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Essential
Competency
Profile

for **Physiotherapist Assistants**
in Canada



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Table of Contents

I.	Introduction and Background	4
i.	Purpose and Use of the Profile	4
ii.	Development of the Profile	4
iii.	Profile Framework and Organization	5
II.	Context of Practice	6
i.	Description of Physiotherapist Assistant Practice	6
ii.	Contexts of Practice	6
iii.	Assumptions	6
III.	Description of the Framework Units	7
	UNIT 1: Accountability	8
	UNIT 2: Collection of Client Information	9
	UNIT 3: Intervention	10
	UNIT 4: Communication	11
	UNIT 5: Organization of the Delivery of Physiotherapy Services	12
	UNIT 6: Professional Development	13
	Glossary	14
	References	15
	Appendix A: Profile Development	16
	Appendix B: Contexts of Practice	18

I. Introduction and Background

i. Purpose and Use of the Profile

This second generation competency profile¹ (hereinafter referred to as the *Profile*) is a foundational document that describes the essential competencies (i.e., the knowledge, skills and attitudes) required by physiotherapist assistants working under the supervision of a physiotherapist² in Canada at the beginning of and throughout their career.

The *Profile* reflects the diversity of physiotherapist assistant practice and helps support evolution of the physiotherapy profession in relation to the changing nature of practice environments and advances in evidence-informed practice.

The document will be of value to a wide variety of stakeholders; however, it is primarily developed for the physiotherapy profession and to provide the public with information about the role and competencies of physiotherapist assistants in Canada.

This document accompanies the 2009 *Essential Competency Profile for Physiotherapists in Canada*³. Together, the two documents reflect physiotherapist and physiotherapist assistant practice in Canada.

ii. Development of the Profile

The *Profile* was developed through the completion of a five-phase project that involved consultation with physiotherapists and physiotherapist assistants from across Canada and input from members of the Steering and Working Groups (see Appendix A for details about the project methodology).

Readers familiar with the 2002 *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* will note three important changes incorporated into the new *Profile* that reflect the development and evolution of the physiotherapy profession: (1) physiotherapist assistant competencies are not differentiated into two groups based on formal versus informal education; (2) the title physiotherapist assistant⁴ (PTA), rather than the term physiotherapist support personnel,

¹ This profile replaces the *Essential Competencies of Physiotherapist Support Workers in Canada* (Canadian Alliance of Physiotherapy Regulators and Canadian Physiotherapy Association, 2002).

² The terms physical therapist and physical therapy are synonymous with physiotherapist and physiotherapy and will be used interchangeably. Physiotherapist and related words are official marks used with permission by registered/licensed physiotherapists.

³ National Physiotherapist Advisory Group (2009)

⁴ Physical therapist assistant and physiotherapist assistant are synonymous, represented by the acronym PTA. According to the content experts from across Canada who made up the project Working Group, the title “Physiotherapist Assistant” is becoming widely accepted across Canada and is replacing the term physiotherapist support personnel.

is used throughout the document; and (3) thérapeutes en réadaptation physique (TRPs) are recognized as distinct from PTAs, as they are regulated by a separate set of competency standards⁵.

Data from the 2011 PTA Practice Analysis Survey⁶ showed a distinction between the practices of formally and informally educated PTAs. This was anticipated given that, in practice, physiotherapists assign only those activities they determine the assistant competent to perform. For the purpose of this *Profile* in guiding the profession in Canada, however, it is more helpful to define PTA competencies in terms of a model of care rather than in terms of education, certification and accreditation.

iii. Profile Framework and Organization

The *Profile* reflects an outcome-based, client focused, functional framework based on six units of competency: (1) *Accountability*; (2) *Collection of Client Information*; (3) *Intervention*; (4) *Communication*; (5) *Organization of the Delivery of Physiotherapy Services*; and (6) *Professional Development*.

A functional framework, which focuses on the outcomes of performance or what is accomplished, was chosen upon careful consideration, including extensive discussions regarding the utility of adopting a role-based framework similar to the competency profiles that have been developed for physiotherapists and related professions (e.g., occupational therapy). Although the competencies in the new *Profile* can be mapped onto a role-based framework (see Table 1), some drawbacks were identified. Primarily, the *Expert* role (which, in the CanMEDS⁷ approach, is the central role that integrates the other roles), does not accurately define PTAs. Although they may demonstrate expertise in the functions they perform, a PTA's primary role is to assist the physiotherapist in ensuring that physiotherapy services are delivered in a safe, effective and efficient manner.

Table 1. Comparison Map of 2012 Functional Framework vs. a Role-Based Framework

2012 Profile Framework	Role-Based Framework
1. Accountability	Professional/Advocator
2. Collection of Client Information	Expert
3. Intervention	Expert
4. Communication	Communicator/Collaborator
5. Organization of the Delivery of Physiotherapy Services	Manager/Collaborator/Advocator
6. Professional Development	Scholarly Practitioner

⁵ Refer to Ordre professionnel de la physiothérapie du Québec (2010) for the *Essential Competency Profile for Physical Rehabilitation Therapists in Quebec*.

⁶ Assessment Strategies Inc. (2011)

⁷ The CanMEDS Framework was developed by the Royal College of Physicians and Surgeons of Canada (Frank, 2005) and describes the core competencies of physicians.

II. Context of Practice

i. Description of Physiotherapist Assistant Practice

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.

Physiotherapy practice is dynamic, as is the relationship between the physiotherapist and the PTA. The type of supervision⁸ and the type of tasks assigned⁹ are determined by the supervising physiotherapist in accordance with provincial physiotherapy regulations. PTAs vary in their level of experience and in the amount and type of education and/or training they have received. When assigning tasks, physiotherapists take into account the education, training and competence of PTAs as well as the complexity and stability of individual client needs and of the environment. While services are provided under the supervision and responsibility of a physiotherapist, PTAs are accountable for their own individual performance.

ii. Contexts of Practice

PTAs work with physiotherapists within diverse areas of practice, with varied client populations, types and goals of physiotherapy services and practice settings. The work context, appropriate assignment and supervision in combination with the requisite knowledge, skills and attitudes are necessary and interrelated to the competence of a PTA to practice safely and effectively (see Appendix B for further details about the contexts of practice).

iii. Assumptions

A number of overarching assumptions apply to all competencies described in the *Profile*:

1. Client safety is paramount.
2. Physiotherapists maintain responsibility for the overall physiotherapy services provided. PTAs are responsible for providing care, as assigned by physiotherapists, and within the limits of their knowledge and skills and within the applicable regulations.
3. PTAs work under the supervision of a registered/licensed physiotherapist who maintains accountability for client care.

⁸ The definition of and requirements related to supervision vary among physiotherapy regulators. Supervision is an oversight process intended to promote safe, quality care. It may be direct (on-site and able to observe) or indirect (not always present but reachable) and subject to rules or guidelines.

⁹ Assignment in the context of this profile refers to a task given to a PTA by a physiotherapist.

4. Physiotherapists take into consideration the education, training and competencies of PTAs, as well as the complexity of individual client needs and of the environment when assigning tasks.
5. Physiotherapists maintain responsibility for client assessment, interpretation of findings, determination and initiation of interventions, progression of interventions, reevaluation, and discharge planning.
6. PTAs work collaboratively within the health care system.
7. PTAs practice client-centred care and act only with the client's informed consent¹⁰.
8. Physiotherapy practice is evidence-informed. As an integral component of physiotherapy practice, PTA practice is therefore also evidence-informed.
9. PTAs work within applicable law, legislation and regulations, as well as within established work setting protocols.

For some of the competencies listed in the *Profile*, these assumptions have been reiterated where it was felt that emphasis was necessary.

III. Description of the Framework Units

This outcome-based, client-focused, functional framework is used to illustrate the measurable and valid competencies (essential knowledge, skills and attitudes) of the PTA. Included in the *Profile* are the following six units of competency:

Unit 1: Accountability	Works safely and demonstrates ethical behaviour.
Unit 2: Collection of Client Information	Gathers information and data related to the client's status.
Unit 3: Intervention	Implements the assigned physiotherapy interventions.
Unit 4: Communication	Communicates effectively.
Unit 5: Organization of the Delivery of Physiotherapy Services	Functions effectively and professionally within the work setting.
Unit 6: Professional Development	Participates in the ongoing professional development of self and others.

¹⁰Consent is informed if, before giving it, the client received information that a reasonable person in the same circumstances would require in order to make a decision about the treatment, as well as responses to requests for additional information. The client must have been given an adequate explanation about the nature of the proposed treatment and its anticipated outcome as well as the significant risks involved and alternatives available (adapted from College of Physiotherapists of Ontario, 1996).

UNIT 1: ACCOUNTABILITY

Works safely and demonstrates ethical behaviour.

COMPETENCY	PERFORMANCE CRITERIA
1.1. Respects the autonomy of the client^G.	<p>1.1.1 Obtains the client's consent^G to proceed prior to performing assigned tasks.</p> <p>1.1.2 Respects each client's unique mix of characteristics, such as gender, age, ethnic origin, etc.</p> <p>1.1.3 Encourages the client to express his or her individual needs.</p> <p>1.1.4 Assists the physiotherapist to ensure that the client's needs are addressed</p> <p>1.1.5 Protects the client's dignity and right to privacy.</p>
1.2. Demonstrates a commitment to the wellbeing of all clients.	<p>1.2.1 Demonstrates an understanding of client-centred practice^G.</p> <p>1.2.2 Promotes the role and goals of physiotherapy (e.g., health promotion, disease prevention) to enhance individual and community health.</p> <p>1.2.3 Recognizes client needs outside the scope of physiotherapy and alerts the relevant health care team member in an appropriate manner.</p>
1.3. Demonstrates ethical behaviour.	<p>1.3.1 Demonstrates trust, integrity, accountability, commitment, respect and compassion in all professional relationships.</p> <p>1.3.2 Communicates position and qualifications honestly.</p> <p>1.3.3 Assumes responsibility for own behaviour.</p> <p>1.3.4 Performs within the limits of personal competence^G within the practice setting.</p> <p>1.3.5 Identifies and communicates to the physiotherapist when a client's needs exceed the limits of one's knowledge, skill, or judgment.</p> <p>1.3.6 Discloses potential conflict of interest^G situations.</p> <p>1.3.7 Maintains client, family and organizational confidentiality.</p>
1.4. Promotes client and provider safety in the provision of assigned physiotherapy services.	<p>1.4.1 Performs a physical environment risk assessment prior to client intervention and takes appropriate action.</p> <p>1.4.2 Safely operates and maintains equipment and supplies in accordance with manufacturer guidelines and the practice setting policies and procedures.</p> <p>1.4.3 Applies best practice body mechanics when performing interventions including moving, positioning, seating, ambulating and transferring clients.</p> <p>1.4.4 Follows established procedures regarding contra-indications, treatment precautions and safety factors associated with treatment interventions.</p> <p>1.4.5 Recognizes adverse reactions^G to intervention and takes appropriate action, including communicating findings.</p> <p>1.4.6 Addresses and reports (if necessary) any health care team member that appears to be providing service to the client in an unsafe or unethical manner.</p>

Note: terms denoted with a "G" are defined in the Glossary

UNIT 2: COLLECTION OF CLIENT INFORMATION

Gathers information and data related to the client's status.

COMPETENCY	PERFORMANCE CRITERIA
2.1 Performs selected measures or tests.	2.1.1 Collects qualitative and quantitative data related to the client's physical status and functional ability within set parameters. 2.1.2 Monitors client responses and status during the performance of assigned measures/tests (e.g., shortness of breath, pain) and takes appropriate action, including reporting the findings to the physiotherapist. 2.1.3 Reports the results of tests (e.g., documentation, verbal report).
2.2 Reports client information to enhance the physiotherapist's assessment/ reassessment processes.	2.2.1 Communicates new information to the physiotherapist in a complete and timely manner (e.g., client's family situation, home environment, health status).

UNIT 3: INTERVENTION

Implements the assigned physiotherapy interventions.

COMPETENCY	PERFORMANCE CRITERIA
3.1 Contributes to the implementation of physiotherapy interventions.	3.1.1 Orients the client to the treatment area (e.g., physical layout, equipment). 3.1.2 Provides information about relevant service policies (e.g., cancellation, absenteeism). 3.1.3 Reinforces to the client information about the effects of treatment and any inherent risks. 3.1.4 Obtains client consent prior to treatment intervention. 3.1.5 Performs assigned physiotherapy interventions ^G (e.g., electrophysical agents ¹¹ , functional mobility ¹² , therapeutic exercises ¹³ , teaching/education ¹⁴). 3.1.6 Facilitates client participation in the intervention activities (e.g., reinforces the physiotherapist's directions, provides encouragement). 3.1.7 Participates collaboratively as a team member in interprofessional ^G client care.
3.2 Demonstrates effective problem solving and judgment.	3.2.1 Discontinues specific interventions if safety is in question or if the client has an adverse reaction and reports the discontinuation to the physiotherapist. 3.2.2 Contributes to the development and revision of the intervention activities. 3.2.3 Progresses therapeutic interventions within the parameters assigned by the physiotherapist (e.g., endurance, strengthening exercises). 3.2.4 Provides the physiotherapist with information related to the selection and outcome of intervention activities (e.g., the appropriateness of the group).
3.3 Reports observations.	3.3.1 Monitors client responses and status during the intervention. 3.3.2 Reports the client's subjective comments related to the intervention to the relevant health care team member in an appropriate manner. 3.3.3 Reports to the physiotherapist the client's responses to interventions or changes in the client's status.

¹¹ Examples of electrophysical agents include Heat/cold and TENS.

¹² Examples of functional mobility include transfers, bed mobility and ambulation.

¹³ Examples of therapeutic exercises include range of motion, strengthening and stretching.

¹⁴ Examples of teaching/education include use of assistive devices and transfer training.

UNIT 4: COMMUNICATION

Communicates effectively.

COMPETENCY	PERFORMANCE CRITERIA
<p>4.1 Develops, builds and maintains collaborative working relationships through effective communication with the client and within the health care team.</p>	<p>4.1.1 Demonstrates sensitivity to the uniqueness^G of others. 4.1.2 Uses various strategies of verbal and non-verbal communication. 4.1.3 Demonstrates an awareness of self-behaviours and the responses of others, and adapts communications appropriately. 4.1.4 Respects confidentiality and privacy. 4.1.5 Identifies and addresses conflict in a timely and respectful manner.</p>
<p>4.2 Communicates in a professional manner.</p>	<p>4.2.1 Uses audience appropriate language, strategies and materials. 4.2.2 Responds to questions within knowledge and skill level, or refers as appropriate. 4.2.3 Seeks assistance or clarification as necessary. 4.2.4 Conveys information in a timely manner.</p>
<p>4.3 Employs effective and appropriate written and electronic communication.</p>	<p>4.3.1 Produces written and electronic documentation (e.g., health record, patient hand-outs) that is accurate and precise, using appropriate terminology.</p>

UNIT 5: ORGANIZATION OF THE DELIVERY OF PHYSIOTHERAPY SERVICES

Functions effectively and professionally within the work setting.

COMPETENCY	PERFORMANCE CRITERIA
5.1 Contributes to the implementation of physiotherapy services within the broader health care system.	5.1.1 Demonstrates an understanding of physiotherapy services within the Canadian health care system. 5.1.2 Demonstrates an understanding of physiotherapist and PTA roles. 5.1.3 Seeks information about available resources in the health system or community to support client care.
5.2 Contributes to the creation of an effective practice environment.	5.2.1 Manages time effectively. 5.2.2 Establishes priorities for client caseload management in consultation with the physiotherapist. 5.2.3 Maintains workload measurement/statistics in accordance with organizational standards. 5.2.4 Collaborates with health care team members about continuity in service delivery. 5.2.5 Uses and monitors equipment and space to support service delivery.
5.3 Contributes to safe and cost effective physiotherapy practice.	5.3.1 Participates in quality improvement ^G activities. 5.3.2 Participates in the acquisition and evaluation of physical resources. 5.3.3 Participates in inventory control and supply management.

UNIT 6: PROFESSIONAL DEVELOPMENT

Participates in the ongoing professional development of self and others.

COMPETENCY	PERFORMANCE CRITERIA
6.1 Maintains and enhances competence through life-long learning.	6.1.1 Demonstrates an understanding of required job competencies through reflective practices ^G . 6.1.2 Utilizes feedback (formal and informal) and self-evaluation to continuously improve knowledge and skills. 6.1.3 Seeks input to establish and implement a learning plan. 6.1.4 Participates in professional development opportunities (e.g., department in-services, courses).
6.2 Contributes to the learning process of others¹⁵.	6.2.1 Participates in mentoring. 6.2.2 Participates in PTA student preceptorship. 6.2.3 Serves as a resource to and supports learners.

¹⁵ Examples of “others” may include peers, students, volunteers, other health care team members, etc.

GLOSSARY

Adverse Reaction: Any change in client status or vitals directly as a result of a treatment intervention where continuing would be detrimental to client's health.

Client: May be a person, family, group, community or organization receiving professional services, products or information. A client may also be a patient (National Physiotherapy Advisory Group, 2009).

Client-Centred Practice: A (health care) service wherein the client's goals, expectations, needs and abilities are the focus of all interventions (CDPAP & CPA, 1995)

Conflict of Interest: Arises when the physiotherapist assistant "benefits or has the appearance of benefitting personally from his or her actions. The concept includes conflicts that are actual, possible or perceived" (Health Professions Licensing Authority, Conflict of Interest Policy; retrieved January 10, 2007). Physiotherapist assistants have a conflict of interest when their commitments or interests compromise their independent judgment and/or client care. (Adapted from Canadian Physiotherapy Association Position Statement, 2007)

Consent: The voluntary agreement to or acquiescence in what another person proposes or desires; agreement as to a course of action (Oxford University Press, 2007).

Interprofessional: Providers from different professions working together, with interaction as an important goal, to collaborate in providing services (National Physiotherapy Advisory Group, 2009).

Personal Competence: An individual practitioner's personal level of knowledge, (cap)abilities and qualities within a given situation, influenced by continuing professional education, the practice setting, workplace requirements and patient or client needs (National Physiotherapy Advisory Group, 2009).

Physiotherapy Interventions: Include, but are not limited to, education and consultation, therapeutic exercise, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, use of gait aids and devices. (Adapted from National Physiotherapy Advisory Group, 2009)

Quality Improvement: A set of techniques for continuous study and improvement of the processes of delivering health care services and products to meet the needs and expectations of the customers of those services and products (Lohr, 1990).

Reflective Practice: A positive process that reviews, analyzes and evaluates experiences, draws on theoretical concepts or previous learning and research, and provides an action plan for future experiences. Reflection is used by practitioners when they encounter situations that are unique, and when individuals may not be able to apply known theories or techniques previously learnt through formal education. It is a personal process that usually results in some change for the individual in their perspective of a situation or creates new learning for the individual (Canadian Physiotherapy Association, 2011).

Uniqueness: Includes race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and conviction for which a pardon has been granted (Canadian Human Rights Commission, 1985).

REFERENCES

- Assessment Strategies Inc. (December, 2011). *Report on the 2011 Practice Analysis Survey for Physiotherapist Support Personnel in Canada: Final Report*. Toronto, ON: National Physiotherapy Advisory Group.
- Canadian Alliance of Physiotherapy Regulators and Canadian Physiotherapy Association (July, 2002). *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada*. Toronto, ON: Author.
- Canadian Human Rights Commission (1985). *Canadian Human Rights Act*. Ottawa, Ontario, Canada. Available at www.efc.ca/pages/law/canada/canada.H-6.head.html.
- Canadian Physiotherapy Association (February, 2007). *Position Statement: Conflict of Interest*. Toronto: Author.
- Canadian Physiotherapy Association (2011). *Clinical Specialty Program Candidate Handbook*. Ottawa, ON: Author.
- College of Physiotherapists of Ontario (1996). *A Member's Reference Guide to the Health Care Consent Act*. Toronto: Author.
- Council of Directors of Physical Therapy Academic Programs (CDPAP) and Canadian Physiotherapy Association (CPA) (1995). *Entry-level curriculum for Canadian physical therapy programs: Guidelines for faculty*. Toronto, Ontario: CPA.
- Frank, JR. (2005). *CanMEDS 2005 Physician Competency Framework. Better standards. Better physicians. Better care*. Ottawa, ON: The Royal College of Physicians and Surgeons of Canada.
- Health Professions Licensing Authority, Conflict of Interest Policy; retrieved January 10, 2007 www.nt.gov.au
- Lohr, K. N. (1990). *Medicare: A Strategy for Quality Assurance, Volume 1*. Washington, D.C.: National Academy Press. Accessed December 8, 2011: <http://www.nap.edu/openbook.php?isbn=0309042305>
- National Physiotherapy Advisory Group (November, 2009). *Essential Competency Profile for Physiotherapists in Canada*. Toronto, ON: Author.
- Ordre professionnel de la physiothérapie du Québec (2010). *Essential Competency Profile for Physical Rehabilitation Therapists in Quebec*. Anjou, QC: Author.
- Oxford University Press (2007). *Shorter Oxford English Dictionary, 6th edition*. New York, NY: Oxford University Press.

APPENDIX A: Profile Development

Development of the Competency Profile for Physiotherapist Assistants in Canada

The 2012 version of the *Essential Competency Profile for Physiotherapist Assistants in Canada* is the culmination of hundreds of hours of time and effort by hundreds of stakeholders from all regions of the country. The process used to review, revise and validate the competencies followed a best-practices approach to competency development, and relied on the content expertise of a diverse group of physiotherapists and physiotherapist assistants at every stage of its development. The *Profile* has been carefully designed to be meaningful and useful for the physiotherapy profession as well as for those interested in acquiring a better understanding of the competencies of physiotherapist assistants in Canada.

Development and validation of the *Profile* involved five phases, namely: (1) literature review and background report; (2) generation of work activities; (3) practice analysis survey; (4) development of the essential competencies; and (5) validation of the *Profile*.

Phase 1 of the project involved two main steps: (a) conducting a literature review of physiotherapist assistant practice and recent competency development initiatives in the healthcare industry; and (b) consulting with key stakeholders about the nature and scope of physiotherapist assistant practice across Canada and needs and issues related to the *Profile*. Stemming from the review and stakeholder feedback, a report was generated summarizing changes that have occurred over the past decade in the practice of physiotherapist assistants. Also in the report, recent trends in competency development were discussed, and recommendations were provided to the project's Steering Group regarding the development of the new *Profile*, including potential organizing frameworks.

Phase 2 of the project involved four steps taken to generate a comprehensive list of work activities performed by physiotherapist assistants across Canada. First, existing documents that contained information on the job functions and/or competencies of physiotherapist assistants were reviewed and a preliminary list of work activities was compiled. Second, a sample of physiotherapist assistants was asked to provide information about their job functions to supplement the information obtained through the document review. Third, a workshop was held with the project's Working Group to review the preliminary list of work activities and data provided by the job incumbent sample, and to generate additional work activities. Fourth, the list of work activities generated at the workshop was reviewed by the Steering Group.

In **Phase 3**, an online practice analysis survey was developed and administered to validate the activities that are performed by physiotherapist assistants in Canada under various contexts and practice settings. The survey included 172 work activities to be evaluated in terms of their frequency and importance. In August 2011, the Provincial Physiotherapy Regulatory College Registrars, on behalf of NPAG, sent out an email message to all physiotherapist registrants asking them to disseminate a survey invitation to all physiotherapist assistants with whom they work. As of the survey deadline, 618 respondents had completed the survey. Respondents represented all regions of the country, various levels of work experience, and all types of employment settings and areas of practice.

The results of the survey showed a great deal of variability in the extent to which physiotherapist assistant work activities are being performed and how important they are for safe and effective client care. Mean frequency ratings ranged between 1.09 and 4.94 on a 5-point scale (where 1 indicates the activity is *never* performed and 5 indicates it is performed *daily*), and mean importance ratings ranged between 1.57 and 4.73 (where 1 indicates the activity is *not applicable* or *not important* and 5 indicates it is *extremely important*). Significant differences in the frequency and importance ratings between formally and informally educated physiotherapist assistants were identified for 41% of the work activities.

In **Phase 4**, the Working Group reconvened in a two-day workshop to review, revise and update the 2002 *Profile* based on the results of the practice analysis. At the end of the workshop, a draft of the new *Profile* was generated containing six units, 17 competencies, and 67 performance criteria. The Steering Group then met via teleconference to discuss the new draft *Profile* and to recommend further changes, as needed.

In **Phase 5**, feedback on the new draft *Profile* was solicited from a broader group of stakeholders, including physiotherapy regulators, educators of physiotherapy and physiotherapy assistant programs, and practicing physiotherapists and physiotherapist assistants. In order to build consensus and ensure that the end product would meet the needs of the physiotherapy community, the stakeholders were asked to review the *Profile* and to provide feedback regarding the validity of the competencies (e.g., are all essential competencies of physiotherapist assistants included in the *Profile*?), the terminology used throughout the *Profile* (e.g., is the terminology appropriate?), and the *Profile* as a whole (e.g., will the *Profile* meet stakeholder needs?). The general consensus among stakeholders was that the *Profile* captured all essential competencies required of physiotherapist assistants and that it was formatted in a user-friendly, easy-to-read framework. Important issues and editorial suggestions emerging from the feedback were discussed further in subsequent teleconferences that were held with participating stakeholders. These teleconference discussions resulted in only a few minor editorial changes, providing a firm basis for the assumption that, at this stage, the *Profile* was representative of the profession and covered the nature and scope of current physiotherapist assistant practice. This revised draft of the *Profile* was then submitted to the Steering Group for final review and approval.

APPENDIX B: Contexts of Practice

- Who** Physiotherapist assistants, working under the supervision of a registered/licensed physiotherapist, provide professional services to patients of all ages spanning from paediatric to seniors care. While services are most often offered to individual clients, services are also offered to client groups such as community groups. When delivering services, PTAs take into account many associated factors such as culture, occupational demands, and socio-economic factors.
- What** Goals of physiotherapy:
- Promotion of optimal mobility, physical activity and overall health and wellness
 - Prevention of disease/injury/disability
 - Management of acute and chronic conditions, activity limitations, and participation restrictions
 - Improvement and maintenance of optimal functional independence and physical performance
 - Rehabilitation of injury and the effects of disease or disability with therapeutic exercise programs and other interventions
 - Education and planning maintenance and support programs to prevent re-occurrence, re-injury or functional decline
- Areas of clinical practice:
Core areas of physical therapy practice focus on the musculoskeletal, neurological, cardiorespiratory and multi-systems. Within these systems, PTAs practice in areas that include, but are not limited to, paediatrics, geriatrics, oncology, women's health, pain, critical care and sports medicine.
- Where**
- Community-based: client residences, child development centres, community health centres, sporting events, schools, group homes, senior centres, adult day care centres, home care, primary health care, community access centres, sport teams
 - Facility based: hospitals, rehabilitation centres, nursing homes, residences/assisted living for older adults, extended care, hospices
 - Office/clinic based: private practice, sports medicine clinics, ambulatory care clinics
 - Business/industry: work sites, medical equipment suppliers
 - Educational institutions: universities, colleges
 - Government: health policy departments
 - Research facilities
- How** Private and public funding is available for physiotherapy services; however, this varies considerably across Canada.



