniques and the variations of their

application, the training course has included a general knowledge of the diseases and disabilities with which the therapist will be concerned. The teaching of the diseases and disabilities treated by physical therapy is a broad survey of the field rather than intensive teaching of each condition. No attempt has been made to present all of the ramifications of the disease. Since proper diagnosis, prognosis, and prescription for treatment depend on the complete understanding of the patient's ailment, these must be made by the physician who is trained for that phase of medical care. When the diagnosis has been made and the treatment prescribed, then the physical therapist can use her specialized knowledge and skill to insure maximum therapy.

The physician plays a necessary role in all physical therapy. If rehabilitation is going to be achieved for all patients treated for physical handicaps, the physician must maintain his supervision of the patient and the treatment. It is not adequate to refer a patient for physical therapy and then discontinue supervision of that patient. Prescriptions should be precise. The patient should be checked at frequent intervals to observe his re-

sponse and the prescription for treatment should be altered with the progress of the patient. All physicians using physical therapy should be thoroughly acquainted with the methods used and results obtained. Physicians uninterested or untrained in physical therapy or too busy to provide this necessary supervision should not undertake it any more than they would attempt specialized therapy in any other field where they have inadequate time or training.

In this transition period, certain physicians have been slow to recognize this desirable professional relationship. These physicians shirk their responsibilities for medical supervision of physical therapists. They request, or on occasion even demand, that the therapist prescribe, alter, and discontinue treatment as necessary. Such requests or referrals for therapy do not provide adequate information concerning the patient's condition, his limitations, nor the reasonable goal to be achieved. In making such a referral, the physician is asking the physical therapist to undertake the practice of medicine for which he is neither trained nor licensed. The conscientious physical therapist finds this situation intolerable because he recognizes that the responsibility demanded of him exceeds his training. Since often the physical therapist is financially, as well as professionally, under the direction of the physician, he may be coerced into assuming this responsibility against his better judgment.

On the other hand, some physical therapists do not understand the need for and resent medical supervision. Their training and their grasp of the practice of medicine has not been extensive enough for them to recognize their limitations. These therapists need further education concerning their relationship to the field of medicine. Further education concerning the desirability for direct medical supervision of physical therapy is needed also for lay sponsors and hospital administrators who establish physical therapy clinics.

To assist in defining the roles of the physician and of the physical therapist,

it is proposed that the physician should provide direct supervision of all physical therapy. The following definition of direct supervision is suggested.

The term "direct supervision" 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.

It is urged that physicians and physical therapists strive to have the principles of this definition adopted as the basis for establishing any physical therapy facility. It would be desirable for physician and therapist organizations to go on record supporting the principle of direct medical supervision of all physical therapy. The establishment of this professional relationship in all physical therapy facilities will improve rehabilitation services throughout the country.