

Physiotherapist Assistants in Home Care



**A resource by
Home Care Ontario and the Ontario Physiotherapy Association**





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Home Care Ontario

Home Care Ontario, the voice of home care in Ontario™, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, Home Care Providers are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

Ontario Physiotherapy Association

The Ontario Physiotherapy Association (OPA), a branch of the Canadian Physiotherapy Association, is a dynamic health care professional organization which represents over 5600 member physiotherapists, physiotherapist assistants and students working and living in Ontario. OPA is committed to leadership in physiotherapy through the provision of advocacy, professional development and career support services for its members in order to provide quality physiotherapy to Ontarians. The Association gives the profession a united and strong professional voice to government, insurance companies, other health care professions, patient advocacy groups and the public.

PTA in Home Care

The objective of this resource is to provide members of the Ontario Physiotherapy Association (OPA) and Home Care Ontario with tools to assist them in the successful implementation of physiotherapist assistant (PTA) roles in home care. This resource will help members to better navigate the professional accountabilities and expectations for the use of PTAs in the delivery of home care physiotherapy services, and to help explain the relationship between PTAs and PTs to patients and system planners.

Key Resources to Know

[Standard for Physiotherapists Working with Physiotherapist Support Personnel](#)

The professional regulatory requirements for Physiotherapists in Ontario

[Essential Competency Profile for Physiotherapist Assistants in Canada](#)

Describes the essential skills, knowledge and roles of Physiotherapy Assistants.

Background

In August 2013, the Ministry of Health and Long Term Care (MOHLTC) introduced changes to publicly-funded physiotherapy services across Ontario. Under these changes Community Care Access Centres (CCACs) became the single point of access for all in-home physiotherapy services, with the exception of residents of Long Term Care Facilities.¹ In addition, there was a mandate and funding for some CCACs to provide group exercise classes and falls prevention classes in the community.² These changes built on recommendations from Dr. Samir Sinha's report *Living Longer, Living Well*, which identified a need for better access to physiotherapy services, exercise classes and falls prevention to promote seniors' health and help them live safely in the community for as long as possible.³

To support the implementation of these new and expanded physiotherapy services in CCAC, a Physiotherapy Service Delivery Model for home care was developed by a provincial working group. The model outlined three streams of service based on the treatment goals:⁴

Stream 1 (PT1): Rehabilitation - Improve and Rehabilitate to Independent Function

Stream 2 (PT2): Restorative - Restore Optimal Function

Stream 3 (PT3): Maintenance - Maintain and Prevent decline in Function

¹ Health Services Branch (2013). InfoBulletin #3095: Changes to publicly-funded physiotherapy services. Accessed March 1 2016 from <http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/3000/bul3095.pdf>

² Ministry of Health and Long Term Care. (2013, April 18) Backgrounder: More Physiotherapy, Exercise and Falls Prevention for Seniors. Accessed March 1 2016 from: <https://news.ontario.ca/mohltc/en/2013/04/more-physiotherapy-exercise-and-falls-prevention-for-seniors.html>

³ Sinha, S. (2013). *Living Longer, Living Well*.

⁴ Lucki C, Flyod K, Nurse L, Cifra L. Expanding Patient-Centred In-Home Physiotherapy Services to Support a Range of Patient needs and Goals. Achieving Excellence Together 2014. June 9, 2014 [Power Point Presentation] Accessed March 1, 2016 at: <http://oaccac.com/Who/Conference/Documents/June%209,%202014/MA01-TheNewPhysiotherapyModel.pdf>

In this new service delivery model, Physiotherapist Assistants (PTA) have a key role in the delivery of care in the Restorative (PT2) and Maintenance (PT3) Streams. Prior to 2013, very few publicly-funded home care providers had explored the use of PTAs to support delivery of physiotherapy services in the home.

In many areas, exercise and falls prevention classes delivered in the community are led by individuals who have PTA training. However, it is important to remember that without a PT supervising or assigning care, they are not working as a PTA, but rather as an exercise leader.

Who is a PTA?⁵

A PTA is someone who provides care under the direction and supervision of a physiotherapist. They may have been trained in a college program or learned on-the-job. PTAs are not regulated and they do not have a protected title. PTAs may also be called rehab assistants, therapist assistants, support personnel etc. An individual is only a PTA when a physiotherapist is accountable for treatment (a PT is assigning and supervising care).

A white paper by the Canadian Physiotherapy Association identified many opportunities to gain system efficiencies and enhance patient care through supervised assignment of physiotherapy care to a PTA including:

- PTAs can be assigned tasks by the physiotherapist, increasing the capacity of the physiotherapy services to provide care to more patients.
- Allowing physiotherapists to spend more time with more complex patients
- Creating cost efficiencies in the delivery of appropriate care by a team of providers.⁶

However, there have also been significant challenges for funders, home care provider organizations⁷ and health care providers in implementing roles and best practices around physiotherapist assistants in the community. In particular, there have been significant variances in how the three stream model has been implemented across the CCACs. Funding constraints may also create pressure to maximize the number of PTA visits without adequate consideration of the potential impact on the clinical outcomes and safety for the patient and challenges to the adherence to the professional standards of practice for physiotherapists. Developing a funding model that appropriately addresses patient needs as well as health care providers' professional responsibilities is critically important in providing safe, effective patient care. Though addressing these funding structures is beyond the scope of this paper, they are acknowledged as a significant factor underlying many of the challenges in implementing models of care.

With input from the home care provider community, specific challenges in the current application of service delivery models that include PTAs delivering components of care as assigned have been identified.

⁵ College of Physiotherapists of Ontario (2010). Physiotherapists Working with Physiotherapist Support Personnel; Guide to the Standards for Professional Practice. Accessed March 1, 2016 at http://www.collegept.org/Assets/website/registrants%27guideenglish/standards_framework/standards_practice_guides/GuidePhysiotherapistsWorkingPhysiotherapistSupportPersonnel.pdf

⁶ Mary Colbran-Smith (2010) White Paper: Physiotherapist Support Personnel Study. Canadian Physiotherapy Association. Available at: <http://www.physiotherapy.ca/getmedia/322dbde4-702b-459a-bf53-02c4214fb9df/White-Paper-Physiotherapist-Support-Personnel-Study.pdf.aspx>

⁷ Home care provider organizations are companies that CCACs have contracted with to provide publicly funded home care services to CCAC clients across the province. They are also known as service provider organizations (SPOs).

These include: clearly defined roles and responsibilities, supervision and assignment of care, and clear communications. This resource aims to address these challenges by identifying where regulatory standards, professional competencies and/or existing best practices apply and making recommendations to support the implementation of best practices in the delivery of patient care.

In December 2015, the Ministry of Health and Long-Term Care (MOHLTC) proposed policy changes that will introduce significant structural changes in the delivery of home care in Ontario with the Local Health Integration Networks (LHINs) absorbing the role of the current CCACs into their mandate. At the time of publication, it is unclear how this change might affect in-home service delivery of health services including physiotherapy. Regardless, with the future also predicted to bring increased demand for services in the community it is clear that PTAs will continue to play an important role in the delivery of in-home physiotherapy.

Clearly Defined Roles and Titles

An essential foundation of an effective care team is ensuring that everyone, including patients and family members, has a clear understanding of each team member's roles and responsibilities. This can be particularly challenging in the home care sector where providers are less often able to co-treat. A clear understanding of the physiotherapy scope of practice including the differences in roles and accountabilities for both PTs and PTAs is critical to ensuring safe and optimal patient care in the delivery of physiotherapy services.

The title Physiotherapist and/or Physical Therapy is protected by law under the Regulated Health Professions Act (RHPA) and the Physiotherapy Act. Physiotherapists have a legislated scope of practice,⁸ specialized training and education, and are regulated by the College of Physiotherapists of Ontario (the College). As regulated health professionals, physiotherapists are required to comply with regulations under the RHPA and professional standards of practices established by the College, including the Standard for use of Support Personnel.

Since physiotherapist assistants are not regulated healthcare providers, they do not have a protected title. In the literature and in practice, they are defined by many different titles including physiotherapist support personnel, rehabilitation assistants, and physiotherapy aides.⁹

The 2012 Essential Competency Profile for PTAs defines the role of a PTA as follows:

"PTAs are trained personnel who assist in the provision of physiotherapy services under the direction and supervision of a registered/licensed physiotherapist. The role of the PTA is to assist the physiotherapist in ensuring that physiotherapy services are delivered in a safe, effective and efficient manner. PTAs help provide physiotherapy services that achieve and maintain optimal client outcomes."¹⁰

The College currently uses the term Physiotherapist Support Personnel. They define the role as one who delivers physiotherapy care when it is assigned by and supervised by a physiotherapist. The

⁸ Physiotherapy Act, 1991, SO 1991, c 37

⁹ Throughout this document, the term physiotherapist assistant or PTA is used, which is the title adopted by the Canadian Physiotherapy Association and the Ontario Physiotherapy Association.

¹⁰ National Physiotherapy Advisory Group, 2012, Essential Competency Profile for Physiotherapist Assistants in Canada. <http://npag.ca/PDFs/Joint%20Initiatives/PTA%20profile%202012%20English.pdf>

physiotherapist maintains sole accountability for patient evaluation, treatment planning and instructions provided to the physiotherapist support person about care. The PTA demonstrates the knowledge, skills and abilities required to assist a physiotherapist in the delivery of a physiotherapy treatment plan. The College also identifies that a person is not acting in the capacity of a PTA unless they are providing care that has been assigned and supervised by a physiotherapist. This includes circumstances where care has been recommended but not assigned by a physiotherapist (i.e. the physiotherapist may be acting as a consultant but is not supervising, or accountable for ongoing patient care).¹¹

RECOMMENDATIONS:

1. Ensure that roles, responsibilities and expectations for care provided by PTs and PTAs are clearly understood by care coordinators, providers, patients and families.
2. Where evidence/best practices exist for specific patient populations and the use of PTAs, that these are incorporated appropriately in the delivery of care in the home care environment.
3. Ensure that where physiotherapists are recommending, but not supervising care (i.e. referral to a community-based program), it is understood that the person providing the recommended care is not acting as a PTA.

Assignment and Supervision

Assignment of Care

The home care environment poses unique challenges in the assignment of care from PTs to PTAs. Particularly because there are few opportunities for a PT and PTA to visit a patient together. Additionally, in many organizations in home care, a PT often works with a number of PTAs, and PTAs may work with several different PTs. These factors mean that PTs and PTAs may not be familiar with one another. This can create challenges in maintaining an effective working relationship and in ensuring safety in patient care.

According to College standards, physiotherapists must assess the competencies of the individual PTA to whom they are assigning care to. The PT must ensure that the PTA has the knowledge, skills and judgement to perform a treatment prior to the assignment of care.

For example, a client cannot be referred directly into the PT3 Stream (Maintain and Prevent Decline) where the care will be carried out by a PTA. The physiotherapist must assess the patient to determine their treatment needs, as well as assess the skills and competencies of the PTA who will be assigned care. Without being able to ensure that the PTA has the skills and competencies to carry out the treatment plan, a PT cannot meet their College standards, and as a result ensure patient safety.

The Essential Competency profile for PTs tells us that “When assigning tasks, physiotherapists take into account the education, training and competence of PTAs as well as the complexity and stability of

¹¹ College of Physiotherapists of Ontario (2010). Physiotherapists Working with Physiotherapist Support Personnel; Guide to the Standards for Professional Practice.

individual client needs and of the environment.”¹² This means that even if a PT and PTA have worked together for a number of years, the skills of a PTA must be re-evaluated before each assignment of care.

Given the variability of education programs for PTAs, a physiotherapist cannot assume the competency of a PTA based solely on their graduation from a PTA program. The College suggests that when determining a physiotherapist assistant’s competence, the physiotherapist ask knowledge-based questions, discuss hypothetical scenarios, review precautions, contraindications or emergency procedures to manage potential risks, and ask the physiotherapist assistant to demonstrate a particular technique.¹³ It is essential that any models of service delivery include this important assessment process to ensure the safety of patients and care providers.

Supervision

The home care practice environment also poses unique challenges in ensuring adequate supervision of PTA delivery of care. In the current system, these challenges can be increased by structures in service delivery models that do not adequately consider patient needs and professional standards of practice.

For example, in one configuration of the PT3 Stream the ratio of PT to PTA visits is determined by the funder rather than by the treating therapist. In this model the PT is allocated only 3 visits over a 6-month period. This is extremely problematic in that at least 2 visits are required for the PT to assess the patient and assign treatment to the PTA at the beginning of a treatment program. A third visit is required to discharge a patient from physiotherapy. This means that there is no opportunity for a PT to re-assess the patient’s progression or to address changes in the patient’s condition built in to the model. Many home care physiotherapists feel at risk of not meeting their professional standards of practice because restricted visits can limit their ability to appropriately supervise and support PTAs delivering assigned treatment.

In a 2010 study by the Canadian Physiotherapy Association, some participants noted that assigning tasks to PTAs “presents issues or problems in the practice environment with variations in practice settings, patient condition, and the comfort level and competency of both support personnel and physiotherapists concerning issues such as delegation and supervision.”¹⁴ Any model of care must account for this high degree of variation and work to actively address these issues.

The College places parameters around adequate supervision of PTAs including both direct and indirect supervision. The standard requires the supervising physiotherapist to take into consideration several factors when determining the level of supervision required including:

- knowledge, skill, ability, and judgement of the assistant
- complexity of the patient’s condition
- degree of risk associated with the treatment

¹² National Physiotherapy Advisory Group (2009). Essential Competency Profile for Physiotherapists in Canada. Retrieved from <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>

¹³ College of Physiotherapists of Ontario (2010). Physiotherapists Working with Physiotherapist Support Personnel; Guide to the Standards for Professional Practice.

¹⁴ Mary Colbran-Smith (2010) White Paper: Physiotherapist Support Personnel Study. Canadian Physiotherapy Association. Available at: <http://www.physiotherapy.ca/getmedia/322dbde4-702b-459a-bf53-02c4214fb9df/White-Paper-Physiotherapist-Support-Personnel-Study.pdf.aspx>

The College also identifies the need for physiotherapists to ensure appropriate mechanisms of communication between the PTA and PT when both providers are not physically colocated when treatment is being delivered. PTAs must be able to communicate with and access their assigning PT about changes in the patient's status. PTAs are not able to formally reassess the patient or make changes to the patient's care plan that are not already described as part of the care map set out by the physiotherapist.

Currently there are no specified maximum number of PTAs that can be supervised by a physiotherapist at one time outlined in Ontario regulation or in the College standards. However, it is worth noting that this is not true of all jurisdictions. The Newfoundland Labrador College of Physiotherapists have recommended the following in their Guidelines for the Use of Support Personnel in Physiotherapy:

"The number of support personnel that may be supervised by a physiotherapist will depend on:

- *the level of training and competency of the support workers*
- *the type of facility or service*
- *the complexity of the client care required.*

*When the status of the clients is likely to change frequently (in an acute care setting for example), the physiotherapist may supervise a maximum of two support personnel. When the status of the clients served is not likely to change frequently, the physiotherapist may supervise more than two support personnel, depending on the above mentioned factors."*¹⁵

While the essential competency profiles for PTs¹⁶ and PTAs¹⁷ do not provide a framework for supervision, they do note that appropriate supervision is a key component of ensuring safe, effective care.

RECOMMENDATIONS

1. Models of care and funding for allocated patient visits should allow for joint PT/PTA visits for PTs to be able to assess the skills, knowledge and competency of the PTA to provide care and each time they are assigning care in order to meet best practices and the standards of professional practice.
2. To the extent possible, physiotherapists should be involved in the hiring of PTAs. PTs should also be involved in performance evaluations of the PTAs and ongoing performance management of PTAs (including learning plans and direct training when applicable).
3. Funding and service allocation must recognize and accommodate for appropriate supervision of physiotherapist assistants.
4. Models of care should take into account professional judgment in determining adequate levels of supervision and incorporate more flexible visit parameters and limits based on professional judgement and patient need.

¹⁵ Newfoundland and Labrador College of Physiotherapists Guidelines for The Use of Support Personnel in Physiotherapy April 2002 (Amended January 2010) <http://nlcpt.com/wp-content/uploads/2013/09/Guidelines-for-the-Use-of-Support-Personnel-2010.b.pdf>

¹⁶ National Physiotherapy Advisory Group (2009). Essential Competency Profile for Physiotherapists in Canada. Retrieved from <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>

¹⁷ National Physiotherapy Advisory Group (2012). Essential Competency Profile for Physiotherapist Assistants in Canada. Retrieved from: http://www.collegept.org/Assets/website/Support_Personnel/ECP_FinalEnglish_July.pdf

Funding and technology should be leveraged to facilitate communications between the physiotherapist and PTA to ensure patient safety; particularly when direct supervision is not feasible. The average or expected number of PT visits in a service delivery model must account for required reassessment by the PT should the patient's condition change.

Communication and Consent

In any care delivery system, patients must understand who is delivering their care and give their consent to be treated by that person. In the current system, patients have indicated that they are not always aware that they are receiving direct care from the assistant and not the physiotherapist.

Clear and consistent communication between the patient, family or caregivers with the PT and PTA is crucial for physiotherapist assistants to safely and effectively carry out assigned care. Effective communication between the PT and PTA is also vitally important to ensure effective care and patient safety. A recent study found that physiotherapists and physiotherapist assistants perceived communication as being the most important essential competency for intraprofessional collaboration.¹⁸

The College standard requires that consent is obtained from patients or the patient's substitute decision maker to include the physiotherapist assistant in the provision of care. The patient needs to understand the roles and responsibilities of each team member as part of the consent process.

The Essential Competency Profile for PTAs¹⁹ states that the physiotherapist assistant is responsible to identify and communicate to the physiotherapist when a client's needs exceed the limits of the PTA's knowledge, skill, or judgment. Research identifies that the most important PTA competency valued by both physiotherapists and physiotherapist assistants is a PTA who "recognizes, responds, and communicates appropriately all significant changes in a patient's health."²⁰

RECOMMENDATIONS:

1. All care pathways that include aspects of care to be delivered by a PTA must involve the securing of patient consent for PTA treatment.
2. Models and funding of physiotherapy service delivery must include time and compensation for the communication between PT and PTA that is essential to patient care.
3. Technology should be leveraged to facilitate ongoing communication between the PT and PTA, including possible case conferencing, and joint access to patient documentation.

¹⁸ Jelley, W., Larocque, N., Borghese, M. (2013). Perceptions on the Essential Competencies for Intraprofessional Practice. *Physiotherapy Canada* 2013; 65(2);148–151

¹⁹ National Physiotherapy Advisory Group (2012). Essential Competency Profile for Physiotherapist Assistants in Canada. http://www.collegept.org/Assets/website/Support_Personnel/ECP_FinalEnglish_July.pdf

²⁰ Jelley, W., Larocque, N., Borghese, M. (2013). Perceptions on the Essential Competencies for Intraprofessional Practice. *Physiotherapy Canada* 2013; 65(2);148–151

Conclusion

Physiotherapist assistants are contributing positively to a new model of delivery for physiotherapy care in the home care environment. In order to realize the full potential of increasing capacity for treatment, improving patient outcomes and satisfaction and realizing efficiencies in the home care environment, their role, and their relationship with the physiotherapists who supervise them, must be better understood by everyone in the home care system.

Policy development and funding allocation for physiotherapy care must take into account the needs of patients and the regulatory standards of physiotherapists in Ontario. Successful incorporation of physiotherapist assistants in home care requires that the PTA has adequate access to supervision, is performing only those tasks that have been appropriately assigned by a physiotherapist and for which they have informed consent from the patient or their substitute decision maker.

Investing in technology to help facilitate communication between physiotherapists and physiotherapist assistants will improve assignment of care and patient safety. Additionally, allowing for flexibility in funding of visit allocations will enable physiotherapists and physiotherapist assistants to be more responsive to care needs of their patients.

APPENDICES

APPENDIX 1

Definitions of Physiotherapy, Physiotherapist, Physiotherapist Assistant

Definition of Physiotherapy²¹

Physiotherapy is a primary care, autonomous, client-focused health profession dedicated to improving quality of life by:

- Promoting optimal mobility, physical activity and overall health and wellness;
- Preventing disease, injury, and disability;
- Managing acute and chronic conditions, activity limitations, and participation restrictions;
- Improving and maintaining optimal functional independence and physical performance;
- Rehabilitating injury and the effects of disease or disability with therapeutic exercise programs and other interventions; and
- Educating and planning maintenance and support programs to prevent re-occurrence, re-injury or functional decline.

Physiotherapy is anchored in movement sciences and aims to enhance or restore function of multiple body systems. The profession is committed to health, lifestyle and quality of life. This holistic approach incorporates a broad range of physical and physiological therapeutic interventions and aids.

Physiotherapy services are those that are performed by physiotherapists or any other trained individuals working under a physiotherapist's direction and supervision.

Primary Functions

Physiotherapists utilize diagnostic and assessment procedures and tools in order to develop and implement preventive and therapeutic courses of intervention. They apply a collaborative and reasoned approach to help clients achieve their health goals, in particular focusing on the musculoskeletal, neurological, cardiorespiratory and multi-systems. Within these systems, physiotherapists practice in areas that include paediatrics, geriatrics, oncology, women's health, pain, critical care, wound care, occupational health and sports medicine.

Physiotherapists analyze the impact of injury, disease, disorders, or lifestyle on movement and function. Their unique contribution to health care is to promote, restore and prolong physical independence by enhancing a client's functional capacity. Physiotherapists encourage clients to assume responsibility for their health and participate in team approaches to health service delivery.

²¹ Description of Physiotherapy in Canada 2012. Canadian Physiotherapy Association.
[https://www.physiotherapy.ca/getmedia/e3f53048-d8e0-416b-9c9d-38277c0e6643/DoPEN\(final\).pdf.aspx](https://www.physiotherapy.ca/getmedia/e3f53048-d8e0-416b-9c9d-38277c0e6643/DoPEN(final).pdf.aspx)

Definition of Physiotherapist²²

Physiotherapists are primary health care professionals with a significant role in health promotion and treatment of injury and disease. They combine their in-depth knowledge of the body and how it works with specialized hands-on clinical skills to assess, diagnose and treat symptoms of illness, injury or disability.

All physiotherapists registered to practise in Canada are qualified to provide safe and effective physiotherapy. They have met national entry-level education and practice standards, and have successfully passed a standardized physiotherapy competence examination prior to being registered with the college of physiotherapists in their province/territory.

More than 20,000 registered physiotherapists work in Canada, in private clinics, general and rehabilitation hospitals, community health centres, residential care and assisted-living facilities, home visit agencies, workplaces, and schools.

Definition of Physiotherapist Assistant²³

Physiotherapist Support Personnel Group 1: Individuals who have successfully completed and fulfilled all the requirements of a post-secondary program designed to educate the participants in acquiring the knowledge, skills and abilities required to assist a physiotherapist in the delivery of a physiotherapy treatment plan. This group most usually has a designation as a Physiotherapist Assistant (PTA).

Group 2: Individuals who have completed on-the-job training that is physiotherapy specific. This may include individuals who may have a diploma or degree in a health-related field such as athletic therapy, individuals who are internationally educated in physiotherapy and have not yet completed their registration process, or workers with no health care background.

²² Canadian Physiotherapy Association <http://www.physiotherapy.ca/about-physiotherapy.aspx>

²³ Physiotherapists Working with Physiotherapist Support Personnel. College of Physiotherapists of Ontario. 2010.