

ACADEMY OF PEDIATRIC PHYSICAL THERAPY

RESOURCE/FACT SHEET

The Pediatric Physical Therapist as the Practitioner of Choice

The American Physical Therapy Association's (APTA's) vision statement for the profession, Vision 2020,¹ states that, "By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health." The purpose of this document is to elaborate on the concept of "practitioners of choice" to further clarify this role for pediatric physical therapists. This document is intended to (1) describe pediatric physical therapy practice; (2) describe the specialized training, knowledge, and skills of the physical therapist in working with children; and (3) identify situations where the pediatric physical therapist may act as the primary service provider on a multidisciplinary/transdisciplinary team.

This document is not intended to delineate the scope of practice between disciplines in pediatrics. As pediatric physical therapists, we recognize and value the unique contributions of multiple disciplines to the care of children. This document will not attempt to outline which aspects of care should be assigned to each discipline, or how care should be divided amongst disciplines, but rather is intended to focus on the skills and knowledge that the pediatric physical therapist should possess. Second, this document is not intended to imply that the physical therapist should be the practitioner of choice for all children or in all situations. We recognize that there are situations where another discipline is most appropriate to be consulted as the practitioner of choice. It is necessary to consider the individual needs of the child and family as well as the specialized skills and training of individual providers when making selections of who is most appropriate to provide care. Finally, this document does not aim to imply that interdisciplinary and/or transdisciplinary service provision is not appropriate in practice. We recognize the value of interdisciplinary and transdisciplinary service provision and acknowledge that these service delivery models are advocated as best practice in pediatric services.^{2,3} By describing when the pediatric physical therapist should be identified as the practitioner of choice, we are not implying that these types of service provision are not appropriate. Instead, we would argue that there are situations where the physical therapist should be consulted and serve as the practitioner of choice regardless of the model of intervention being used.

What Is Pediatric Physical Therapy Practice?

Physical therapists work with individuals with childhood onset conditions across their lifespan who are experiencing illnesses, injuries, or conditions that limit their ability to move or function in their daily life. They provide services aimed to improve mobility, develop or restore function, alleviate pain, prevent or decrease permanent physical disabilities, and promote overall health and wellness.

Pediatric physical therapists work in collaboration with children and their families to provide services aimed at promoting a child's ability to function independently and participate actively in home, school, and community environments.⁴ "Physical therapists use their expertise in movement and apply clinical reasoning through the process of examination, evaluation, diagnosis, and intervention. Pediatric physical therapy promotes independence, increases participation, facilitates motor development and function, improves strength and endurance, enhances learning opportunities, and eases challenges with daily care giving."^{4(p1)}

What Is the Extent of Training/Education for a Pediatric Physical Therapist?

Physical therapist education requirements vary between countries. In the United States, physical therapist education programs are accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) to ensure comprehensive standards of education. Previously, the entry-level physical therapist degree was a certificate or a bachelor's degree. As the field of physical therapy has evolved, and the vision of the profession has progressed, the depth and breadth of physical therapist education has expanded to meet the needs of contemporary practice. Currently, all accredited physical therapist education programs are at the graduate level, including Doctor of Physical Therapy and Master of Physical Therapy degrees. It is the vision of the American Physical Therapy Association¹ that all physical therapists will be Doctors of Physical Therapy by 2020.

Physical therapist education prepares the entry-level physical therapist to become a generalist with knowledge in all areas of patient/client management across the lifespan. Education programs include courses in foundational science, behavioral science, movement science, developmental science, physical therapy interventions, communication skills, and educational principles and methods. Professional-level curriculum prepares physical therapists to evaluate research literature and translate that information into evidence-based practice. CAPTE requires all physical therapist education programs to include pediatric content that addresses typical development and the impact of childhood onset conditions over the lifespan. Pediatric content may be imbedded within multiple courses or provided in specific pediatric courses. The American Physical Therapy Association's Section on Pediatrics has published the *Pediatric Curriculum Content in Professional Physical Therapy Education*.⁵ This document contains a comprehensive list of the pediatric content areas for entry-level physical therapist curriculum development. Students also complete clinical education internships as part of their education, and students interested in pediatrics may choose to participate in pediatric clinical internships to prepare for specialized practice in pediatric settings. Upon graduation, physical therapists must obtain licensure to practice in their state. Licensure is regulated at the state level, with specific requirements varying by states.

After graduation, physical therapists working in pediatric settings enhance their pediatric expertise by participating in continuing education courses, mentoring relationships with other pediatric physical therapists, and through entry-level experience in the pediatric setting. Physical therapists also may complete a formal clinical residency in pediatric physical therapy through programs credentialed by the American Physical Therapy Association. A detailed list of these programs can be found at www.apta.org under **Professional Development**. Clinical residency programs are designed to increase the physical therapist's expertise in all aspects of patient/client management within pediatric practice. Pediatric physical therapists also may choose to pursue the board-certified Pediatric Clinical Specialist (PCS) designation from the American Board of Physical Therapy Specialties.⁶ This designation provides formal recognition for

physical therapists who have worked to advance their clinical knowledge, experience, and skills in the area of pediatric practice.

What Specialized Knowledge, Training, and Skills Are Required of the Pediatric Physical Therapist?

Pediatric physical therapists use evidence-based decision-making for examination, evaluation, physical therapy diagnosis, prognosis, and development of the plan of care. Evidence-based practice incorporates the best research evidence with clinical expertise and individualized child and family values/priorities to derive the most appropriate, effective, and efficient service provision.⁷

Pediatric physical therapists combine expertise in movement science with a thorough understanding of the neuromuscular/musculoskeletal systems and apply that knowledge to the unique needs of the individual with childhood onset conditions. Anticipating and subsequently working to prevent secondary conditions that may arise with growth and development is part of professional and postprofessional training of the pediatric physical therapist. While intervention may take the form of direct procedural intervention, the *Guide to Physical Therapist Practice*⁸ patient/client management model also identifies patient education, communication, and collaboration as intervention strategies. This framework emphasizes the importance of client self-determination, child and family empowerment, and multidisciplinary collaboration that uniquely prepares the pediatric physical therapist for the role of practitioner of choice.

The Specialty Council on Pediatric Physical Therapy of the American Board of Physical Therapy Specialties has published *Pediatric Physical Therapy: Description of Specialty Practice* to describe the practice of physical therapists who have earned their Pediatric Certified Specialist (PCS) designation.⁶ While this document is intended to describe the practice of the PCS specifically, it also provides an understanding of the general competencies that should be expected by all pediatric physical therapists. Below is an abbreviated outline taken from *Pediatric Physical Therapy: Description of Specialty Practice*.⁶

Description of Specialty Practice

- **Knowledge Areas of Pediatric Clinical Specialists:**

- Foundation Sciences
- Behavioral Sciences
- Clinical Sciences
- Critical Inquiry Principles and Methods

- **Professional Roles, Responsibilities, and Values of Pediatric Clinical Specialists:**

- Professional Behaviors
- Leadership
- Education
- Administration
- Consultation
- Evidence-based Practice
- Research

- **Practice Expectations for Clinical Specialists in Pediatrics in Patient/Client Management Model:**

- Examination:
 - History
 - Systems Review
 - Tests and Measures
- Evaluation
- Diagnosis
- Prognosis

- Interventions:
 - Coordination, Communication and Documentation
 - Patient/Client/Family-Related Instruction
 - Procedural Interventions
- Outcomes

In addition to the Pediatric Physical Therapy: Description of Specialty Practice,⁶ specific practice competencies have been published for various pediatric physical therapy settings, including early intervention,² school,⁹ and the neonatal intensive care unit.¹⁰ These competencies outline the specific skills and knowledge pediatric physical therapists need to be effective practitioners in these areas of practice. Consistent across all of the competency documents is an emphasis on mentored clinical practice experience and a commitment to family-centered care principles, evidence-based practice, and leadership development.

In What Situations Would the Physical Therapist Be the Most Appropriate Practitioner of Choice?

Pediatric physical therapists are part of an interdisciplinary/transdisciplinary team, with the child and caregiver at the center of the team. While acknowledging the complex and diverse needs of the individual with childhood onset conditions across the lifespan, there are situations when the pediatric physical therapist should be identified as the practitioner of choice. Functional posture and mobility are the basis for engagement and participation. When difficulty with functional posture or mobility are the primary factors interfering with other areas of development and participation, the pediatric physical therapist provides intervention while assessing needs across other domains. Pediatric physical therapists are trained in the process of clinical decision-making that includes the paradigm of “keep, consult, or refer” following examination/re-examination/evaluation and are uniquely positioned to assume the role of practitioner of choice.

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For More Information

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