

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 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.

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