Mr. Kendall

AMERICAN PHYSICAL THERAPY ASSOCIATION

House of Delegates - June 1959

The following is a brief summary of some of the business transacted at the House of Delegates. Also enclosed are the (1) Financial Committee's Statements, (2) Resolution 12 passed at the American Medical Association House of Delegates and (3) Communications of the American Physical Therapy Association regarding this resolution. More information will be published in The Physical Therapy Review and can be discussed at a Chapter meeting.

1. President Agnes Snyder announced the resignation in April of Annetta Wood as Executive Director. Lucy Blair is now serving as Acting Executive Director. Plans are in effect to study the financial and organizational structure of the American Physical Therapy Association.

2. Future American Physical Therapy Association Conventions
   1960 - Pittsburgh; 1961 - Chicago; 1962 - San Francisco

3. Financial Committee Report
   a. To date, beginning in 1944, the National Foundation of Infantile Paralysis or National Foundation has awarded approximately $950,000 to the American Physical Therapy Association. The annual grant, supporting the Department of Educational Services, is to be reduced. In 1959-60, the grant is to be $81,000, in 1960-61 - $40,000, and in 1961-62 - $20,000. Thereafter, the grant will cease.
   b. Income from membership dues is now approximately one-third of the total annual income.
   c. Recommendations of the Financial Committee
      1. Increase in membership dues
      2. Study of financial situation
      3. Increase in membership
      4. Members reduce unnecessary expenses of excess mailing by paying dues on time, answering correspondence, notifying address change, etc. (It cost over $1.00 for a letter to be mailed from the National Office.)

4. Results of Elections (see Nominations in March and April Reviews)

   Directors to serve 3 years
   Arthur Brown
   Florence Linduff
   Dorothy Fredrickson
   Nominating Committee to serve 3 years
   Ruby Decker
   Dorothy Baethke

5. The following resolution was introduced by the Board of Directors and passed at the 1958 House of Delegates:

WHEREAS, Physical therapy is a profession; and

WHEREAS, It is the responsibility of a profession to assume leadership in establishing and maintaining standards of service, education, and ethics as well as the certification of the professional competency of its members; and

WHEREAS, Certain of these activities are now beingassumed by both the American Physical Therapy Association and by the Board of Registry of the American Registry of Physical Therapists; and

WHEREAS, This situation has resulted in duplication of activities, confusion, and conflict; therefore,

BE IT RESOLVED, That the American Physical Therapy Association request a conference with representatives of the American Congress of Physical Medicine and Rehabilitation and the American Registry of Physical Therapists to present and clarify the stand of the American Physical Therapy Association in respect to its professional responsibilities and prerogatives.

Jane Carlin gave a report of progress regarding the above resolution.

There have been two meetings (August, 1958 and April 1958) of two representatives each of the American Registry of Physical Therapists, the American Congress of Physical Medicine and Rehabilitation and the American Physical Therapy Association. To date there has been a general exchange of information on educational responsibilities of the American Physical Therapy Association, legislation, registration, and objectives of the three organizations. The next meeting is scheduled for the fall of 1959.

6. Proposed Amendments to the Bylaws (March Review) passed with two amendments (as underlined).

Bylaw III Membership
Section 3 (a) Life Members
. . . . has completed thirty years or twenty years plus age sixty-five of active membership . . .

Section 6
The annual dues of an active member shall be allocated as follows: $4.00 to the appropriate component chapter; $5.00 to the Association's official publication; and $16.00 to the National Office of the Association.

7. A resolution was introduced by the Northern California Chapter requesting that the Board of Directors establish rules, procedures and methods regarding representation of the American Physical Therapy Association to the Congresses of the World Confederation for Physical Therapy. This resolution did not pass but was referred to the Board of Directors.

8. Resolution (Virginia Chapter) passed that the Board of Directors include an itemized breakdown of income and expenses in the "National Office Statistical Report."

9. Resolution (South California Chapter) passed to thank the National Foundation for Grants to the American Physical Therapy Association.

10. Resolution (South California) passed that the Board of Directors keep chapters informed on financial situation of the organization and members aware of their professional obligations.

Ruth M. Latimer, Chief Delegate
Florence Kendall, Delegate
Gladys E. Wadsworth, Delegate

AMERICAN PHYSICAL THERAPY ASSOCIATION

BALANCE SHEET

At April 30, 1959

ASSETS

Operating funds:		
Cash		$130,847.07
Investments (quoted market $31,969)		28,442.12
Accounts receivable		1,712.58
Inventory of pins and emblems		480.60
Security deposits and prepaid expenses		3,413.20
		$164,895.57
Restricted funds:		
Cash		87,344.90
Total assets		$252,240.47

LIABILITIES AND FUNDS

Operating funds:			
Accounts payable and accrued taxes			$ 5,473.65
Dues payable - chapters			8,299.26
Reserved - World Confederation for Physical Therapy activities			4,662.52
Owed to World Confederation for Physical Therapy			1,763.79
Travel reservations and registrations for Third Congress of the World Confederation for Physical Therapy			14,853.86
Deferred income -			
Dues		$ 33,633.50	
Review subscriptions		13,778.50	
1959 conference		7,668.50	
Advertising		62.00	55,142.50
Working capital			74,699.99
			$164,895.57
Restricted funds:			
Balance, restricted grants, April 30, 1958		$103,540.36	
Add - Grants and appropriations		148,766.07	
		$252,306.43	
Less:			
Project expenditures	$137,703.27		
Administration of grants	14,203.22		
Returned to grantors	13,055.04	164,961.53	
Balance, restricted grants, April 30, 1959			87,344.90
Total liabilities and funds			$252,240.47

Note:
The Association is contingently liable in the event of cancellation of certain contracts for transportation in connection with the Third Congress to be held in Paris during 1959.

AMERICAN PHYSICAL THERAPY ASSOCIATION

STATEMENT OF INCOME, EXPENSE AND WORKING CAPITAL

For the Year Ended April 30, 1959

Income:		
Operating funds -		
General,		
Dues	$ 75,035.00	
Administration of grants	14,203.22	
Other	8,840.38	$ 98,078.60
Conference,		
Registration	$ 3,991.00	
Banquet	2,987.00	
Exhibits and program advertising	9,245.00	16,223.00
Review,		
Subscriptions	41,048.41	
Advertising	22,295.39	
Other	1,669.40	65,013.20
Total operating		$179,314.80
Restricted funds -		
Transferred from grants as follows:		
National Foundation	$ 84,957.16	
United Cerebral Palsy Association, Inc.	375.00	
U.S. Department of Health, Education and Welfare, Office of Vocational Rehabilitation	52,371.11	137,703.27
Total income		$317,018.07
Expense:		
Operating funds -		
General	$ 97,847.53	
Conference	13,622.27	
Review	64,505.76	
	$175,975.56	
Restricted funds -		
Project expenditures	137,703.27	
Total expense		313,678.83
Excess of income over expense		$ 3,339.24
Working capital:		
Balance, April 30, 1958		71,360.75
Balance, April 30, 1959		$ 74,699.99

American Medical Association

Joint Committee to Study Paramedical Areas

in Relation to Medicine

LICENSURE OF PARAMEDICAL GROUPS

Report of Reference Committee on Medical Education to the House of Delegates - Minneapolis, December 3, 1958.

Adopted by House of Delegates of the American Medical Association on December 3, 1958 and referred to the Joint Committee to Study Paramedical Areas in Relation to Medicine for its study and implementation.

Your Reference Committee, after careful deliberation, giving full consideration to the discussions during the hearings, recommends the adoption of resolution No. 12 entitled, "Licensure of Paramedical Groups" introduced by the Iowa delegation as modified below:

Whereas, Numerous paramedical groups now exist that assist physicians in diagnosing and treating patients; and

Whereas, There appears to be an ever-increasing desire on the part of these paramedical groups to enhance their stature through various means; and

Whereas, Organized medicine at every level is taking added interest in the affairs of these paramedical groups, and is making a conscientious effort to bring prestige to these medical assistants as evidenced by the creation of a special committee of the American Medical Association to study relations with paramedical groups and the appointment of similar committees in many of the states; and

Whereas, All paramedical personnel should work under supervision of physicians, servingas the hands of physicians and not as independent agents; and

Whereas, it is well established that the stature of paramedical groups can be elevated on a voluntary basis through self-imposed educational standards, and through other measures as exemplified by the success of their own certifying boards; therefore be it

RESOLVED, That the House of Delegates of the American Medical Association go on record as encouraging the voluntary registration of the paramedical personnel who assist physicians, and be it further

RESOLVED, That the House of Delegates adopt a position of opposition to the extension of governmental licensure and governmental registration at this time. The Joint Committee to Study Paramedical Areas in Relation to Medicine, however, is requested to immediately expand its study to include this phase of the problem of the relationships of paramedical groups to the practice of medicine.

American Physical Therapy Association Response To

American Medical Association Resolution No. 12

After adoption of resolution No. 12, our Association proceeded as follows:

Dec. 23, 1958 - Conference with E. L. Turner, M.D., Secretary, Council on Medical Education and Hospitals, AMA, Chicago

Jan. 2, 1959 - Letter to Raymond M. McKeown, M.D., Chairman, Joint Committee to Study Paramedical Areas . . ., AMA (Copies of this letter were sent to Chapter Presidents and Directors of Schools of Physical Therapy.)

Jan.-May,1959 - Interchange of correspondence regarding plans for meeting on May 16 at the Palmer House in Chicago. The AMA Committee invited representatives of 11 paramedical groups (Association for Physical and Mental Rehabilitation -- Corrective Therapy; American Dietetic Association; National Recreation Association; American Association of Medical Record Librarians; American Society of Medical Technologists; National Association for Music Therapy; American Occupational Therapy Association; American Association for Rehabilitation Therapy - Manual Arts, Education and others; National Association of Social Workers; American Society of X-Ray Technicians).

At the request of the AMA, the attached statement was prepared and approved by the Board of Directors for presentation at the May 16 meeting.

American Physical Therapy Association
1790 Broadway, New York 19, N. Y.

Statement for the American Medical Association Joint Committee to Study Paramedical Areas in Relation to Medicine

The American Physical Therapy Association through its Board of Directors respectfully submits the following statement relative to (a) current liaison and inter-relationships of physical therapists with physicians; (b) current liaison and inter-relationships of our profession with non-physician groups in fields closely related to physical therapy; and (c) the position of the APTA in support of legislation for the regulation of the practice of physical therapy.

Liaison and Inter-relationships with Physicians

Intra-Association Relationships

In 1921 our Association, the professional organization of physical therapists who are graduates of schools of physical therapy approved by the American Physiotherapy Association prior to 1936 and after 1936 approved by the Council on Medical Education and Hospitals of the American Medical Association, was founded. Consistently since 1921 the Association has maintained liaison with physicians and organized medicine in w ays which have varied only within the pattern of development of our organization.

In 1921 the first published list of the Association's 245 members included the names of 22 physicians. At present the Association consists of several classifications of membership among which is that of Associate membership currently held by 27 physicians. Of eight current Honorary memberships awarded by the Association, five have been bestowed upon physicians for their "outstanding service to the Association" and for their "notable contribution to the science of physical medicine."

This Association is composed of 58 Chapters in the various states, certain Chapters have component Districts numbering 48 at present. Almost 90 percent of the Chapters and many of the Districts have an Advisory Committee composed wholly or predominantly of physicians. The 27 physicians holding Associate membership have been granted this status by nomination of the local Chapters and approval of the Board of Directors. These Associate members are essentially honorary members of the Chapters.

On the national level, the Association has an Advisory Council with one orthopedist, one pediatrician, one physiatrist, one physician member of the staff of the American Hospital Association, and one educator presently serving. Also, the American Academy of Orthopaedic Surgeons has appointed one of its members to serve as liaison representative to our Association.

Education and Practice

Four physical therapists are now serving with the Advisory Committee on Physical Therapy Education of the Council on Medical Education and Hospitals, American Medical Association, two of whom represent our Association. Other members of this Committee are physicians representing several selected medical organizations.

functions of the Committee are related to assistance to the Council in evaluation of educational programs in physical therapy through study of reports made by survey visitors; and in future revisions of the "Essentials of An Acceptable School of Physical Therapy." Through Committee meetings opportunit es are provided for exchange of information, for participation in the business at hand, and importantly for the continuing development of interprofessional relationships.

Liaison with physicians and allied groups is evident in educational programs. Physicians advise, direct, teach and participate in other significant ways in curricula offered for students majoring in physical therapy. Personnel from allied non-physician groups also contribute to the teaching fo physical therapy students. Physical therapists teach not only students who will be working in their field but also contribute to the teaching of medical, nursing, occupational therapy, dietetic students and others in classroom, conference and clinical situations.

Educational and scientific programs sponsored by the Association include physician participants. The Association's Annual Conferences; American Hospital Association Institutes for Physical Therapists, planned in cooperation with our Association; Office of Vocational Rehabilitation - American Physical Therapy Association Institutes for Instructors in Physical Therapy; and Chapter programs, institutes and seminars provide an opportunity for physicians to contribute to the continuing education of physical therapists.

Our Association has two representatives on the Board of American Registry of Physical Therapists; one of these members also serves on the Executive Committee of the Registry Board. Liaison with the American Congress of Physical Medicine and Rehabilitation is through the Registry Board inasmuch as it was established and is conducted by the Congress.

Of 32 state examining boards and/or committees, 5 are administered solely by Boards of Medicial Examiners; 13 are administered by Boards of Medical Examiners assisted by committees largely compsed of our members; and in 13 states physicians serve on 4 of the Physical Therapy Boards, one Board being wholly composed of physicians. In one state the committee of physical therapists serves under the Department of Regulation. Thus, in all but 9 of 32 states physicians hold or share responsibility for administration of the laws.

In the practice of physical therapy members of this Association who as of April 30, 1959 total 8, 028 are bound by the Association's Code of Ethics the first principle of which clearly states, "Physical therapy is a medical service and therefore is regarded as an integral part of this field. The physical therapist shall carry on the techniques of the profession only with adequate and specific medical direction."

As revealed by a survey of members of this Association in 1956, the "typical" physical therapist member is a woman who has six years of experience, is employed in a general hospital, earns a yearly salary of $4400.00, receives at least two weeks of vacation with pay, receives sick leave benefits, and is enrolled in retirement plan. The "typical" physical therapist treats 15-20 patients per day and has non-professional assistance in the performance of certain duties for patients entrusted to her by physicians. The"typical" physical therapist considers the physicians with whom she works to be counselors and friends as well as the persons responsible for the care of patients. It has been our experience that physicians share this feeling of respect for physical therapists and their contribution to patient care.

There are in this country about 2000 physical therapists who have received their training in schools approved by the appropriate sub-body of the American Medical Association who are not presently members of the American Physical Therapy Association. There is every reason to believe that the vast majority of these physical therapists are practicing ethically by virtue of their training and/or adherence to the Principles of Ethics delineated by the American Registry of Physical Therapists.

Liaison and Inter-relationships with Non-physician Groups

The American Hospital Association and the American Physical Therapy Association have established a Joint Committee to be a service agency to the two organizations. Physicians also serve on thisCommittee the purpose of which is to discuss and resolve important problems of mutual interest. One project of the Joint Committee has been the publication in 1957 of a manual, "Physical Therapy--Essentials of a Hospital Department." The Committee has also prepared suggestions for questions to be included on the survey report form used by the Joint Commission on Accreditation of Hospitals.

Chapters and Districts of our Association participate with state and regional hospital associations in development of Physical Therapy Sections. Physicians have contributed to these programs as well as hospital administrators and physical therapists.

Occupational therapy groups and Chapters and Districts of our Association hold joint educational meetings and have in many areas of the country cooperated in activities to attract students to these fields of work.

Professional nurses in some areas participate in Chapters' and Districts' educational programs and recruitment efforts. In a few instances nurses serve on Chapter or District Advisory Committees.

Other groups whose members contribute to programs include social work and medical record library science. Occasionally dietitians have participated in joint recruitment efforts.

It can be seen that while no formal liaison has been developed with non-physician groups closely related to physical therapists in the care of the patient, the "team" approach to patient care has fostered mutual respect among these groups. Inservice education and orientation programs for hospital personnel have also furthered understanding.

Legislation for the Regulation of the Practice of Physical Therapy

As stated in the Articles of Incorporation of the American Physical Therapy Association the object of this organization shall be "to foster the development and improvement of physical therapy service and physical therapy education through the coordinated action of physical therapists, allied professional groups, citizens, agencies and schools to the end that the physical therapy needs of the people will be met."

Pursuant to the stated object and functions of the Association as defined in our Bylaws, the Association has through its Chapters promoted enactment of registration and/or licensure laws in the various states. There are now 32 such laws; more

than three-fourths of these have been sponsored by our Chapters with varying degrees of support from State Medical Societies. It is our belief that to meet the physical therapy needs of the people and to safeguard the welfare of the public mandatory licensure laws are necessary. This position was adopted by our Board of Directors in June 1958 for the following reasons:

1) In states where physical therapy is not regulated by mandatory laws, there are unknown numbers of pseudo-physical therapists, graduates of "unapproved" schools or who have had no formal training, who practice physical therapy independently without prescription and direction from physicians, and who are not bound by a code of ethics other than the individual's moral code. While the exact number of these independent practitioners is not available, it has been our observation that as the name and value of physical therapy becomes known, the number has increased and continues to do so. In many states chiropractors also presume to practice physical therapy and in at least one state are permitted by law to practice "physiotherapy." It is possible that about two-thirds of the patients in the United States who receive physical therapy are being treated by graduates of approved schools who are allied with physicians in their care of the patient. The remaining one-third of the patients may very well be in the hands of unqualified and unscrupulous practitioners.

2) In 1957 a review of the content and administration of existing physical therapy practice acts revealed that there has been a trend toward stronger laws. Whereas from 1913-1952 (40 years) there were 11 "permissive" laws* and 4 "mandatory" laws** in effect, in the period from 1953-1958 (6 years) 5 "permissive" and 11 "mandatory" laws were enacted.

That a "permissive" law does not effectively protect the public becomes evident by inspection of telephone directories in the major cities of states where such laws have been enacted. Health studios, massage parlors, and unqualified practitioners far outnumber the listing of qualified and ethical physical therapists and treatment centers directed by physicians.

3) Only through "mandatory" laws requiring that physical therapists practice under prescription can the practitioners of physical therapy be inseparably connected with physicians. Members of this Association are bound by its Code of Ethics. A member found guilty of violation of the Code of Ethics and subsequently expelled from membership is no longer bound by the Code of Ethics. A voluntary registry finds itself in the same position as a professional organization in matters of discipline. Voluntary registration may be cancelled but since the voluntary registry has no legal status in the various states, the unethical physical therapist may continue his practice unless he is subject to action by the state under an enforceable law.

A "permissive" physical therapy practice act has recently been amended because our Chapter was informed by the Board of Medical Examiners in that state that an unethical physical therapist's registration could not be

* Permits those who meet the educational qualifications as set by the laws to register as physical therapists and only those who are duly registered may call themselves registered physical therapists.

**Provides that to practice physical therapy in the state, a person must be duly licensed and/or registered.

revoked under the existing law. This unethical physical therapist had been denied reinstatement to membership in our Association because of his unethical practices, the voluntary registry had investigated his practices with our assistance and the fact remained that the public of the state could not be protected. Therefore, it appears that a "mandatory" law is the only far-reaching and enforceable means of controlling the practice of physical therapy.

The primary purpose of governmental licensure and/or registration is protection of the public, and while such legislation has the concomitant effect of legal recognition of the physical therapy profession, we believe that such legislation is in the best interest of all physicians, all hospitals and treatment centers. Under a "mandatory" law these "by-products" occur:

1) Patients find it necessary to seek the advice of a physician and are protected from the "man down the street."

2) Physicians and hospital employers are assured that those who are licensed to practice have met the requirements held by the state as necessary to the care of the patient. Because physical therapy is a relatively new adjucnt to patient care, not all physicians and hospital administrators are fully aware of the necessary educational qualifications for physical therapists. The professional liability of the physician and the hospital may be increased by failure to recognize that adequate training is a desirable form of protection.

3) A physician may still employ his own agent who works under his supervision and treats only patients under his care.

4) A hospital may still employ "aides" or "non-professional assistants" to support the work of licensed physical therapists.

A voluntary registry may serve a purpose in those states which as yet have not enacted a physical therapy practice act. The American Physical Therapy Association finds at present that 69.2 per cent of its active members and 70.2 per cent of its inactive members are registered with the voluntary registry, the American Registry for Physical Therapists.

The pattern of development of professional groups in this country has since before the turn of the century included the legal sanction of the groups' codes of ethics and the establishment of legal registers of "qualified" practitioners. Licensure laws have proven to be the best means of protecting the public and for policing the professions as borne out by the trend toward licensure of professions and occupations. In the early years of the nineteenth century only two professions were generally licensed by the state -- medicine and law. In 1952 nearly seventy-five occupations were licensed by one or more states.[1.]

Because the states have assumed the responsibility for protection of the public's health and welfare, the number of occuapations licensed continues to grow. It seems wise for physical therapists to follow the established pattern which apparently has been deemed necessary by the states as evidenced by the more than 1000 licensure or registration laws now in effect.

Our Association has throughout its history turned to the American Medical Association for advice and counsel. Our first model law was prepared by a legal

1. Occupational Licensing Legislation in the States, The Council of State Governments, Chicago, 1952

counsel to the American Medical Association. In 1933 we requested the American Medical Association to assume responsibility for the approval of schools of physical therapy which became a fact in 1936. We have consulted the American Medical Association upon several occasions for guidance to our Judicial Committee in interpretation of our Code of Ethics and have been told that ours are excellently stated ethical principles.

Because our relationships with the American Medical Association have been and must continue to be based upon the goal of improved patient care, we are interested in the suggesion included in the report of the Joint Committee to Study Paramedical Areas in Relation to Medicine, (November 3, 1958) namely, the creation of an advisory board of paramedical professions to be composed of members of the paramedical groups.