



MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT GRADUATES AT ENTRY-LEVEL BOD G11-08-09-18 [Guideline]

Background

In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTAs).

Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
- (2) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
- (3) To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
- (4) The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
- (5) Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline.

Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all physical therapist assistant academic program directors, PTA Academic Coordinators/Directors of Clinical Education, and PTA faculties, physical therapists and PTAs serving on CAPTE panels, component leaders, the PTA Caucus, Advisory Panel of PTAs, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.

The final “vote” was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level

PTA Skill Category	Description of Minimum Skills for PTA
<p>adjustment of devices and equipment* Airway clearance techniques Integumentary repair and protection techniques Electrotherapeutic modalities* Physical agents and mechanical modalities* Assessment of patient response Clinical problem solving Ability to modify techniques</p>	<p>including: <u>Therapeutic exercise</u></p> <ul style="list-style-type: none"> A. Aerobic Capacity/Endurance Conditioning or Reconditioning <ul style="list-style-type: none"> 1. Increase workload over time 2. Movement efficiency and energy conservation training 3. Walking/wheelchair propulsion programs B. Balance, coordination, and agility training <ul style="list-style-type: none"> 1. Developmental activities training 2. Neuromuscular education or reeducation 3. Postural awareness training 4. Standardized, programmatic, complementary exercise approaches (protocols) 5. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching) C. Body mechanics and postural stabilization <ul style="list-style-type: none"> 1. Body mechanics training 2. Postural stabilization activities 3. Postural awareness training D. Flexibility exercises <ul style="list-style-type: none"> 1. Range of motion 2. Stretching (eg, Passive, Active, Mechanical) E. Gait and locomotion training <ul style="list-style-type: none"> 1. Developmental activities training 2. Gait training (with and without devices) 3. Standardized, programmatic, complementary exercise approaches 4. Wheelchair propulsion and safety F. Neuromotor development training <ul style="list-style-type: none"> 1. Developmental activities training 2. Movement pattern training 3. Neuromuscular education or reeducation G. Relaxation <ul style="list-style-type: none"> 1. Breathing strategies (with respect to delivery of an intervention) 2. Relaxation techniques (with respect to delivery of an intervention) H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles <ul style="list-style-type: none"> 1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (eg, kicking a ball, throwing a ball) <p><u>Functional training in self-care and home management</u></p> <ul style="list-style-type: none"> A. Activities of daily living (ADL) training <ul style="list-style-type: none"> 1. Bed mobility and transfer training 2. Activity specific performance training B. Device and equipment use and training <ul style="list-style-type: none"> 1. Assistive and adaptive device or equipment training during ADL C. Injury Prevention or reduction

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1. Injury prevention education during self-care and home management
2. Injury prevention or reduction with use of devices and equipment
3. Safety awareness training during self-care and home management

Manual therapy techniques

- A. Therapeutic Massage
- B. Soft Tissue mobilization
- C. Passive range of motion

Application and adjustment of devices and equipment

- A. Adaptive devices
 1. Hospital Beds
 2. Raised Toilet Seats
- B. Assistive devices
 1. Canes
 2. Crutches
 3. Long-handled reachers
 4. Walkers
 5. Wheelchairs
- C. Orthotic and prosthetic devices
 1. Braces
- D. Protective devices
 1. Braces
- E. Supportive devices, such as:
 1. Compression garments

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Clarity in instructions Assessment of patient response	4. Determine patient response/understanding of instruction.
Patient Progression Competent patient progression Communication of pertinent information Relationship of psychosocial factors to progress Clinical problem solving	1. Implement competent patient progression. <ul style="list-style-type: none"> A. Identify the need to progress via data collection. B. Determine what progression can be made within the plan of care. C. Identify possible progressions that will continue to advance patient response. D. Select and implement the progression of the intervention. E. Determine outcomes of the intervention. 2. Communicate pertinent information. <ul style="list-style-type: none"> A. Identify changes in patient response due to intervention. B. Describe adjustments to intervention within plan of care. C. Describe response to change in intervention. 3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient's progression with the intervention. 4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.

Data Collection
Competent data collection
Interview skills
Accurate and timely
Clinical problem solving
Ability to modify techniques
Documentation and communication

C. ~~Documentation and communication~~ 2(o.1437 4.31)-9. Idemedol.149/6(n37 526.4(3



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Orthotic and prosthetic devices and equipment

1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.
2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.
3. Determine patient/caregiver's ability to don/doff orthotic, device, brace, and/or splint.
4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (eg, maintenance, adjustments, and cleaning).

Pain

1. Define location and intensity of pain.

Posture

1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).

Range of motion

1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure). 0.72 refBT10.02

PTA Skill Category	Description of Minimum Skills for PTA
Accuracy Ability to adapt	institutional, legal, and billing requirements. 2. Use appropriate grammar, syntax, and punctuation in communication. 3. Use appropriate terminology and institutionally approved abbreviations. 4. Use an organized and logical framework to document care.

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	<p>differences, values, preferences, and expressed needs in all physical therapy activities.</p> <p><u>Duty</u></p> <ol style="list-style-type: none"> 1. Describe and respect the physical therapists' and other team members' expertise, background, knowledge, and values. 2. Demonstrate reliability in meeting normal job responsibilities (eg, attendance, punctuality, following direction). 3. Preserve the safety, security, privacy, and confidentiality of individuals. 4. Recognize and report when signs of abuse/neglect are present. 5. Actively promote physical therapy. <p><u>Integrity</u></p> <ol style="list-style-type: none"> 1. Demonstrate integrity in all interactions. 2. Maintain professional relationships with all persons. <p><u>Social Responsibility</u></p> <ol style="list-style-type: none"> 1. Analyze work performance and behaviors and seek assistance for improvement as needed.
Communication	<p><u>Interpersonal Communication</u></p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others to promote confidence. 2. Actively listen and display sensitivity to the needs of others. 3. Ask questions in a manner that elicits needed responses. 4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 5. Demonstrate congruence between verbal and non-verbal messages. 6. Recognize when communication with the physical therapist is indicated. 7. Initiate and complete verbal and written communication with the physical therapist in a timely manner. 8. Ensure ongoing communication with the physical therapist for optimal patient care. 9. Recognize role and participate appropriately in communicating patient status and progress within the health care team. <p><u>Conflict Management/Negotiation</u></p>

