APTA Academy of Pediatric Physical Therapy

FACT SHEET

Pediatric Physical Therapists as the Practitioner of Choice

Introduction

Vision 2020, the previous vision statement of the American Physical Therapy Association (APTA) stated, ‘‘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 in most states have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health."[1] 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 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, but is rather intended to focus on the skills and knowledge 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 all situations. We recognize 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, we recognize the value of interdisciplinary and transdisciplinary service delivery models, and acknowledge that these service delivery models are advocated as best practice in pediatric services.[2-4] For further discussion of these models please see: Team-Based Service Delivery Approaches.[5] By describing when the pediatric physical therapist should be identified as the practitioner of choice, we are not implying that these types of models are irrelevant. Instead, we argue that there are situations where the physical therapist should be consulted and should serve as the practitioner of choice regardless of the model of intervention being used. Physical therapists should also have current knowledge of their State practice acts, which govern the practice of physical therapy specific to each state.

What is Pediatric Physical Therapy Practice?

Physical therapists (PTs) work with individuals with childhood onset conditions across their lifespan who are experiencing illnesses, injuries, or conditions that limit their ability to move or participate in their daily life. Pediatric physical therapists work in collaboration with children and their families to provide services aimed at promoting a child’s maximal potential to function independently and participate actively in the home, school and community.[6] “Physical therapists have expertise in movement, motor development, and body function (eg, strength and endurance). They apply clinical reasoning during examination, evaluation, diagnosis, and intervention for children, youth, and young adults. As primary health care providers, PTs also promote health and wellness as they implement a wide variety of supports in collaboration with families, communities, and other medical, educational, developmental, and rehabilitation specialists.”[6]

What training/ education is required for a pediatric physical therapist?

Physical therapy education requirements vary between countries. In the United States, physical therapy 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 therapy degree was a certificate or a bachelor degree. As the field of physical therapy has evolved, and the vision of the profession has progressed, the depth and breadth of physical therapy education has expanded to meet the needs of contemporary practice. Currently, all accredited physical therapy programs grant professional, Doctor of Physical Therapy degrees.

Physical therapist education prepares the entry-level physical therapist as 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 academic programs to include pediatric content that addresses typical development and the impact of childhood onset conditions over the lifespan in the physical therapy curriculum. Pediatric content may be embedded within multiple courses or may be provided in specific pediatric courses. The APTA, Academy of Pediatric Physical Therapy has published the "Five Essential Core Competencies to guide programs on essential pediatric knowledge, skills, and abilities for entry-level physical therapy curriculum development.[7] Students also complete clinical education internships as part of their education, and students interested in pediatrics may choose to participate in pediatric clinical experiences 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 and mentoring relationships with other pediatric therapists. Therapists may also complete a formal clinical residency in pediatric physical therapy through programs credentialed by the American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE). A detailed list of these programs can be found at the ABPTRFE website. Clinical residency programs are designed to increase the therapist's expertise in all aspects of patient/ client management within pediatric practice. Pediatric physical therapists may also choose to pursue the Board Certified Clinical Specialist designation, the Pediatric Certified Specialist (PCS), from the American Board of Physical Therapy Specialties (ABPTS). 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, and have passed a written examination. Information on the PCS process is available at the ABPTS website.

What specialized knowledge and skills are required of the pediatric physical therapist?

Pediatric physical therapists use evidence-informed decision making for examination, evaluation, physical therapy diagnosis, prognosis and development of the plan of care. Evidence-informed practice incorporates the best research evidence with clinical expertise and individualized child and family values and priorities to derive the most appropriate, effective, and efficient service provision.[8]

Pediatric physical therapists combine expertise in movement science with a thorough understanding of the neuromuscular and 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 post-professional training of

the pediatric physical therapist. Intervention should be designed in collaboration with child and family and may include more direct procedural interventions as well as child and family instruction.[9] This framework emphasizes the importance of child self-determination, child and family empowerment, and interdisciplinary collaboration, and uniquely prepares the pediatric physical therapist for the role of practitioner of choice for specific situations.

The Specialty Council on Pediatric Physical Therapy of the ABPTS has published the document, Pediatric Physical Therapy, Description of Specialty Practice[10] to describe the practice of therapists who have earned their PCS designation. 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 the Description of Specialty Practice describing "the practice pediatric clinical specialists." [10 (pg.4)]

Chapter 2: Description of Specialty Practice

- *I. Knowledge Areas*
  - *A. Foundation Science*
  - *B. Behavioral Science*
  - *C. Clinical Sciences*
  - *D. Critical Inquiry Principles and Methods*
- *II. Professional Roles, Responsibilities, and Values of Pediatric Clinical Specialists*
  - *A. Professional Behaviors*
  - *B. Leadership*
  - *C. Education*
  - *D. Administration*
  - *E. Consultation*
  - *F. Evidence-based Practice*
  - *G. Critical Inquiry Methods*
- *III. Practice Expectations for Clinical Specialists in Pediatrics in the Patient/Client Management Model*
  - *A. Examination*
    - *i. History*
    - *ii. Systems Review*
    - *iii. Tests and Measures*
      - *a. Aerobic Capacity and Endurance*
      - *b. Anthropometric Characteristics*
      - *c. Arousal, Attention, and Cognition*
      - *d. Assistive and Adaptive Devices*
      - *e. Community and Work (Job/School/ Play) Integration or Reintegration*
      - *f. Cranial Nerve Integrity*
      - *g. Environmental, Home, and Work (Job/School/Play) Barriers*
      - *h. Gait, Locomotion, and Balance*
      - *i. Integumentary Integrity (for Integumentary Disruption)*
      - *j. Integumentary Integrity (for Wounds)*
      - *k. Joint Integrity and Mobility*
      - *l. Motor Function (Motor Control and Motor Learning)*
      - *m. Muscle Performance (Strength, Power, and Endurance)*
      - *n. Neuromotor Development and Sensory Integration/ Processing*
      - *o. Orthotic, Protective, and Supportive Devices*

p. *Pain*
q. *Posture*
r. *Prosthetics*
s. *Range of Motion*
t. *Reflex Integrity*
u. *Self-Care and Home Management*
v. *Sensory Integrity*
w. *Ventilation, Respiration, and Circulation*

B. *Evaluation*
C. *Diagnosis*
D. *Prognosis*
E. *Interventions*
    i. *Coordination, Communication, and Documentation*
    ii. *Patient Client Related Instruction*
    iii. *Procedural Interventions*
        a. *Therapeutic Exercise*
        b. *Functional Training (Self-Care, School, Community)*
        c. *Manual Therapy Techniques*
        d. *Prescription, Application and, as appropriate, Fabrication of Devices and Equipment*
        e. *Airway Clearance Techniques*
        f. *Wound Management*
        g. *Electrotherapeutic Modalities*
        h. *Mechanical Modalities*
F. *Outcomes Assessment*

In addition to the Pediatric Physical Therapy Description of Specialty Practice, specific practice competencies have been published for various pediatric physical therapy settings including early intervention, [11] school, [12] and the neonatal intensive care unit.[13,14] These competencies outline the specific skills and knowledge pediatric 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, commitment to family centered care principles, evidence informed practice, and leadership development.

When 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/or 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 and evaluation and are uniquely positioned to assume the role of practitioner of choice.

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