STANDARDS OF PRACTICE OF PHYSIOTHERAPY (SOPP) IN SOUTH AFRICA
THE LEGISLATION AND POLICY ENVIRONMENT

Based on the WCPT Statement
Standards of Physical Therapy Practice (SOPP)

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1. PREAMBLE
The South African Society of Physiotherapy (SASP) as a founding member of, and in line with the objectives of the World Confederation for Physiotherapy (WCPT)\(^1\) strives to improve the quality of South African healthcare by encouraging high standards of physiotherapy education and practice. Along with the WCPT, the SASP recognises the absolute importance of the development and documentation of agreed standards for the practice of physiotherapy, in order to improve the health of the nation.

Physiotherapy focuses on maximising movement potential within the spheres of promotion, prevention, treatment and rehabilitation. This is achieved by developing, maintaining and restoring maximum movement and functional ability to the patient regardless of their age, injury or pathology. The provision of physiotherapy services requires interaction between physiotherapist, patients or clients, families and caregivers, and includes assessing movement potential and establishing agreed upon goals and objectives by utilising the knowledge and skills unique to physiotherapists.

The physiotherapist’s distinctive view of the body and its biomechical needs and potential is central to determining a diagnosis and an intervention strategy, regardless of whether the treatment is concerned with health promotion, prevention, treatment or rehabilitation. The physiotherapist's assessment of the patient's physical problems, while based on an analysis of movement and function, also takes account of the patient's culture, psychological and social status. The physiotherapist also assesses the environmental conditions affecting the client's functioning and well-being.

Physiotherapy treatment includes both physical and psychosocial problems caused by neuro-muscular, musculo-skeletal, cardio-vascular and/or respiratory impairments. The therapeutic interventions used by the physiotherapist include movement and exercise; massage and manipulative techniques; the application of electro-physical modalities; counselling and education. The physiotherapist needs to be skilled in the application of these interventions, and in the use of related prophylactic methods to prevent, cure and alleviate physical manifestations of somatic and psychological disease. In health promotion prevention physiotherapists co-operate other professionals to improve environmental factors which may limit function and well-being.

The physiotherapist treats patients with physical and psychosocial problems caused by neuro-muscular, musculo-skeletal, cardio-vascular and/or respiratory impairments. The therapeutic

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\(^1\)Physical Therapy and Physiotherapy: The professional title and term used to describe the profession’s practice vary and depend largely on the historical roots of the profession in the country of the WCPT Member Organization. The most generally used titles and terms are ‘physical therapist’ or ‘physiotherapist’ and ‘physical therapy’ or ‘physiotherapy’. Physiotherapist is the term used in South Africa.
interventions used by the physiotherapist include movement and exercise; massage and manipulative techniques; the application of electro-physical modalities; counselling and education. The physiotherapist needs to be skilled in the application of these interventions, and in the use of related prophylactic methods to prevent, cure or alleviate physical manifestations of somatic and psychological disease. In health promotion and prevention physiotherapists co-operate with other professionals to improve environmental factors, which may limit function and well-being.

2. STANDARDS OF PHYSIOTHERAPY PRACTICE

The Standards of Physiotherapy Practice are the SASP’s statement of performance and conditions that it expects physiotherapists to aspire to in order to provide high quality physiotherapy professional services to society. This provides the foundation for the assessment of physiotherapy practice and represents the physiotherapy profession’s commitment to society to promote optimal health and function in individuals and populations by pursuing excellence in practice. These standards provide the basis for physiotherapy practice in all settings, including but not limited to, clinics, hospitals, schools, and commercial premises.

Detail is provided on standards covering: administration and practice management, communication, community responsibility, cultural competence, documentation, education, ethical behaviour, informed consent, legal, patient/client management, personal/professional development, quality assurance, research and support personnel. This SOPP also establishes guidelines for basic and reasonable practice in terms of physiotherapy practice, as well as the proposed scopes of practice for the two-year physiotherapy technician training and four-year physiotherapy degree training. The SOPP ensures credibility, uniformity and consistency of physiotherapy training and practice at all levels and pre-empt other agencies in setting standards for the profession.

These standards are considered to be achievable Standards of Practice. They are presented as ideal standards to which all physiotherapists should aspire to as part of their professional responsibility. It is recognised that some interpretation will be required based on the setting, resources and support systems available.

These standards apply to all physiotherapists, whether newly qualified or highly specialist, in direct or indirect contact with patients/clients, carers, and other professional colleagues. Physiotherapy practice is more than direct patient/client contact; it includes how services are structured, managed and delivered and collaboration is essential to delivering high quality physiotherapy services. These standards reflect this. Some of these standards cannot be achieved without collaboration with appropriate colleagues from other professions and health service managers.
The Standards of Practice document is a tool that may be used by physiotherapists, patients/clients\(^2\) members of the public, managers, and others who have an interest in providing or receiving high quality physiotherapy services. Further to this, it is intended that this document will, provide a framework for standard setting through its utilization in determining clinical guidelines for specific areas of clinical practice.

### 3. ADMINISTRATION AND PRACTICE MANAGEMENT

#### 3.1 ADMINISTRATION

3.1.1 A physiotherapist is responsible for the direction of the physiotherapy service.

3.1.2 The physiotherapist who is responsible for the direction of the physiotherapy service shall:

- 3.1.2.1 Ensure compliance with statutory requirements
- 3.1.2.2 Ensure compliance with current professional documents, including Standards of Practice for Physiotherapy and Code of Ethics
- 3.1.2.3 Ensure that services are consistent with the mission, purposes, and goals of the physiotherapy service
- 3.1.2.4 Review and updates policies and procedures and ensures that services are provided in accordance with them
- 3.1.2.5 Provide for training of physiotherapy support personnel that ensures continued competence for their job description
- 3.1.2.6 Provide for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals
- 3.1.2.7 Undertake an evaluation of clinical practice, ensuring that:
  - 3.1.2.7.1 Confidentiality is maintained throughout evaluation and audit activities
  - 3.1.2.7.2 Clinical documentation is audited regularly
  - 3.1.2.7.3 Clinical audit tools are used to evaluate clinical practice
  - 3.1.2.7.4 Where it is undertaken, physiotherapists participate in multi-professional audit
  - 3.1.2.7.5 Recommendations following audit are documented

3.1.3 The physiotherapy manager ensures the provision of the following, as appropriate:

- 3.1.3.1 A job description for each staff member and a formal appraisal system
- 3.1.3.2 Regular staff meetings
- 3.1.3.3 Annual report
- 3.1.3.4 Objectives of the organisation and an organisation chart
- 3.1.3.5 All policies and procedures are available to staff

\(^2\) A patient or client is any human being or animal making use of physiotherapy services
3.2 COLLABORATION

3.2.1 The physiotherapy service collaborates with all professionals as appropriate.

3.2.2 The physiotherapist shall be aware of the qualifications and roles of other professionals involved in comprehensive patient/client care/management and practices in collaboration with them to provide quality patient/client services.

3.2.3 Collaboration when appropriate:

- 3.2.3.1 Uses a team approach to the care of patients/clients
- 3.2.3.2 Provides instruction of patients/clients and families
- 3.2.3.3 Ensures professional development and continuing education

3.2.4 When physiotherapists are members of a multi professional team providing services for the patient/client, they will ensure that:

- 3.2.4.1 Relevant information is sought and communicated promptly and clearly within the team
- 3.2.4.2 A system is in place for written communication with other members of the team
- 3.2.4.3 Operational policies exist for cross referral to other professionals in the team, discharge, and transfer of patients/clients
- 3.2.4.4 Evidence exists of participation in case conferences, rounds, individual patient/client programme meetings, discharge planning, and collaborative patient/client records
- 3.2.4.5 The physiotherapy goals comply with the team goals
- 3.2.4.6 Physiotherapists also need to collaboration with non-profitable organizations, municipal managers and community leaders.

3.3 COMMUNICATION

3.3.1 Communication links exist between staff, the director/manager of the service, and the organisation to optimize the quality of the patient/client services provided.

3.3.2 The physiotherapy director/manager ensures the appropriate communication and availability of service specific and organisational policies, procedures and documents including:

- 3.3.2.1 A job/position description for each staff member and a formal appraisal system
- 3.3.2.2 Annual report
- 3.3.2.3 Objectives of the organisation and an organisation chart

3.4 FISCAL MANAGEMENT

3.4.1 The director/manager of the physiotherapy service, in consultation with physiotherapy staff and appropriate administrative personnel participates in planning for, and allocation of, resources. Fiscal planning and management of the service is based on sound accounting principles.
3.4.2 The fiscal management plan:
3.4.2.1 Includes a budget that provides for optimal use of resources
3.4.2.2 Ensures accurate recording and reporting of financial information
3.4.2.3 Ensures compliance with legal requirements
3.4.2.4 Allows for cost-effective utilization of resources
3.4.2.5 Uses a fee schedule that is consistent with the cost of physiotherapy services and that is within customary norms of fairness and reasonableness
3.4.3.6 considers option of providing pro bono service

3.4.3. Criteria related to management and employment in South Africa
3.4.3.1 Supervision of physiotherapy assistants, community rehabilitation workers, students and support staff is arranged in accordance with national policies and directives;
3.4.3.2 There is written evidence of supervision;
3.4.3.3 Legal opinion regarding transport arrangements and indemnity is obtained

3.5 Mission, Purposes and Goals
3.5.1 The physiotherapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physiotherapy personnel affiliated with the service, and the community.
3.5.2 The statement of mission, purposes, and goals:
3.5.2.1 Defines the scope and limitations of the physiotherapy service
3.5.2.2 Identifies the goals and objectives of the service
3.5.2.3 Is reviewed annually

3.6 Organizational Plan
3.6.1 The physiotherapy service has a written organisational plan that:
3.6.1.1 Describes relationships among components within the physiotherapy service and, where the service is part of a larger organisation, between the service and the other components of that organisation
3.6.1.2 Ensures that the service is directed by a physiotherapist
3.6.1.3 Defines supervisory structures within the service
3.6.1.4 Reflects current personnel functions

3.7 Physical Setting
3.7.1 The physical setting is designed to provide a safe and accessible environment that facilitates fulfilment of the mission, purposes, and goals of the physiotherapy service. The equipment is safe and sufficient to achieve the purposes and goals of physiotherapy
3.7.2 The physical setting is planned, constructed, and equipped to provide adequate space and the proper environment to meet the professional, educational, and administrative needs of the service with safety and efficiency.

3.7.3 The physical setting shall:
   3.7.3.1 Meet all applicable legal requirements for health and safety
   3.7.3.2 Have fire exits that are clearly marked and kept free of obstruction
   3.7.3.3 Meet space needs appropriate for the number and type of patients/clients served
   3.7.3.4 Provide reception and waiting facilities with consideration to people with disabilities
   3.7.3.5 Provide treatment areas that offer privacy, security, and comfort

For further guidelines refer to the document “Minimum Standards of Facilities and Equipment”.

3.8 Equipment

3.8.1 The equipment meets all applicable legal requirements for health and safety and accessibility.

3.8.2 The equipment is inspected and maintained routinely.

For further guidelines refer to the document “Minimum Standards of Facilities and Equipment”.

3.9 Policies and Procedures

3.9.1 The physiotherapy service has written policies and procedures that reflect the mission, purposes, and goals of the service, and are consistent with the WCPT Member Organisation’s standards, policies, positions, guidelines, and Code of Ethics.

3.9.2 The written policies and procedures:
   3.9.2.1 Are reviewed regularly and revised as necessary
   3.9.2.2 Meet the legal requirements
   3.9.2.3 Apply to, but are not limited to:
      - Care of patients/clients, including guidelines
      - Clinical education
      - Clinical research
      - Collaboration
      - Competency assessment
      - Continuing education/professional development
      - Criteria for access to care
      - Criteria for initiation and continuation of care
− Criteria for referral to other appropriate health care providers
− Criteria for termination of care
− Disaster plan
− Documentation
− Emergency plans (to include patient/client and facility)
− Equipment maintenance, including urgent repair and replacement
− Fiscal management
− Improvement of quality of care and performance of services
− Infection control
− Job/position descriptions
− Patient and environmental safety and health issues
− Personnel
− Rights of patients/clients
− Staff orientation
− Transfer of patients

3.10 REFERRAL

3.10.1 A referral system is in place to ensure that patients/clients can access a physiotherapist either by direct access or from an appropriate referral source.

3.11 STAFF

3.11.1 The physiotherapy personnel affiliated with the physiotherapy service have demonstrated competence and are sufficient in number to achieve the mission, purposes, and goals of the service.

3.11.2 The physiotherapy service has staff that:

3.11.2.1 Meet all legal requirements regarding licensure, registration and certification of appropriate personnel

3.11.2.2 Are appointed in accordance with good employment practice and the Basic Conditions of Employment Act no 75 of 1997 and the BCE Amendment Act no 11 of 2002

3.11.2.3 Ensure that the level of expertise within the service is appropriate to the needs of the patients/clients served

3.11.3 Staff members are aware of their responsibilities as employees under any appropriate Health and Safety Acts and attend training sessions as necessary.

3.11.4 Staff participates in the quality assurance programme, and information from quality assurance activities is accessible to all staff.

3.11.5 All clinical staff works within the SASP Code of Ethics
3.11.6 Physiotherapy assistants/technicians, community rehabilitation workers, students and support staff are supervised in accordance with national policies and directives and written evidence of this supervision is provided.

3.11.7 Job descriptions are available for all members of staff.

3.11.8 All staff work within the scope of their training and job description.

3.11.9 All staff are formally orientated to the work environment and practice procedures.

3.11.10 Staff performance appraisals are conducted at least annually.

3.11.11 All staff have the appropriate malpractice and public liability insurance cover.

3.11.12 The health of the physiotherapist is such that patient care and safety is not compromised.

3.12 STAFF DEVELOPMENT

3.12.1 The physiotherapy service has a written plan that provides for appropriate and ongoing staff development.

3.12.2 The staff development plan:
   3.12.2.1 Includes self-assessment, individual goal setting, and organisational needs in directing continuing education and learning activities
   3.12.2.2 Includes strategies for lifelong learning and professional and career development.
   3.12.2.3 Includes mechanisms to foster mentorship activities

3.12.3 The physiotherapist has a duty to keep up to date with professional skills and knowledge, which includes but is not limited to:
   3.12.3.1 The HPCSA’s continuing professional development CPD initiative
   3.12.3.2 Emerging research and evidence based practice both local and international
   3.12.3.3 Legislation relevant to the practice of physiotherapy.
   3.12.3.4 Appropriate management training.
   3.12.3.5 Current literature on professional and clinical matters.

4. COMMUNICATION

4.1 The physiotherapist knows that communication is an integral element of every patient/client and professional encounter and facilitates the provision of effective and appropriate physiotherapy services.

4.2 The physiotherapist communicates and coordinates all aspects of patient/client management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis, plan of care/intervention/treatment, response to interventions/treatment, changes in patient/client status relative to the interventions/treatments, re-examination, and
discharge/discontinuation of intervention/treatment and other patient/client management activities.

4.3 The physiotherapist provides the patient/client or parents, guardians, carers, or others designed to act on behalf of the patient/client who is not competent, with relevant clear, concise written and verbal information ensuring that:

4.3.1 The role of the physiotherapist is explained during the initial contact

4.3.2 The discretion of the physiotherapist is used in the discussion of the diagnosis with the patient/client

4.3.3 Treatment plans, goals, and predicted outcomes are agreed upon between the patient/client and the physiotherapist and any changes in previously agreed intervention/treatment plans are discussed and agreed upon with the patient/client

4.4 Communication with the patient’s family, caregivers and/or community leaders is recommended and should be made at the earliest opportunity and the physiotherapist should respect the wishes of both the patient/client and carer.

4.5 The physiotherapist communicates with other physiotherapists to ensure continuity of effective patient/client services and facilitates the use of available clinical expertise.

4.6 The physiotherapist, when communicating with members of a multi professional team providing services for the patient/client, ensures that information is both sought and communicated promptly and clearly within the team, including:

4.6.1 management goals

4.6.2 a written framework for communication with other members of the team.

4.6.3 Operational policies should exist for the following:

4.6.3.1 Cross-referral to other professionals in the team, including colleagues with specific interests

4.6.3.2 Transfer/Discharge

4.6.4 Participation occurs in case conference, ward rounds and other programme meetings, wherever possible

4.7 All communication must demonstrate privacy, transparency, respect, acknowledgment, collegiality and a spirit of mutual support. Communication should be courteous and considerate at all times.

4.8 Appropriate written information must be provided to all relevant parties.

4.9 Criteria for communicating with employment bodies or agencies

4.9.1 There is evidence of clear communication links between employing body, management and members of staff.

4.9.2 All policies and procedures of the organisation are communicated to staff.

4.10 Criteria for communication with the SASP, statutory bodies, agencies, employment bodies and international organisations
4.10.1 There is a procedure for communication between the different organisations and bodies.

4.10.2 There is evidence that all registered physiotherapists, physiotherapy students and physiotherapy assistants are informed of the communication channels and procedures.

**4.11 Criteria for communication with governmental and non-governmental organisations**

4.11.1 There is a procedure for communication with national, provincial and district health authorities.

4.11.2 There is evidence of reference to the national, provincial and district health policy documents relevant to physiotherapy.

4.11.3 There is evidence of partnerships with appropriate non-government health organisations.

**4.12 Criteria for communication with students and educational institutions**

4.12.1 There is a procedure for communication between all involved in student training.

4.12.2 Students are treated with respect and consideration at all times.

4.12.3 Students have the responsibility of treating educators with respect and on a professional level.

**4.13 Criteria for communication with the public**

4.13.1 There is evidence that the role of physiotherapy is maximised through links between the profession, public and the media.

**5. COMMUNITY RESPONSIBILITY/SOCIAL RESPONSIBILITY**

5.1 The physiotherapist takes an active part and demonstrates community responsibility by, for example, participating in community and community agency activities, educating the public, formulating public policy, providing consultative services for the MO’s public health infrastructure, or providing pro bono physical therapy services.

5.2 Corporate Social Responsibility is an ethical or ideological theory that an entity whether it is a government, corporation, organization or individual has a responsibility to society. Where possible, physiotherapists should contribute to this concept.

5.3 Where appropriate, the physiotherapist should provide services in community settings with specific focus on rural, remote and other under-resourced areas in order to facilitate and promote the access of basic physiotherapy to all South Africans.

5.4 Special attention should be given to vulnerable groups such as those displaced by political violence, victims of crimes, rape, domestic abuse, HIV/AIDS sufferers and orphans and all persons with disabilities.
6. **CULTURAL COMPETENCE AND SAFETY**

6.1 The physiotherapist should acquire skills to better understand people from differing cultures in order to achieve the best possible health outcomes

6.2 Physiotherapists must show respect and sensitivity to people and communities, taking into account their spiritual, emotional, social and physical needs

6.3 Physiotherapy is planned and delivered in a way that respects cultural values, requirements and variations

6.4 Physiotherapists should identify their own cultural realities, knowledge and limitations

6.5 The cultural values of the physiotherapist are acknowledged and respected

6.6 The physiotherapist must acknowledge and attempt to bridge any language and communication difficulties which may present.

7. **DOCUMENTATION**

7.1 The physiotherapist clearly documents all aspects of patient/client care/management

7.2 Physiotherapists ensure that the content of documentation is according to the HPCSA regulations (Booklet 15) so that the records are accurate, complete and legible, in permanent black ink, corrections to the record are initialled and finalised in a timely manner

7.2.1 At the first entry on any health record by a physiotherapist, physiotherapy student or physiotherapy assistant, the full name and initials are clearly written.

7.2.2 Patient/client details are recorded on each sheet of the document.

7.3 Physiotherapists make sure that documentation is used properly by ensuring it is:

7.3.1 Stored securely at all times in accordance with legal requirements for privacy and confidentiality of personal health information

7.3.2. Records are retained in accordance with existing policies and current legislation:

− Records are retained for a minimum of 8 years after the conclusion of treatment

− Obstetric and paediatric records are held for 25 years

− Records relating to children and young people are kept until the patient's 25th birthday or 8 years after the last entry if longer

− The relevant person(s) is (are) aware that records may be accessed in accordance with health authority policy.

7.4. Physiotherapists must make sure that patient/client information and documentation is kept confidential in line with the HPCSA Booklet 9 – refer to references on page 23
8. EDUCATION

8.1 The physiotherapist educates and provides consultation to other health professionals regarding the purposes and benefits of physical therapy.

8.2 The physical therapist educates and provides consultation to the general public including consumers, the greater population, community organisations, clubs, and associations regarding the purposes and benefits of physical therapy, and the roles of the physical therapist and other support personnel.

8.3 The physiotherapist demonstrates commitment to life long learning by participating in continuous professional development activities related to their specific field of practice, ethical and medico legal practice and basic life support.

8.4 The physiotherapist engages in self evaluation on a regular basis.

8.5 The physical therapist participates in the education of students by supervision, and/or tutorial and/or theoretical classroom and/or bedside teaching.

8.6 The physiotherapist must:

8.6.1 be equipped to provide training to physiotherapy assistants, community rehabilitation workers and students which is based on researched evidence of good practice.

8.6.2 be equipped to supervise and / or assess physiotherapy assistants / technicians and students in clinical areas by attending relevant information and training sessions,

8.6.3 have adequate control and be responsible for on the effectiveness and safety of patient care of evaluations and treatments done by physiotherapy assistants / technicians and students under his/her supervision. This is ensured by:

- effective communication with physiotherapy assistants / technicians and students
- monitoring their aims of treatment
- ensuring necessary guidance for physiotherapy assistants / technicians and students to have in sound clinical reasoning, safe and effective execution of techniques and effective management of the patient / client in a holistic manner (according to the bio psychosocial model),
- adequate feedback from physiotherapy assistants / technicians and students

9. ETHICAL BEHAVIOR

9.1 The physiotherapist must practice according to a Code of Ethics that is consistent with the WCPT, SASP’s and HPCSA Ethical Principles³

³ Relevant documents listed in the Reference list on page 22
10. INFORMED CONSENT

10.1 The physiotherapist shall inform the patient/client verbally and where required in writing, of the nature, risks, expected duration, and cost of intervention/treatment prior to the performance of such activities.

10.2 The physiotherapist shall document in the clinical notes when consent is received, implied, or expressed. Once consent has been received, the intervention/treatment plan may be instituted.

10.3 Patients/clients, wherever possible, are given information as to the physical therapy interventions/treatments proposed, so that the patient/client is:

10.3.1 aware of the findings of the examination/assessment

10.3.2 Given an opportunity to ask questions and discuss the preferred interventions/treatments, including any significant side effects, with the physical therapist

10.3.3 Given the opportunity to decline particular modalities in the plan of intervention/treatment

10.3.4 Given the opportunity to discontinue intervention/treatment

10.3.5 Encouraged to be involved in the examination/assessment process and to volunteer information that may have a bearing on the physical therapy programme

10.4 For patients/clients who are determined not competent to give informed consent (e.g., children, individuals who are unconscious, have mental health problems, or are elderly and confused), consent is obtained wherever possible from parents, guardians, carers, or others designed to act on their behalf. In each case, the physical therapist shall:

10.4.1 The physiotherapist obtains the consent of the patient/client prior to touching the patient/client in any part of the patient/client management process;

10.4.2 The physiotherapist obtains written consent of the patient/client for participation in teaching of physical therapy and in physical therapy research;

10.5 The patient has the right to voice any concerns regarding the state and quality of the service.

10.6 The patient has the right to ask about treatment alternatives and to be told what is available in a manner, which they can understand.

11. LEGAL REQUIREMENTS

11.1 The physiotherapist complies with all the laws and legal requirements of the jurisdiction in which they practice and the body which regulates the practice of physical therapy (refer to the reference list)

11.2 The physiotherapist is registered at the HPCSA as independent practitioner that is granted for the legislative jurisdiction in which the physical therapist practices;

11.3 The physiotherapist shall not release patient information to a third party without consent of the patient/client or legal authorisation. Covered in the health act
11.4 The physiotherapist with first-hand knowledge shall report violations by physical therapy personnel of laws

12. PATIENT / CLIENT MANAGEMENT AND CARE

12.1 INITIAL EXAMINATION/ASSESSMENT, EVALUATION, DIAGNOSIS, AND PROGNOSIS

12.1.1 The physiotherapist performs an initial examination/assessment and evaluation to establish a diagnosis and prognosis prior to intervention/treatment.

12.1.2 The physiotherapist examination:

12.1.2.1 Is documented, dated, and appropriately authenticated by the physical therapist who performed it

12.1.2.2 Identifies the physical therapy needs of the patient/client

12.1.2.3 Incorporates appropriate tests and measures to facilitate outcome measurement

12.1.2.4 Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care/interventions/treatment

12.1.2.5 May result in recommendations for additional services to meet the needs of the patient/client

12.1.2.6 Provides written evidence of the reasons why no further management has been given to the patient/client and, when appropriate, to the carer

12.1.2.7 A format of assessment findings facilitates outcome-based research

12.2 PLAN OF CARE/INTERVENTIONS/TREATMENTS

12.2.1 The physiotherapist establishes a plan of care/interventions/treatments and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions/treatments for identified disabilities (impairments, activity limitations and participation restrictions) and/or for prevention, health promotion, fitness, and wellness.

12.2.2 The physiotherapist collaboratively involves the patient/client and others as appropriate in the planning, implementation, and assessment of the plan of care/intervention/treatment.

12.2.3 The physiotherapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.

12.2.4 The plan of care/intervention/treatment:

12.2.4.1 Is based on the examination, evaluation, diagnosis, and prognosis and informed by current evidence.

12.2.4.2 Identifies goals and outcomes
12.2.4.3 Describes the proposed intervention/treatment, including frequency and duration

12.2.4.4 Includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan

12.2.4.5 Appropriate and relevant outcome measures are identified at the initiation of intervention to be used in the monitoring of patient outcomes and informs the continued use of the intervention applied (critically assess the nature/suitability/appropriateness of the intervention)

12.3 INTERVENTIONS/TREATMENT

12.3.1 The physiotherapist provides, or directs and supervises, the physical therapy intervention/treatment consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care/intervention/treatment.

12.3.2 The intervention/treatment:

12.3.2.1 Is based on the examination, evaluation, diagnosis, prognosis, plan of care/intervention/treatment and informed by current evidence.

12.3.2.2 Is provided by or under the ongoing direction and supervision of the physical therapist.

12.3.2.3 Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of support personnel.

12.3.2.4 Is altered in accordance with changes in response or status

12.3.2.5 Is provided at a level that is consistent with current physiotherapy practice.

12.3.2.6 Is inter professional when necessary to meet the needs of the patient/client

12.3.2.7 Documentation of the intervention is consistent with established guidelines

12.3.2.8 Is dated and appropriately authenticated by the physical therapist

12.3.2.9 Biopsychosocial model

12.3.2.10 Cost and time effectiveness

12.3.2.11 Should be according primary health care: accessibility, affordability and appropriateness

12.3.2.12 Support the existing base of knowledge and research for the choice of intervention, including counselling, education, exercise, physical modalities, functional re-education and social integration.

12.3.2.13 All approaches and techniques applied being in the scope of physiotherapy practice.
12.4 RE-EXAMINATION

12.4.1 The physiotherapist re-examines the patient/client as necessary during an episode to evaluate progress or change in patient/client status and modifies the plan accordingly or discontinues physical therapy services.

12.4.2 The physiotherapist re-examination:
   12.4.2.1 Is documented, dated, and appropriately authenticated by the physical therapist who performs it
   12.4.2.2 Includes modifications to the plan of care/intervention/treatment

12.5 DISCHARGE/DISCONTINUATION OF INTERVENTION/TREATMENT

12.5.1 The physiotherapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

12.5.2 The physiotherapist discontinues intervention/treatment when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy as a result of findings from use of objective parameters, i.e. outcome measures.

12.5.3 The physiotherapist recognises that the patient/client has a right to discontinue treatment/intervention at any time.

12.6 PATIENT/CLIENT COLLABORATION

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services. Refer to Patients Rights Charter of South Africa (National Health Act No. 61 of 2003).

12.7 REFERRAL

12.7.1 Where the examination, diagnostic process, or any change in status reveals findings outside the scope of knowledge, experience, and/or expertise of the physical therapist, the patient/client shall so be informed and referred to the appropriate practitioner/professional (Refer to SASP First Line Practitioner Document).

12.7.2 A referral system should be in place to other clinical specialists.

12.7.3 A procedure should be in place for the transfer of patients/clients.

12.8 CRITERIA FOR HEALTH PROMOTION

There is evidence that:

12.8.1 The optimal well-being of each individual is promoted.

12.8.2 Group or individual needs and potentials are identified and agreed upon.

12.8.3 A program is identified, implemented and monitored.
12.8.4 Appropriate media for means of communication are identified and utilised.
12.8.5 The effect of the program is evaluated.
12.8.6 Structures are established to sustain the programme.

12.9 CRITERIA FOR PREVENTION OF ILL HEALTH

There is evidence that:
12.9.1 Strategies for the prevention of the development of potential impairment in individuals or groups at risk exist.
12.9.2 Strategies for the prevention of primary, secondary and tertiary complications, disability or disease exist.
12.9.3 Group or individual needs or risk factors are identified and agreed.
12.9.4 A program is identified, implemented and monitored.
12.9.5 Appropriate media for means of communication are identified and utilised.
12.9.6 The effect of the program is evaluated.
12.9.7 Structures are established to sustain the programme.

12.10 CRITERIA RELATED TO THE HEALTH AND SAFETY

12.10.1 Refer to Skills Development Act No. 9 of 1999;
12.10.2 The physiotherapist (and/or physiotherapy service provider) conforms with the Occupational Health and Safety Act no 85 of 1993, with special regard to equipment maintenance and replacement, hazard identification, adverse reactions incident reporting and management, and fire safety;
12.10.3 Access is suitable for all consumers including those in wheelchairs;
12.10.4 Parking for disabled people is available in close proximity to the entrance to the facility;
12.10.5 Toilet facilities are easily accessible;
12.10.6 The National Patient’s Rights Charter is clearly displayed;
12.10.7 All weapons are secured in a safe place;
12.10.8 Equipment in use is adequately serviced and maintained;
12.10.9 Staff have access to protective clothing when necessary;
12.10.10 An emergency call system is in place;
12.10.11 Staff attends necessary health and safety training sessions, according to the relevant act include, e.g.: Fire fighting, Bomb threats, Evacuation;
12.10.12 Heads of Department receive and act where necessary on Department of Health safety bulletins;
12.10.13 All accidents, injuries and potential injuries to patients and staff to be reported and documented.
12.11 CRITERIA RELATED TO THE ENVIRONMENT

12.11.1 The physiotherapist provides an environment, which is clean and safe for patients and has equipment appropriate for the interventions being provided.

12.11.2 Refer to SASP guidelines in Accreditation programme/Guidelines/standard 4:
   12.11.2.1 Electrical safety
   12.11.2.2 Equipment maintenance programme
   12.11.2.3 Facilities and equipment guidelines
   12.11.2.4 General emergency procedure
   12.11.2.5 Guidelines for Hygiene and Infection Control
   12.11.2.6 Portable fire extinguishers
   12.11.2.7 Warning signs

13. PERSONAL/PROFESSIONAL DEVELOPMENT

13.1 The physiotherapist is responsible for individual professional development and must maintain a high level of professional competence by continued participation in varied learning experiences;

13.2 The physiotherapist identifies their learning needs with support from appropriate peers/managers taking account of: development needs related to the enhancement of the individual’s scope of practice, feedback from performance data, mandatory requirements, new innovations in practice, the needs of their organisation and career aspirations;

13.3 The physiotherapist continues to update and extend their knowledge and skills through a variety of learning opportunities and keeps up to date with developments in research and evidence based practice;

13.4 The physiotherapist is an active participant of an appropriate peer review appraisal system in their workplace;

13.5 There is evidence that employers provide opportunity for employees to develop and grow professionally, and to attend accredited courses and/or other CPD activities;

13.6 Where a patient’s needs are beyond the scope of the physiotherapist’s expertise, the patient shall be informed and assisted in identifying a qualified person to provide the necessary service and/or the physiotherapist will seek the advice of a senior colleague to assist with the patient’s management;

13.7 The health of the physiotherapist is such that patient care and safety is not compromised.

14. QUALITY ASSURANCE

14.1 A QA programme is a systematic evaluation of physiotherapy service, which facilitates continuous improvement. QA strives to achieve optimum care by means of the most
appropriate and effective level of training, education, practice and ethical conduct in physiotherapy;

14.2 The physiotherapy service has a written plan for continuous improvement of quality of care and performance of services;

14.3 The physiotherapist shall demonstrate commitment to quality assurance by peer review and self-assessment;

14.4 The improvement plan:
   14.4.1 provides evidence of ongoing review and evaluation of the physical therapy service;
   14.4.2 provides a mechanism for documenting improvement in quality of care/services and performance;
   14.4.3 is consistent with requirements of external agencies, as applicable;
   14.4.4 includes specification of contracts with purchasers;

14.5 Quality assurance activities focus on service user satisfaction by ensuring that:
   14.5.1 a system is in place for monitoring service user satisfaction;
   14.5.2 service users are invited to make suggestions about services provided;
   14.5.3 a complaints procedure exists including a system for response

15. RESEARCH

15.1 The physiotherapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist;

15.2 The physiotherapist shall advance the science of physical therapy by conducting and/or supporting research activities or by assisting those engaged in research;

15.3 The physiotherapist:
   15.3.1 ensures that their knowledge of research literature related to practice is current;
   15.3.2 ensures that the rights of research subjects are protected, and the integrity of research is maintained;
   15.3.3 participates in the research process as appropriate to individual education, experience, and expertise;

15.4 educates physical therapists, students, other health professionals, and the general public about the outcomes of physical therapist practice;

15.5 The physiotherapist recognises research as an integral part in the continuing growth and development of the profession;

15.6 The physiotherapist conducting a research project has sufficient knowledge of research principles and methodology and adheres to international standards for performing research on human subjects.
16. SUPPORT PERSONNEL (WHERE APPLICABLE)

16.1 The term support personnel is used in a generic sense to encompass a range of employment classifications such as assistant, aide, technician or helper;

16.2 Support personnel must be clearly identified as ‘support personnel’ so that the patient/client is never in doubt that the employee is not a physical therapist;

16.3 Support personnel must at all times be under the direction and supervision of the physiotherapist when implementing direct interventions/treatment. This should reflect WCPT’s position statement on support personnel;

16.4 The physiotherapist should not delegate any activity that requires the unique skill, knowledge, and judgment of the physical therapist.

17. REFERENCES & ADDITIONAL READING

17.1 HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) DOCUMENTS


- Booklet 1: Guidelines of good practice
- Booklet 2: Generic ethical and professional rules of Health professionals
- Booklet 3: National Patients' Rights Charter
- Booklet 4: CPD guidelines
- Booklet 5: Overservicing and perverse incentives and related matters
- Booklet 6: General ethical rules for researchers
- Booklet 7: General Ethical guidelines for biotechnology research
- Booklet 9: Seeking Patients' informed consent: the ethical considerations
- Booklet 10: Confidentiality: protecting and providing information
- Booklet 11: Ethical guidelines for good practice with regard to HIV
- Booklet 12: Guidelines for the withholding and withdrawing of treatment
- Booklet 13: Ethical guidelines for reproductive health
- Booklet 14: Guidelines on the keeping of patient records
- Booklet 16: Healthcare waste management
- Policy document on Undesirable Business Practices
- Guidelines for Continuing Professional Development (CPD).
- Approved activities for Physiotherapy, Podiatry and Biokinetics.
- Ensuring that a Practitioner is fit to practice.
- HPCSA Board of Physiotherapy, Podiatry and Biokinetics, Scope of Physiotherapy Practice
17.2 SOUTH AFRICAN DEPARTMENT OF HEALTH DOCUMENTS:

Available from: http://www.doh.gov.za/docs

- National Health Act, No 61 of 2003
- National Rehabilitation policy
- The Primary Health Care Package for South Africa: a set of norms and standards. Part 1 Norms and standards for health clinics
- Ethics in Health Research: Principles, Structures and Processes
- Broad frame-work for HIV & Aids and STI strategic plan for 2007-1011
- The National Infection Prevention and Control Policy & Strategy
- Policy and Guidelines for the implementation of the Prevention of Mother-to-Child Transmission of HIV (PMTCT) programme
- The Mental Health Act
- Guide on how to create a smoke-free workplace
- Health Professions Act No. 56 of 1974
- Medical, Dental and Supplementary Health Service Professions Amendment Act, no. 18 of 1995, and No. 89 of 1997.

17.3 SOUTH AFRICAN DEPARTMENT OF LABOUR DOCUMENTS

- Basic Conditions of Employment Act no 75 of 1997
- Basic Conditions of Employment Amendment Act no 11 of 2002
- Compensation for Occupational Injuries and Diseases Act,
- Employment Equity Act
- Labour Relations Act
- Occupational Health and Safety Act no 181 of 1993
- Skills Development Act no 9 of 1999
- Unemployment Insurance Contributions Act
- Codes of Good Practice
  * Arrangement of Working Time
- Information and guidelines on shift work and night work and their impact on workers' health and safety
- Disability in the workplace
- Employment Equity Plans
  - Handling Sexual Harassment Cases
- Integration of Employment Equity into Human Resource Policies and Practices
- Key Aspects of HIV/AIDS and Employment
- Key Aspects on the Employment of People with Disabilities
- Pregnancy

17.4 SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY DOCUMENTS
- Available from: http://www.physiosa.org.za/articles and documents/more/position papers
- SASP Constitution
- Advertising and making professional services known
- Ceding of accounts
- Code of conduct
- Community service information template
- Community Service: What does a Community Service Graduate Need to do, to be on the Buddy Program?
- Community Service: Minimum Requirements for Equipment and Physical Facilities for Physiotherapy Services
- Community Service: Key Responsibilities
- Community Service: Managerial Guidelines
- Employment of physiotherapists
- First line practitioner status
- Professional Indemnity policy
- Guidelines for Community Service Support System
- Members credo
- Minimum Standards of facilities and equipment: http://www.physiosa.org.za/?q=node/566
- Naming of practices
- Physiotherapy Assistants & Technicians
- Role of Physiotherapists in HIV
- Role of Physiotherapy in Rehabilitation
- Roles and mandates of EXCO Portfolio Committees
- SASP Bylaws May 2012
- SASP guidelines for Awards
− SASP Peer review Process 2012
− SASP Physio working abroad Position Paper
− SASP Primary health care Position Paper
− Operational Guidelines of different groups
− Students working in private practice
− White paper on the levels of membership

17.5 WORLD CONFEDERATION OF PHYSICAL THERAPY DOCUMENTS
− Available from: http://www.wcpt.org/policies/position/standards.php
− Resource Documents for Standards of Physical Therapy Practice

17.6 WORLD HEALTH ORGANISATION DOCUMENTS
− Available from: http://www.who.int/en/ or http://www.who.int/topics/en/