



Miss Mildred Elson
American Physical Therapy Association
1790 Broadway
New York 19,
New York

October 16, 1935

Dear Miss Elson,

The recent rulings of the American Registry of Physical Therapists have caused much consternation among the members of the Maryland Chapter. We are greatly concerned about the changes that have been made in the Code of Ethics regarding the maintenance of private offices by physical therapists.

The Maryland Chapter has requested that I write to you on their behalf. It would be greatly appreciated if you would advise us when you could meet with this group in Baltimore regarding the changes that have been made and the action that could be taken in opposition to the rulings.

Very sincerely yours,

William Neill III
The James Lawrence Kernan Hospital
Baltimore 7,
Maryland

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 1. Properly to fulfill his obligations to a patient, the doctor of medicine and surgery responsible for the treatment of the patient must 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 of 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.

Dear Member:

Please fill in survey yourself and send back to me by May 1, 1954. Thank you. -- Janet Wessel

PLEASE STUDY THE FOLLOWING MATERIAL BEFORE ANSWERING THE
QUESTIONNAIRE

Code of Ethics, APTA, June, 1952

Booklet of Information - section
on Principles of Ethics for
Registrant Members of the Ameri-
can Registry of Physical Therapists
1953

Annual Report of the ARPT
Archives of Physical Medicine and
Rehabilitation, August, 1953

Our members are concerned about Article I and II in
the Principles of Ethics for Registrant Members of the
American Registry of Physical Therapists with particular
reference to:

Article I - sentence 5 (professional
judgment and discretion)

Article II - Section 1 (last sentence)

Section 2 (Does not this
section contradict sen-
tence 5 in Article I?)

The remaining Articles seem to be similar in wording
and content to the Code of Ethics of the American Physical
Therapy Association.

A. A. P. P. T.

MARYLAND CHAPTER MEETING

November 4, 1953

A meeting of the Maryland Chapter was attended in Baltimore with 17 members present. This was called to discuss membership in the American Registry of Physical Therapists as related to their Code of Ethics. Miss Haskell described the various types and purposes of professional organizations and the structure of the American Physical Therapy Association and the Registry.

The members present were concerned about the lack of representation of physical therapists in determining policies of the Registry. At the same time they feel a need for some type of National registration. At the end of the evening's discussion it was decided to contact other American Physical Therapy Association Chapters regarding interest in recommending that the American Physical Therapy Association establish its own registry.

There is a difficult problem within the state of three physical therapy organizations — The Maryland Society, The Maryland Registry and the American Physical Therapy Association Chapter. The Society is composed of licensed physical therapists who do not share the same purposes as American Physical Therapy Association. The Registry was created for those sharing the same purpose, that is, American Physical Therapy Association members and those ethical but irregularly trained who are not eligible for membership. Many American Physical Therapy Association members belong to the Registry and joint meetings are held. It must be emphasized that separate business meetings of the American Physical Therapy Association Chapter should be held with Chapter officers presiding.

Mary E. Haskell
Associate Executive Director

American Physical Therapy Association

1790 Broadway, New York 19, N. Y.

November 10, 1953

Mildred Elson
Executive Director

Mary Haskell
Assistant Executive Director

Dorothy Hewitt
Educational Consultant

Lucy Blair
Ruth Whittemore
Poliomyelitis Consultants

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Harriet Lee
President
Washington, D. C.

Mary Nesbitt
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Boston, Mass.

Dorothy Voss
Secretary
Vallejo, Calif.

R. Lewis Brown
Treasurer
Pittsburgh, Pa.

E. Jane Carlin
Speaker, House of Delegates
Jenkintown, Pa.

Miss Rebecca Hastings
President
Maryland Chapter
1508 Pentridge Road
Baltimore 12, Maryland

Dear Becky:

It was a pleasure to be at the Maryland Chapter meeting and I feel a good opportunity to start some understanding of our Association. Next time I hope to spend more time on just American Physical Therapy Association.

DIRECTORS

Dorothy Fredrickson
Nashville, Tenn.

Marguerite Irvine
Seattle, Wash.

Margaret Kohli
Madison, Wis.

Mary Clyde Singleton
Durham, N. C.

I recognize the many singular problems which you have there but feel sure they will gradually work out. In a state such as yours, where meetings are held in one city, it is always worth while to plan for at least one meeting a year on Saturday for the benefit of those out-of-town. Sometimes the results hardly seem worth the effort but I am convinced we have to make the effort regularly. Maybe you have tried this in the past but maybe the Executive Committee would be willing to try it annually. Otherwise, 'Im sure your're on the right track and are gaining support and understanding.

ADVISORY COUNCIL

William T. Green, M.D.
Boston, Mass.

Charles U. Letourneau, M.D.
Chicago, Ill.

Aura T. Severinghaus, Ph.D.
New York, N. Y.

Charles S. Wise, M.D.
Washington, D. C.

Samuel M. Wishik, M.D.
Pittsburgh, Pa.

I do appreciate the very delightful hospitality of the Chapter tendered through you and I also know that you had a large part in it. It was very nice for me to have business combined with pleasure. Many thanks and please let us know how we may help further.

Enclosed is a copy of my report for our files.

Best wishes to you and the Chapter always.

Sincerely yours,


Mary E. Haskell
Associate Executive Director

MEH:nc
enc.

Correspondence

re: American Registry Conflict

1953-54