

**Determining Boundaries**  
**Ethical and Legal Guidelines for the PT/PTA Team**  
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The relationship between a Physical Therapist and a Physical Therapist Assistant is one of team work, trust and respect with an ultimate goal of optimal patient care. What happens when a portion of that trusting relationship goes awry?? One example can be illustrated by the following case in which the Physical Therapist feels that the Physical Therapist Assistant is competent enough to proceed with little direction needed and the PTA believes that she possesses the knowledge and skills to follow through with a plan of care, however is aware that certain direction must be provided by the physical therapist.

Sally has been a licensed PTA for 15 years with most of that experience in the outpatient clinic where she currently works. Jack has been the lead PT in this clinic for 10 years and has worked with Sally for the majority of that time. Jack is well aware of the skills and knowledge that Sally exemplifies and has much respect for her ability to properly follow through with any plan of care he writes. Over time, Jack has become very busy after one of his PT colleagues moved from the area and another local clinic closed their doors. These situations have more than doubled the case load Jack and Sally need to follow. As Jack is well aware of Sally's skills as a PTA, he has found it to be much faster to simply state in his plan of care to "treat and advance towards goal achievement".

Sally's case load and responsibilities have increased equally with Jack's. She feels confident that they can continue to provide optimal care because Jack has always been specific when providing direction in the plan of care with every evaluation. Lately, however, the plan of care has been very vague with most all of the evaluations that Jack completes. Sally approaches Jack to discuss this matter without reserve because they have worked together for so long and have great mutual respect. She questions the lack of specific direction specified for the plan for each patient. Jack responds by reassuring Sally that she has the skills and ability to proceed in the right direction and that he no longer feels the need to take the time to be more specific.

While it may seem that this example illustrates a trusting relationship between the PT and PTA, one must look closer. Trust is important, but the therapists must also recognize that ethical boundaries for this trust are defined in the physical therapist's *Code of Ethics*<sup>1</sup> and the *Standards of Ethical Conduct for the PTA*<sup>2</sup>, and legal boundaries for the scope of practice are outlined in the *Pennsylvania Practice Act 110*<sup>3</sup> and the Rules and Regulations documented in *Chapter 40 State Board of Physical Therapy*<sup>4</sup>.

The *Code of Ethics* addresses the PT/PTA relationship in several Principles. Principle 3 states that Physical therapists shall be accountable for making sound professional judgments. Specifically, Subprinciple 3E directs physical therapists to provide appropriate direction of and communication with the PTA. Additionally, subprinciples 3A through 3D elaborate on this responsibility through statements that obligate PTs to demonstrate independent and professional judgment in the patient's best interest that are informed by professional standards and within the scope of practice, and without engaging in conflicts of interest that interfere with the PT's professional judgment. This Principle is reinforced for the PTA in Standard 3 which directs the PTA to also make sound decisions in collaboration with the PT and within the boundaries established by laws and regulations. Standard 3E directs the PTA to provide

physical therapy services under the direction and supervision of the PT and also obligates the PTA to communicate with the PT when patient status requires modifications to the established plan of care. Standards 3A through 3D also complement the Code of Ethics Principles by stating that PTA shall make objective decisions in the patient's best interest in all practice settings; that decisions must be guided by information about best practice regarding physical therapy interventions, and based upon the PTAs level of competence; and finally, that PTAs shall not engage in conflicts of interest that interfere with making sound decisions.

Principle 5 of the *Code of Ethics* and Standard 5 of the *Standards of Ethical Conduct for the Physical Therapist Assistant* provide additional direction for this case by articulating the responsibility for the PT and PTA to fulfill legal and professional obligations. For the physical therapist, Principle 5A states that he/she shall comply with applicable local, state, and federal laws and regulations and 5B states that he/she shall have primary responsibility for the supervision of physical therapist assistants and support personnel. The Standards of Ethical Conduct provide similar direction for the PTA. Standard 5A and 5B state that the PTA shall comply with applicable local, state, and federal laws and regulations, and that the PTA shall support the supervisory role of the PT to ensure quality care and promote patient/client safety.

The legal scope of practice for both the PT and PTA must also be considered for this case. Section 9.1 (c) of the Practice Act 110 states that "a physical therapist assistant while assisting a licensed physical therapist in the practice of physical therapy shall only perform patient-related physical therapy acts and services that are assigned or delegated by and under the supervision of a licensed physical therapist. Such acts and services of a physical therapist assistant shall not include evaluation, testing, interpretation, planning or modification of patient programs."<sup>3</sup> The Practice Act goes on to define the term "supervision" to mean that, in all practice settings, the performance of selected acts and services by the PTA shall be the responsibility of the licensed PT and based on the following: the complexity and acuity of the patient's needs; the proximity and accessibility of the licensed PT to the certified PTA; and the availability of supervision in the event of an emergency or critical event; and the type of practice setting in which the services is provided.<sup>3</sup> Also specific to this case, the responsibility for the PT to establish the plan of care is specified in Section 9.1 (D) (2) which states that, "In all practice settings, the initial patient contact shall be made by a licensed PT for the evaluation of the patient and establishment of the plan of care".<sup>3</sup> Additionally, Section 11 (a) (10) permits refusal, suspension, or revocation of a PT license for failing to supervise PTA in accordance with this act or board regulation and Section 11 (a) (6) permits refusal, suspension or revocation of a PT license or PTA certification if a PT or PTA is found guilty of unprofessional conduct, which is defined as including any departure from or failure to conform to the minimal standards of acceptable and prevailing physical therapy practice including the recognized standards of ethics of the physical therapy profession.<sup>3</sup>

Finally, reference to legal requirements can also be found in Chapter 40 of the Pennsylvania State Board of Physical Therapy Rules and Regulations. Specifically, Section 40.53, (b) specifies that the PT may not assign or delegate to the PTA a function which requires the formal education or training and the skill and knowledge of a license PT, including (3) the determination or modification of a patient plan of care. Section 40.171 (b) states that a physical therapist assistant may not interpret referrals or tests, perform evaluation procedures, initiate treatment programs, assume responsibility for planning patient care or perform activities which require the formal education or training and the skill and knowledge of a licensed physical therapist.<sup>4</sup>

Is Sally correct in questioning the plan of care she has recently been given? Does Jack need to return to

providing the more specific plans of care that he previously had written? Clearly, the *Code of Ethics* and *Standards of Ethical Conduct* provide insight and direction for both the PT and the PTA. An ethical relationship for the PT/PTA team should be built on mutual trust and respect for the knowledge, expertise, and standards of practice for each individual. Adherence to the Code and Standards fosters a true trusting relationship and is in the best interest of the patients. While it is beyond the authority of the Ethics Committee to interpret the Practice Act and Rules and Regulations, the statements quoted from these documents provide further insight that support ethical and legal practice guidelines.

The PPTA Ethics Committee welcomes inquiries and remarks about the ethical responsibilities of physical therapists and physical therapist assistants. We also encourage members, non-members, and the public to take advantage of the consultative and educational services that the Committee provides. Additionally, we welcome comments on our publications and presentations, and encourage individuals to make recommendations for topics they would like to see addressed in the future.

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#### References:

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3. Pennsylvania Department of State, Physical Therapy. An Act relating to the Practice of Physical Therapy. Act 110. Available at:

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