Declarations of Principle
and
Position Statements

Mission Statement

The World Confederation for Physical Therapy works to improve global health by:

Representing the physical therapy profession internationally;

Encouraging high standards of physical therapy research, education and practice;

Supporting communication and exchange of information among Regions and Member Organisations of WCPT;

Collaborating with international and national organisations

World Confederation for Physical Therapy
Kensington Charity Centre
4th Floor, Charles House
375 Kensington High Street
London W14 8QH

Tel: +44 (0) 20 7471 6765
Fax: +44 (0) 20 7471 6766
www.wcpt.org

The World Confederation for Physical Therapy is a registered charity in the UK, no 234307

Definitions

Declarations of Principle

Declarations of Principle record the Confederation's agreed stance on issues affecting the practice of physical therapy internationally and have a two-thirds majority vote thereby becoming policy for all member organisations.

Position Statements

Position Statements reflect the Confederation's preferred opinion on issues affecting the practice of physical therapy and have a simple majority vote. Such statements are available to member-organisations to adopt, fully or in part.

Physical Therapy and Physiotherapy

The professional title and term used to describe the profession's practise vary and depend largely on the historical roots of the profession in the country of the WCPT Member Organisation.

The most generally used titles and terms are 'physical therapist' or 'physiotherapist' and 'physical therapy' and 'physiotherapy'. Physical therapist and physical therapy are used in this document but may be replaced by WCPT Member Organisations in favour of those terms officially used by them and their members without any change in the meaning of the document.

Ethical Principles*

Physical therapists:

1. Respect the rights and dignity of all individuals;
2. Comply with the laws and regulations governing the practice of physical therapy in the country in which they work;
3. Accept responsibility for the exercise of sound judgement;
4. Provide an honest, competent and accountable professional service;
5. Are committed to providing quality services according to quality policies and objectives defined by their national physical therapy association;
6. Are entitled to a just and fair level of remuneration for their services;
7. Provide accurate information to clients, to other agencies and the community about physical therapy and the services physical therapists provide;
8. Contribute to the planning and development of services which address the health needs of the community

**Appendix follows on next page*
Approved at the 13th General Meeting of WCPT June 1995

Appendix to: WCPT Ethical Principles

Responsibilities of WCPT and its Member Organisations

Member Organisations have a duty to publish, promote and circulate their code of ethics or code of conduct for the benefit of their members, the general public, employers, governments and government agencies.

Member Organisations have appropriate procedures for monitoring the practice of their members, disciplinary procedures and sanctions for members whose practice falls outside their code of ethics or code of conduct.

The WCPT will assist national physical therapy organisations with the development of their own code of ethics or code of conduct.

Interpreting WCPT's Ethical Principles

The following is intended to assist WCPT Member Organisations and individual physical therapists in interpreting WCPT's Ethical Principles. The information may be useful background for Organisations developing their own codes of ethics or guides to ethical conduct which are consistent with WCPT's Ethical Principles and reflect national circumstances.

Ethical Principle 1: Physical therapists respect the rights and dignity of all individuals.

All persons who seek the services of physical therapists have the right to service regardless of age, gender, race, nationality, religion or politics;

Clients have the right to have cultural mores respected;

Clients have the right to privacy;

Clients have the right to confidentiality;

Clients have the right to appropriate information, sufficient to allow an informed consent to be made or withheld;

Clients have the right to be protected from over-servicing;

Clients have the right to be referred to more suitably qualified persons;

Clients have the right to self-determination including:

- participation in decisions about care
- to a second opinion
- to cease therapy;

Clients have the right to complain and to have the complaint managed sensitively;

Physical therapists have the absolute responsibility to ensure that their behaviour is at all times professional, ensuring that the potential for sexual misconduct can not arise;

Physical therapists have the right to expect co-operation from their colleagues;

Physical therapists shall apply sound business principles when dealing with suppliers, manufacturers and other agents.

Ethical Principle 2: Physical therapists comply with the laws and regulations governing the practice of physical therapy in the country in which they work.

Physical therapists will have a full understanding of the laws and regulations governing the practice of physical therapy, recognising that ignorance is not an excuse for failure to comply;

Physical therapists have the right to refuse to treat or otherwise intervene when in their opinion the service is not in the best interests of the client.

Ethical Principle 3: Physical therapists accept responsibility for the exercise of sound judgement.

Physical therapists have the right to professional independence and autonomy;

Physical therapists are qualified to make independent judgements in the provision of services for which they have knowledge and skills and for which they can be held accountable;

For each individual accepted for service, physical therapists undertake appropriate assessments to allow the development of a diagnosis;

In light of the diagnosis and other relevant information about the client, especially the client's goals, physical therapists plan and implement the therapeutic program;

When the goals have been achieved or further benefits can no longer be obtained, the physical therapist shall inform and discharge the client;

When the diagnosis is not clear or the required therapeutic program is beyond the capacity of the physical therapist, the physical therapist shall inform the client and provide assistance to facilitate a referral to other qualified persons;

Physical therapists shall not delegate any activity which requires the unique skill, knowledge and judgement of the physical therapist;

Where a referring medical practitioner specifies the treatment program or a continuation of the program which are not in accord with the judgement of the physical therapist, the physical therapist shall consult with the medical practitioner to:

- develop a more suitable plan; or
- suggest a referral to other qualified persons whose services may be beneficial.

Ethical Principle 4: Physical therapists provide an honest, competent and accountable professional service.

Physical therapists ensure clients understand the nature of the service being provided, especially the anticipated costs, both time and financial;

Physical therapists undertake a continuous, planned, personal development program designed to maintain and enhance professional knowledge and skills;

Physical therapists maintain adequate client records to allow for the effective evaluation of the client's care, as well as the evaluation of the physical therapist's practice;

Physical therapists do not disclose any information about a client to a third party without the client's permission or prior knowledge, unless such disclosure is required by law;

Physical therapists participate in peer review and other forms of practice evaluation, the results of which shall not be disclosed to another party without the permission of the physical therapist;

Physical therapists shall maintain adequate data to facilitate service performance measurement and shall make that data available to other agents as required by mutual agreement;

The ethical principles governing the practice of physical therapy shall take precedence over any business or employment practice, where such conflict arises the physical therapist shall attempt to rectify the matter, seeking the assistance of the national physical therapy association if required;

Physical therapists shall use technology only where it is effective in achieving therapeutic goals;

Physical therapists who knowingly allow their services to be misused, must accept responsibility for the misuse.

Ethical Principle 5: Physical therapists are committed to providing quality services according to quality policies and objectives defined by their national physical therapy association.

Physical therapists shall be aware of the currently accepted standards of practice and undertake activities which measure their conformity;

Physical therapists shall participate in ongoing education to enhance their basic knowledge and to provide new knowledge;

Physical therapists shall support research that contributes to improved client care;

Physical therapists shall support quality education in academic and clinical settings;

Physical therapists engaged in research shall abide by the current rules and policies applying to the conduct of research especially ensuring:

- the consent of subjects
- subject confidentiality
- safety and well-being of subjects
- absence of fraud and plagiarism
- full disclosure of support, and
- appropriate acknowledgement of assistance.
- that any breaches of the rules are reported to appropriate authorities;

Physical therapists shall share the results of their research freely, especially in journals and conference presentations;

Physical therapists in the role of employer shall:

- ensure all employees are properly and duly qualified
- apply current management principles and practices to the conduct of the service, with particular attention to appropriate standards of personnel management
- provide adequate opportunities for staff education and personal development based on effective performance appraisal.

Ethical Principle 6: Physical therapists are entitled to a just and fair level of remuneration for their services.

Physical therapists should attempt to ensure that physical therapy fee schedules, their own and those of third-party agencies, are based on reasonable considerations;

Physical therapists shall not use undue influence for personal gain.

Ethical Principle 7: Physical therapists provide accurate information to clients, to other agencies and the community about physical therapy and about the services physical therapists provide.

Physical therapists shall participate in public education programs, providing information about the profession;

Physical therapists have a duty to inform the public and referring professionals truthfully about the nature of their service so individuals are more able to make a decision about the use of the service;

Physical therapists may advertise their services and provide information about themselves to the public to facilitate a potential client's choice of physical therapist, but physical therapists shall not use or participate in the use of false, fraudulent, misleading, deceptive, unfair or sensational statements or claims;

Physical therapists shall claim only those titles which correctly describe their professional status.

Ethical Principle 8: Physical therapists contribute to the planning and development of services which address the health needs of the community.

Physical therapists have a duty and an obligation to participate in planning services designed to provide optimum community health care;

Physical therapists are obliged to work toward achieving justice in the provision of health care for all people.

Education

Physical Therapy education is a continuum of learning beginning with admission to an accredited physical therapy school and ending with retirement from active practice.

1. The goal of physical therapy education is the continuing development of physical therapists who are entitled, consistent with their education, to practice the profession without limitation.
2. The curricula for physical therapy education should be relevant to the health and social needs of the particular nation.
3. The term accredited is used in relation to physical therapy education to describe a programme which is regularly evaluated according to established educational standards.
4. The first professional qualification should represent completion of a curriculum that qualifies the physical therapist for practice as an independent professional.
5. An integral component of the curriculum for the first professional qualification is direct clinical experience under the supervision of appropriately qualified physical therapists. This clinical education will involve gradual access to responsibility as skill and experience increase.
6. The curriculum should equip physical therapists to practice in a variety of health care settings including, but not limited to, institutional, industrial, occupational and primary health care that encompass urban and rural communities. Consideration should also be given to preparing physical therapists to work in environments that reflect the health care funding models that operate in different countries.
7. The curriculum and continuing professional development (CPD) opportunities should prepare physical therapists with knowledge of educational approaches to facilitate the supervision, education and transference of skills to others.
8. Life-long learning and professional development is the hallmark of a competent physical therapist. It should be recognised that learning and development may take place in a variety of ways and is not limited to attendance at formal courses.
9. Physical therapists should be equipped for evidence-based practice.
10. Research methodology should be included in entry-level programmes.
11. Physical therapists should be encouraged to undertake post-graduate education in physical therapy or related fields for advanced professional development.
12. Professional physical therapy education should be conducted by physical therapist-educators able to transfer knowledge and skills about physical therapist examinations / assessment / evaluations, and interventions / treatment and their outcomes, including the critical analysis of theories and methods of physical therapy.
13. Basic and foundational sciences (e.g. anatomy, histology, physiology, imaging, etc) and research methodology should be taught by individuals with appropriate education and / or credentials in the area.
14. Where national physical therapy associations have adopted practice specialisation, the process to become recognised as a specialist should meet the academic and practice rigors of such a qualification.
15. The goals, content, format and evaluation of the education programmes provided for physical therapists are the responsibility of the faculty but should involve the active participation of the national physical therapy association.

Approved at the 13th General Meeting of WCPT, June 1995 and revised at the 15th General Meeting of WCPT June 2003

Protection of Title

The professional names of physical therapy or physiotherapy and the titles physical therapist or physiotherapist, as such or in any translation, are the sole preserve of persons who hold qualifications approved by national professional associations which are members of the World Confederation for Physical Therapy.

On behalf of its member organisations, the World Confederation for Physical Therapy claims exclusivity to these titles.

Members of the public wishing to access the services of a physical therapist are entitled to know that recognised qualifications are held and that professional behaviour is governed by ethical codes.

The World Confederation for Physical Therapy calls on the governments of member organisations to enact legislation, where it does not already exist, to protect the public by limiting the use of these titles to appropriately qualified persons.

Further, the World Confederation for Physical Therapy calls on the governments of member organisations to refrain from developing generic classifications that deny the specificity of physical therapy by ensuring that qualified physical therapists always have the right to be employed as physical therapists.

Approved at the 13th General Meeting of WCPT, June 1995

Primary Health Care

Access to primary health care services is key to ensuring that health care is responsive to the needs of individuals, their carers and communities. The World Confederation for Physical Therapy (WCPT) advocates the provision of primary health care that is mindful of local cultural, socio-economic and political circumstances, providing equitable access for all to effective services. WCPT supports an approach that is flexible and innovative in providing models of service delivery; that offer care developed in response to local needs.

It recognises that there are principles of best practice that should be evident in any model of health services delivery and that these include, but are not limited to:

- health services are equally accessible to all
- local communities and individuals are partners involved in health service delivery, planning, operating and monitoring
- the model is developed in response to an assessment of local needs, mindful of the ethical use of resources
- services are developed taking account of local cultural and social norms
- multi-professional, inter-agency and inter-sectoral collaboration at all levels is advocated
- in acknowledging the roles that different health care personnel are able to contribute to service delivery, where appropriate, physical therapists should contribute to their education and ongoing development
- where appropriate, communities and individuals are supported to be self-reliant
- while rehabilitation may be the area of greatest need, health promotion and disease prevention should also be addressed and treatment / intervention provided as necessary
- relevant research and evaluation findings are implemented ensuring best practice
- monitoring and evaluation of services is in place with mechanisms for review and modification

Physical therapists have an important role to play in primary health care as:

- direct and indirect providers of services
- members of multi-professional teams
- consultants to Government, Non-Governmental Organisations (NGOs) and Disabled People's Organisations (DPOs)
- developers, implementers and managers of services
- educators of other health care personnel and support staff

Physical therapy entry level education and continuing professional development opportunities need to adequately prepare and equip physical therapists to work in a variety of settings able to deliver services in both urban and rural communities, acknowledging their roles as facilitators and educators of other health care personnel, necessary for the attainment of physical therapy and client goals.

Physical therapists and national physical therapy associations are encouraged to work with Governments, NGOs and DPOs to promote and facilitate the development of primary health care and the contribution of physical therapists, encompassing the four core elements of promotion, prevention, treatment and rehabilitation.

Approved at the 15th General Meeting of WCPT, June 2003

Torture

1. The physiotherapist shall not countenance, condone or participate in the practice of torture or cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.
2. The physiotherapist shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment.
3. The physiotherapists shall not be present during any procedure during which torture or other forms of cruel, inhuman or degrading treatment are used or threatened.
4. The physiotherapist's fundamental role is alleviating distress of his or her fellow men, and no motive whether personal, collective or political shall prevail against this higher purpose.
5. The World Confederation for Physical Therapy will support and should encourage the international community, the national physiotherapists' associations and fellow physiotherapists to support the physiotherapist and physiotherapist's family in the face of threats or reprisals resulting from a refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.
6. The practising physiotherapist should have adequate knowledge of the general and specific neurological, musculoskeletal and psychological dysfunction which can be expected to appear as the effects of physical and psychological torture, as well as of appropriate functional assessment and treatment procedures for survivors of torture.
7. Education regarding the prevention and prohibition of torture as well as the assessment and treatment of torture victims should be included in the curriculum for undergraduate and continuing physiotherapy education programmes.

Approved at the 13th General Meeting of WCPT June 1995

Standards of Physical Therapy Practice

The World Confederation for Physical Therapy recognises the absolute importance of the development and documentation of agreed standards for the practice of physical therapy. These standards are necessary to:

- demonstrate to the public that physical therapists are concerned with the quality of the services provided and are willing to implement self-regulatory programmes to maintain that quality;
- guide the development of professional education;
- guide practitioners in the conduct and evaluation of their practices;
- provide governments, regulatory bodies and other professional groups with background information about the professional nature of physical therapy.

The World Confederation for Physical Therapy recognises the diverse social, political and economic environments in which physical therapy is practised throughout the world. Thus, specific standards for physical therapy practice must be developed by each member organisation to suit prevailing circumstances.

Where political environments dictate, national associations may unite to formulate agreed standards that may be applicable to that group.

The following basic principles should be included in the development of national practice standards:

1. Standards should describe the level of knowledge, skills, attitudes and values which should be possessed by:
    - new practitioners entering the profession
    - all current practitioners
    - practitioners wishing to migrate from one country to another.
2. Standards must be supported by education programmes and be relevant to employment settings.
3. Standards should be based upon clear definitions of the scope of practice and accountability.
4. Standards should be informed by evidence, where it is available.
5. Standards should be sufficiently broad and flexible to achieve their objectives and, at the same time, permit innovation, growth and change.
6. Standards should promote a national professional identity and permit national practitioner mobility.
7. Standards should be subject to regular review with revision as required.

In developing standards consideration should be given to include the following elements:

1. Standards should reflect the values, conditions and goals necessary for the continuing advancement of the profession;
2. Standards must be based on valid principles and be measurable;
3. Standards are designed to assist the profession to meet the changing needs of the community;

Standards should serve as a means of communication with members of the profession, employers, other health professions, governments and the public.

Approved at the 13th General Meeting of WCPT June 1995 and revised at the 15th General Meeting of WCPT June 2003

Quality Care

Clients, governments and third-party funding agencies have a right to expect that the care provided by physical therapists will be consistent with prevailing national quality care standards.

Balancing client, organisational and professional considerations, quality care is optimal service at a reasonable cost. Optimal care includes concepts of:

- equity
- efficiency
- effectiveness
- appropriateness
- acceptability
- accessibility
- availability
- safety.

To obtain this level of optimal care there is a need for:

- research;
- development of tools to facilitate evidence-based practice;
- implementation of evidence and effective change management;
- evaluation of practice structures, processes and outcomes;
- monitoring of efficiency, effectiveness and safety;
- measurement of client satisfaction.

National physical therapy associations must demonstrate leadership in the matter of quality through the development of practice standards and monitoring procedures. They also have a role to play in contributing to the development of multi and uni-professional tools designed to facilitate evidence-based practice, such as clinical guidelines, seeking opportunities for international collaboration where appropriate.

Approved at the 13th General Meeting of WCPT June 1995 and revised at the 15th General Meeting of WCPT, June 2003

Evidence Based Practice

Physical therapists have a duty and responsibility to use evidence to inform practice and to ensure that the care of clients, their carers and communities is based on the best available evidence. Evidence should be integrated with clinical experience, taking into consideration beliefs and values and the cultural context of the local environment. In addition, physical therapists have a duty and responsibility not to use techniques and technologies that have been shown to be ineffective or unsafe.

Environments that embrace and promote evidence based practice are enabling. Managers and organisations should provide appropriate support structures, resources, facilities and learning opportunities to ensure the delivery of highest quality care.

Physical therapists should be prepared to critically evaluate practice. In addition they need to be able to identify questions arising in practice, access and critically appraise the best evidence, and implement and evaluate outcomes of their actions. Relevant life long learning activities are fundamental to evidence based physical therapy and should be introduced in entry-level physical therapy programmes and extended through continuing professional development opportunities.

Collaboration both within the profession and with other professions or disciplines is vital to the delivery of evidence based practice. This collaboration needs to take place at a local, national and international level, as appropriate, to facilitate information sharing and best practice, and to capitalise on opportunities for collaborative work that minimises duplication.

The WCPT encourages its Member Organisations to develop partnerships and collaborations on projects relevant to evidence based practice. The WCPT and its Member Organisations call on the national governments and non-governmental organisations to facilitate and promote evidence-based healthcare, for example through providing equitable access to the evidence base of health care.

Approved at the 15th General Meeting of WCPT June 2003

Research

The generation of evidence through research is essential to the development of evidence-based practice in physical therapy.

Research in physical therapy should encompass all domains that impact on the practice of physical therapy and client care. This includes, but is not limited to: basic science, diagnosis, specific interventions and technologies[1], service delivery and organisation of care models / systems, economic analysis, development of outcome measures, educational approaches, social-anthropological studies, and health care policy.

The most appropriate methods of enquiry should be used to address the topic for research. Research is required that demonstrates clinical and cost effectiveness. It may be necessary to develop and validate new methods of research.

Collaboration is critical to the success of any research efforts and the process should include all those who can make a valuable contribution with respect to the initial concept, design, planning, execution, analysis and dissemination. Collaboration is vital within the profession and with other professions or disciplines, as well as with consumers. It needs to take place at the local, national and international level.

Physical therapists have a responsibility to promote research efforts and to share freely the results of such research and evaluation through a range of dissemination routes including databases, publication in appropriate professional journals, conference presentations, electronic media and the national press.

Approved at the 15th General Meeting of WCPT June 2003 (replaced statement on Validation of Techniques)

[1] Healthcare technology is defined by the International Network of Agencies for Health Technology Assessment (INAHTA) as “prevention and rehabilitation, vaccines, pharmaceuticals, and devices, medical and surgical procedures, and the systems within which health is protected and maintained.”

Autonomy

The central element of professional autonomy is the assurance that individual physical therapists have the freedom to exercise professional judgement in heath promotion, in prevention and in the care and treatment of clients within the limits of the therapist's prevailing knowledge and competence.

In so far as the actions of physical therapists are the responsibility of the individual physical therapists, it follows that their professional decisions cannot be controlled or compromised by employers, persons from other professions or others.

As a corollary to the right of professional autonomy, the physical therapy profession has a continuing responsibility to be self-regulating:

- the professional actions and conduct of physical therapists must always be within the bounds of the professional Code of Ethics governing physical therapists in each country;
- national associations must have a procedure for dealing with members who breach the Code, a procedure through which the public may recognise the authority of the profession to regulate itself.

Approved at the 13th General Meeting of WCPT June 1995

Private Practice

Since physical therapy is an autonomous and independent profession, there should be no impediment to physical therapists entering into a service delivery system, designated private practice, in which individual physical therapists contract to deliver services to the public in accord with government health care policies or market forces.

Government health care policies or market forces will determine methods of payment which involve third parties, the physical therapy association being involved in negotiations on behalf of physical therapists.

Approved at the 13th General Meeting of WCPT June 1995

Informed Consent

A physical therapist will ensure that appropriate consent has been given before any physical therapy is undertaken.

1. A competent adult should be provided with adequate, intelligible information about the proposed therapy:
    - a description of the treatment to be provided;
    - a clear explanation of the risks which may be associated with the therapy;
    - expected benefits from the therapy;
    - anticipated time frames;
    - anticipated costs;
    - reasonable alternatives to the recommended therapy.
2. The physical therapist should ensure understanding before seeking consent.
3. When the adult is deemed not competent or when the client is a minor, a legal guardian or advocate may act as a surrogate decision maker.
4. Physical therapists should record in writing in their documentation that informed consent has been obtained.
5. Physical therapists functioning in team situations are responsible for ensuring that appropriate consent arrangements have been made prior to their commencing therapy. Such collective consent, however, does not negate the physical therapist's responsibility for ensuring that the client is properly informed about the physical therapy.

Approved at the 13th General Meeting of WCPT June 1995

Patients' / Clients' Rights in Physical Therapy

Preamble:

The aim of this Declaration on Patients' / Clients' Rights in Physical Therapy is to promote the respect of the patients' / clients' dignity, integrity and self-determination, to protect the legal status of the patient / client in connection with the health system and the physical therapist in particular, and to support a relationship of confidence and reliance between the patient / client and the physical therapist.

The target group for this Declaration on Patients' / Clients' Rights in Physical Therapy are the physical therapists and secondary to them the patients / clients and members of the general public for information as to the rules of behaviour and conduct of physical therapists.

Physical therapists work in equal and open relationships with other health professionals and within national public and private health systems. This Declaration on Patients' / Clients' Rights must be interpreted within the context of national laws and regulations and professional standards of practice. Physical therapists should also be aware of relevant international declarations and national laws in areas such as human rights, equal opportunity, racial and gender discrimination, privacy, freedom of information, workplace accidents and injuries.

In providing physical therapy services, the physical therapist shall be observant to promote health and prevent illness for the individual and for the population in general. Furthermore, the physical therapist is accountable to the individual receiving treatment / intervention. According to the ethical principles of WCPT the physical therapist shall ensure services regardless of race, creed, colour, gender, age, national or ethnic origin, sexual orientation, disability or health status. The physical therapist respects the right of the individuals referred or admitted to physical therapy services.

The physical therapist should always act according to his/her conscience, and in the best interests of the patient, and equal effort must be made to guarantee patient autonomy and justice. This Declaration on Patients' / Clients' Rights in Physical Therapy represents some of the principal rights of patients / clients, which the profession of physical therapy endorses and promotes. The health team around the patient / client and those involved in the provision of health services has a joint responsibility to recognise and uphold these rights. Whenever legislation, government action or any other administration or institution denies patients / clients these rights, physical therapists should pursue appropriate means to assure or to restore them

Principles

1. **Patients' / Clients' Right** to Physical Therapy Services of Good Quality

1.1. Every patient /client is entitled without discrimination to appropriate physical therapy services.

1.2 Every patient / client has the right to the services of a physical therapist who is free to make clinical and ethical judgements without any outside interference.

1.3 Every patient / client has the right to the services of a physical therapist who is free to exercise professional judgement according to his / her education and experience.

1.4 Every patient / client has the right to ask for a second opinion of another physical therapist at any stage.

1.5 The patient / client shall always be treated in accordance with his/her best interests.

1.6 The treatment / intervention applied shall be in accordance with generally approved physical therapy principles.

1.7 The treatment / intervention plan is evaluated regularly to ensure that it is effective and relevant to the patient's changing circumstances and health status.

1.8 The patient / client has the right to choose freely and change his/her physical therapist or health service institution, regardless of whether they are based in the private or public sector

2. **Patients' / Clients' Right** to Information

2.1 The patient / client has the right to receive information about himself/herself recorded in his/her health records and about practice policies, charges for services, physical therapy goals, desired outcomes and procedures which are being rendered.

2.2 Exceptionally, information may be withheld from the patient / client when there is good reason to believe that this information would create a serious hazard to his/her life or health. The patient / client has the right to choose who, if anyone, should be informed on his/her behalf.

2.3 Information should be given to the patient / client as clearly as possible. Physical therapy treatment / intervention options discussed with the patient / client must include information about significant benefits, risks and side effects.

2.4 Information should be given in a way appropriate to the local or the patients' / clients' culture and in such a way that the patient / client can comprehend.

2.5 Patients / clients should be informed of their right to decline assessment / treatment / intervention at any stage without it prejudicing their future management.

2.6 The patient / client has the right to complain and to have the complaint managed sensitively. The patient / client should be informed of complaints procedures.

3. **Patients' / Clients' Right** to Informed Consent

3.1 The physical therapist has sole responsibility for providing information about physical therapy to the patient / client and for obtaining informed consent before initiating examination and treatment / intervention. Informed consent of the patient / client is a prerequisite for any treatment / intervention.

3.2 Informed consent should include knowledge of:

- the type and nature of physical therapy
- any risk associated with the proposed treatment / intervention
- the expected benefit of the treatment / intervention
- reasonable alternatives to the proposed treatment / intervention

3.3 Informed consent requires:

- consent of a competent adult
- consent of a parent/legal guardian as the surrogate decision maker when the adult patient / client is not competent or when the patient / client is a minor
- the patient / client, client, or legal guardian to acknowledge understanding of the intervention and to give consent before examination and physical therapy is initiated

3.4 Informed consent includes written, verbal and implied consent and any consent form must be explained or signed before the proposed procedure commences. If verbal consent is obtained, a record should be made of the conversation, including the timing of the explanation by the physical therapist and the verbal consent of the patient / client.

3.5 The patient / client has the right to self-determination including participation in decisions about modality of physical therapy. The patient / client has the right to make free decisions regarding himself/herself. The physical therapist will inform the patient / client of the consequences of his/her decisions.

3.6 A mentally competent adult patient / client has the right to give or withhold consent to any examination procedure or any physical therapy. The patient / client has the right to the information necessary to make his/her decisions and should understand the purpose of any examination or treatment / intervention and the implications of withholding consent.

3.7 Informed consent of the patient / client is needed for participation in teaching of physical therapy and in physical therapy research.

4. Patients' / Clients' Right to Confidentiality

4.1 The patient / client has the right to confidentiality. All identifiable information about a patient / clients health status, diagnosis, prognosis and treatment / intervention and all other information of a personal kind, must be kept confidential unless the patient / client gives explicit consent or if expressly provided for in the law.

4.2 Information derived from the working relationship of physical therapists shall be held confidential by all parties.

5. **Patients' / Clients' Right** to Access to Data

5.1 Patients / clients are entitled to have access to all information kept by the physical therapist relating to them and a right to be notified when their physical therapy data are transmitted to a data bank.

5.2 Third parties only have access to physical therapy data with the consent of the patient / client or with legal authorisation.

5.3 Patients / clients have a right to have incorrect data corrected or destroyed.

6. **Patients' / Clients' Right** to Health Education

6.1 Every patient / client has the right to health education that will assist him/her in making informed choices about personal health and about the available health services.

6.2 The education should include information about healthy lifestyles and about methods of prevention and early detection of illnesses.

6.3 The personal responsibility of everybody for his/her own health should be stressed.

6.4 The patient / client has the right of continuity of health services. The physical therapist has an obligation to cooperate in the co-ordination of physical therapy indicated care with other health services providers treating the patient / client.

7. **Patients' / Clients' Right** to Dignity

7.1 The patient's dignity and right to privacy shall be respected at all times in physical therapy services and teaching, as shall his/her culture and values.

7.2 The patient / client is entitled to die with dignity and is entitled to humane terminal care.

Approved at the 15th General Meeting of WCPT, June 2003

Acknowledgements: In developing this document, WCPT consulted various documents from other regional international organisations in particular the World Medical Association's 'Rights of the Patient'

Rights of the Client

Physical therapists should always act in the best interests of the client.
Clients have the right to:

- participate in the development of treatment goals;
- adequate information upon which to base the decision to consent to or refuse treatment;
- be cared for by physical therapists who are free to exercise professional judgement according to their education and experience;
- expect physical therapists to respect the confidential nature of the information gained from clients, refraining from releasing any such information to a third person without the permission of the client;
- dignity, courtesy and privacy;
- respect in accord with their religious or cultural sensibilities;
- advocacy if they are unable to speak on their own behalf;
- complain to an appropriate authority if they are dissatisfied with their care.

Approved at the 13th General Meeting of WCPT June 1995

Rights of the Child

The World Confederation for Physical Therapy endorses the Convention on the Rights of the Child.

Member Organisations of the World Confederation for Physical Therapy shall promote the earliest possible ratification of the Convention by their respective governments and in those countries where the Convention has already been ratified, Member Organisations shall promote its implementation and monitoring.

Approved at the 13th General Meeting of WCPT June 1995

Relationships with Medical Practitioners

Physical therapy is a recognised health care profession that works in an open and equal professional partnership with medical practitioners in the care of clients.

In a growing number of countries, physical therapy has first contact status, a referral from a medical practitioner not being required, legally or ethically, before physical therapy services are provided.

Where it is required, legally or ethically, for a medical referral to initiate physical therapy services, such a referral should contain essential medical information.

Physical therapists are qualified and professionally required to undertake a comprehensive assessment of the client, formulate a physical therapy diagnosis, plan and implement a therapeutic program where appropriate, evaluate the outcome of any intervention, and determine discharge arrangements.

Physical therapists should have adequate policies and procedures in place for appropriate communication with the client's medical practitioner to ensure necessary medical consultation and to provide accurate documentation and reports.

Approved at the 13th General Meeting of WCPT June 1995

Relationships with other Health Professionals

In many situations physical therapists will function in a multi-disciplinary relationship with other health care practitioners in the care of a client. Many of these disciplines have evolved from similar science bases and, thus, may have philosophical or practice features in common with physical therapy.

Physical therapists should have an adequate understanding of the role and function of the other disciplines, appreciating the core differences as well as the common features.

It is the responsibility of the national physical therapy association, as well as individual physical therapists, to have strategies in place that explain the role and function of physical therapy, to demonstrate the efficacy of physical therapy, and to market physical therapy adequately and appropriately.

Member Organisations will be assisted to enhance the role and function of physical therapy where state or national registration or licensure is available to protect the title of physical therapy and physical therapist. However, where such regulation does not exist Member Organisations should appreciate the singular importance of professional reputation, gained through exemplary practice, as being the best means of demonstrating the value of physical therapy.

Member Organisations are encouraged to develop effective working relationships with the national bodies representing other health disciplines and, through communication and improved understanding, eliminate or minimise any negative attitudes or behaviours.

Approved at the 13th General Meeting of WCPT June 1995

Human Resource Planning

It is the responsibility of physical therapists, through their national associations working with governments and other agencies, to take part in national human resource (workforce) planning. Such planning should aim to ensure a balance between demand and supply for physical therapists and a balance between qualified physical therapists and support personnel to facilitate the best possible level of quality care for the community served.

Approved at the 13th General Meeting of WCPT June 1995

Description of Physical Therapy

In response to a motion at the 13th General Meeting to develop a description of physical therapy, WCPT initiated a consultative exercise with the intention of providing a foundation on which Member Organisations in different parts of the world could build a description of physical therapy relevant to their needs.

WCPT is committed to supporting Member Organisations - not stereotyping them. It is in this spirit that this description of physical therapy has been drawn up in response to the expressed need of members. It is intended as a Position Statement rather than a Declaration of Principle and is therefore open to be adopted fully, in part or developed to meet the evolving needs of the profession. New research is proving further evidence upon which future practice will build. Nowhere is this more apparent than in our understanding of human movement which is central to the skills and knowledge of the physical therapist. Clearly the uniqueness of the contribution which physical therapy can make to health care in the next millennium remains to be fully defined. This statement is presented as the basis upon which subsequent reviews of the description will continue to be conducted in response to the development of knowledge in physical therapy and the profession's response to changing health needs of society.

What is Physical Therapy?

The nature of Physical Therapy

Physical Therapy is providing services to people and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. Physical therapy includes the provision of services in circumstances where movement and function are threatened by the process of ageing or that of injury or disease. Full and functional movement are at the heart of what it means to be healthy.

Physical therapy is concerned with identifying and maximising movement potential, within the spheres of promotion, prevention, treatment and rehabilitation. Physical therapy involves the interaction between physical therapist, patients or clients, families and care givers, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physical therapists.

The physical therapists' distinctive view of the body and its movement needs and potential is central to determining a diagnosis and an intervention strategy and is consistent whatever the setting in which practice is undertaken. These settings will vary in relation to whether physical therapy is concerned with health promotion, prevention, treatment or rehabilitation.

The nature of the physical therapy process

Physical therapy is the service only provided by, or under the direction and supervision of a physical therapist and includes assessment, diagnosis, planning, intervention and evaluation.

Assessment includes both the **examination** of individuals or groups with actual or potential impairments, functional limitations, disabilities, or other conditions of health by history taking, screening and the use of specific tests and measures and **evaluation** of the results of the examination through analysis and synthesis within a process of clinical reasoning.

Diagnosis arises from the examination and evaluation and represents the outcome of the process of clinical reasoning. This may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/ disabilities or syndromes.

Planning begins with determination of the need for intervention and normally leads to the development of a plan of intervention, including measurable outcome goals negotiated in

collaboration with the patient/ client, family or care giver. Alternatively it may lead to referral to another agency in cases which are inappropriate for physical therapy.

Intervention is implemented and modified in order to reach agreed goals and may include manual handling; movement enhancement; physical, electro-therapeutic and mechanical agents; functional training; provision of aids and appliances; patient related instruction and counselling; documentation and co-ordination, and communication. Intervention may also be aimed at **prevention** of impairments, functional limitations, disability and injury including the **promotion** and maintenance of health, quality of life, and fitness in all ages and populations.

Evaluation necessitates **re-examination** for the purpose of evaluating outcomes.

Where is physical therapy practised?

The scope of physical therapy services

Physical therapy is an essential part of the health services delivery system. Physical therapists practice independently of other health care providers and also within interdisciplinary rehabilitation/habilitation programs for the restoration of optimal function and quality of life in individuals with loss and disorders of movement. Physical therapists are guided by their own code of ethical principles. Thus, they may be concerned with one of the following purposes:

- **Promoting** the health and well being of the individual and the general public/society.
- **Preventing** impairments, functional limitations, and disabilities in individuals at risk of altered movement behaviours due to health or medically related factors, socio-economic stressors, and lifestyle factors.
- **Providing interventions** to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life in individuals and groups of individuals with altered movement behaviours resulting from impairments, functional limitations, disabilities.

Settings in which physical therapy is practised

Physical therapy is delivered in a variety of settings which allow for it to achieve its purpose.

Treatment and **Rehabilitation** usually occur in community and acute care settings which may include but are not confined *to* the following:

- Hospices
- Hospitals
- Nursing Homes
- Rehabilitation Centres/Residential Homes
- Physical Therapist Private Office/Practice/Clinic
- Out-Patient Clinics
- Community Settings: Primary Health Care Centres: Individual Homes: Field Settings
- Education and Research Centres

Prevention and **Health Promotion** are more likely to occur in the following settings although they often form an integral part of treatment and rehabilitation offered within other care settings.

- Fitness Centres/Health Clubs/Spas
- Occupational Health Centres
- Schools
- Senior Citizen Centres
- Sports Centres
- Workplace/Companies
- Public settings (i.e. Shopping Malls) for health promotion

What Characterises Physical Therapy?

Assumptions underlying the knowledge and practice of physical therapy

The following assumptions are embedded in this description and reflect the central issues of physical therapy.

Movement

The capacity to move is an essential element of health and well-being. Movement is dependent upon the integrated, co-ordinated function of the human body at a number of different levels.

Movement is purposeful and is affected by internal and external factors.

Physical therapy is directed towards the movement needs and potential of the individual.

Individuals

Individuals have the capacity to change as a result of their responses to physical, psychological, social and environmental factors.

Body, mind and spirit contribute to individuals' views of themselves and enable them to develop an awareness of their own movement needs and goals.

Ethical principles require the physical therapist to recognise the autonomy of the patient or legal guardian in seeking his or her services.

Interaction

Interaction aims to achieve a mutual understanding between the physical therapist and the patient/client/family or care giver and forms an integral part of physical therapy.

Interaction is a pre-requisite for a positive change in body awareness and movement behaviours that may promote health and well-being.

Interaction often involves partnership within inter-disciplinary teams, in determining the needs and formulating goals for physical therapy intervention and recognises the patient/client/family and care givers as being active participants in this process.

Professional Autonomy

Professional education prepares physical therapists to be autonomous practitioners.

Professional autonomy is possible for individual physical therapists as they practice with patients/clients/family and care givers to reach a diagnosis which will direct their physical therapy interventions.

Diagnosis

Diagnosis within physical therapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, functional limitations and abilities/disabilities.

The purpose of the diagnosis is to guide physical therapists in determining the prognosis and identifying the most appropriate intervention strategies for patients/clients and in sharing information with them.

In carrying out the diagnostic process, physical therapists may need to obtain additional information from other professionals.

If the diagnostic process reveals findings that are not within the scope of the physical therapist's knowledge, experience or expertise, the physical therapist will refer the patient/client to another appropriate practitioner.

Where are we now?

Principles supporting the description of physical therapy

In order to make explicit the underlying values upon which this international description of physical therapy is based there follows a list of **principles** which are recognised as important by WCPT.

WCPT believes a description must:

- respect and recognise the history and roots of the profession;
- build on the reality of contemporary practice and the growing body of research;
- allow for variation in: cultures, values and beliefs; health needs of people and societies; and structure of health systems around the world;
- use terminology that is widely understood and adequately defined;
- recognise internationally accepted models and definitions (e.g. World Health Organisation definition of health);
- provide for the ongoing growth and development of the profession and for the identification of the unique contribution of physical therapy;
- acknowledge the importance of the movement sciences within physical therapy curricula at all levels;
- emphasise the need for practice to be evidence based whenever possible;
- appreciate the inter-dependence of practice, research and education within the profession:
- recognise the need to continuously review the description as the profession changes in response to the health needs of society and the development of knowledge in physical therapy;
- anticipate that work will flow from this description through utilisation of the document to assist in the development of curricula and identification of areas for research.

Acknowledgements:

WCPT acknowledges with appreciation the Member Organisations and individuals who contributed to the Description of physical therapy

Thanks are also due to the authors and publishers of resource material used for reference purposes in this document.

American Physical Therapy Association: Guide to Physical Therapist Practice, *Physical Therapy*. 77, November 1997

Cott CA, Finch E, Gasner D, Yoshida K, Thomas SG, Verrier MC(1995): The Movement Continuum of Physical Therapy, *Physiotherapy Canada* 47:87-95

Higgs J, Jones M (eds) (1995): *Clinical Reasoning in the Health Professions*, Butterworth-Heinemann, Oxford

Standing Liaison Committee of Physiotherapists in the European Union*: The Practice of Physiotherapy in the European Union*, 1996

Tornebohm H(1991): What is worth knowing in Occupational therapy? *American Journal of Occupational Therapy,* Vol.45 No.5 p.451 -454

World Health Organisation (WHO): *International Classification of Impairments, Disabilities and Handicap*, 1980

Approved by the 14th General Meeting of WCPT, May 1999

Education for Entry-level Physical Therapists

The World Confederation for Physical Therapy recognises the fact that there is considerable diversity in the social, economic and political environments in which physical therapy education is conducted throughout the world.

The World Confederation for Physical Therapy recommends that education for entry-level physical therapists be based on university or university level studies, of a minimum of four years, independently validated and accredited as being at a standard that accords graduates full statutory and professional recognition.

The World Confederation for Physical Therapy will assist national physical therapy associations with the development of appropriate educational standards and with the development of accreditation processes.

Approved at the 13th General Meeting of WCPT June 1995

Regulation and Reciprocity

Physical therapy is an internationally recognised health profession which may be practised by qualified and, where required by state or national legislation, duly registered or licensed physical therapists only. The terms registered/regulation and licensed/licensure are used synonymously.

Regulation provides the right to practise physical therapy to the appropriately qualified individuals under the appropriate legislative framework. The purpose of regulation is to protect the public from incompetent, unqualified or unethical practitioners.

Responsibility for professional regulation varies by country. It may be a government responsibility or a professional responsibility under government legislation or the responsibility of an independent regulatory authority. Individual registering authorities develop criteria for entry to physical therapy practise that are specific to the needs of their particular jurisdiction. They also may set continuing competency standards and establish and maintain a process to deal with complaints against members.

A credentialing process for the evaluation of educational and/or professional qualifications is an integral part of establishing the eligibility of a physical therapist to practice. In some countries, approval of the physical therapist's educational qualifications allows them to become licensed to practice and in others it means that they can sit the licensing examination in order to receive a license to practice.

Reciprocity

Reciprocity or mutual recognition means that one country recognises the physical therapy credentials of another. Although this type of recognition facilitates professional mobility it can only exist when two or more registering authorities agree that their qualifications are substantially equivalent and that there are enough similarities in professional practise to ensure protection of the public.

The balance between the pressure to facilitate increased international occupational mobility for physical therapists and the need to ensure that public safety is maintained is a delicate one. Maintaining the balance places a heavy responsibility upon the registering authorities that enter into such agreements.

The concept of reciprocity between registering authorities is not a new one and has been a subject for consideration for many years. National and international trade agreements and the emerging global economy provide new incentives to encourage registering authorities to re-open the consideration of such agreements. Notwithstanding this observation, it is accepted that while mutual recognition may be highly desirable between or among some countries, it will be considered a disadvantage to others.

The World Confederation for Physical Therapy:

- Considers that mutual recognition of professional qualifications is a matter of the registering authorities and professional bodies of the countries concerned.
- Accepts that, while barriers to practice are legitimate and necessary in order to protect the public from practitioners who have inadequate preparation for the type of practice in a given country, restrictions which serve only to protect national or local professional interests are wholly unacceptable. It notes with concern that some regulatory requirements and credentialing procedures act, or can appear to act, as barriers to worldwide professional mobility.
- Accepts that regulatory authorities may wish to retain the right to require applicants to demonstrate understanding of local laws, health regulations, rules and standards of professional conduct.

- Believes that an efficient, effective, fair and appropriate regulatory system is the prerequisite for both the individual and mutual recognition of professional qualifications
- Urges all Member Organisations to encourage legislative and regulatory bodies to incorporate the principles listed below into the establishment, administration and monitoring procedures of their registration process.

Principles for a Registration Process

Requirements for registration and eligibility to practice within a country should:

- be the same for all applicants regardless of nationality, race, creed, politics, gender or social status;
- be based upon fair, objective and transparent criteria related to professional education, experience and/or examination;
- not be more burdensome than is necessary to ensure the safety of the public;
- not be used for the sole purpose of restricting the supply of physical therapists in the country concerned;
- be communicated in plain language.

Approved at the 14th General Meeting of WCPT May 1999

Specialisation*

The World Confederation for Physical Therapy affirms the right of member organisations to make national policies which permit practice specialisation where such activity is considered by them to benefit the public and the profession by promoting higher standards of physical therapy.

The World Confederation for Physical Therapy wishes to harmonise and co-ordinate the development of practice specialisation by adopting the following definitions and guidelines:

1. Physical therapy specialisation is the application of advanced clinical competence by a physical therapist qualified in a defined area of practice within the field of activity recognised as physical therapy.
2. Advanced clinical competence is the demonstration of knowledge and skills beyond those required for entry to basic professional practice.
3. A physical therapy speciality is a prescribed area of physical therapy practice formally recognised by a member organisation within which it is possible for a physical therapist to develop and demonstrate higher levels of knowledge and skills. Specialisation is not to be considered or implied to mean a limitation or restriction of practice. The field of activity recognised as physical therapy will remain open to all appropriately qualified physical therapists both specialist and non-specialist practitioners working within their respective levels of competence.
4. A physical therapy specialist is a physical therapist who can demonstrate advanced clinical competence in a physical therapy speciality by satisfying the requirements of suitable procedures for the formal recognition of his/her knowledge and skills by a member organisation or its accredited agent.
5. The qualification of a physical therapy specialist will include a formal process for testing and acknowledging the appropriate advanced clinical knowledge and skills of the speciality. It is expected that the formal process will be fully documented.

*Appendix follows on next page
Approved at the 13th General Meeting of WCPT June 1995

Appendix to: Position Statement - Specialisation

Guidelines for Specialisation

The following guidelines are intended to assist member organisations to institute procedures for the qualification of physical therapy specialists.

The formal process of specialist qualification should provide for the following:

1. A board, council or committee of or accredited by the member organisation specifically established and mandated to act in all matters concerned with the qualification of specialist physical therapists.
2. A board, council or committee of or accredited by the member organisation to establish and monitor the requirements of each recognised speciality.
3. The participation by representatives of recognised medical and other health professions as and when appropriate.

In addition, the formal process of specialist qualification should be open to all appropriately qualified physical therapists who meet the defined and published criteria of the responsible boards, councils or committees of or accredited by the member organisation.

In so far as the member organisation bears final responsibility for all matters concerned with specialisation it has a duty to institute and publish appeals procedures which it or its accredited agent(s) will independently administer in the interest of individual or groups of physical therapists with a grievance in matters concerned with specialisation.

Community Based Rehabilitation

Community based rehabilitation (CBR) has been defined as “a strategy within community development for the rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate heath, education, vocational, and social services." (Draft Joint Position Paper from ILO, UNESCO, UNICEF and WHO, 2002) [2]

The World Confederation for Physical Therapy (WCPT) supports the development of CBR as a means of empowering people with disabilities to maximise their physical, mental and social abilities. It recognises that community change is often necessary to promote and fulfil the human rights of people with disabilities to become active participating members of their communities. The WCPT recognises that CBR extends beyond health and encompasses domains such as educational, social, vocational and economic rehabilitation. Inter-agency, cross-sectoral and multi-professional collaboration at all levels is vital in supporting this comprehensive approach to rehabilitation. Health care professionals work with local communities and individuals as partners involved in service planning, operation and monitoring.

Physical therapists are equipped to work in both urban and rural settings and have an important contribution to make in CBR:

- By providing interventions aimed at health promotion, disease prevention, treatment and rehabilitation
- By educating and transferring skills to other staff, carers and the community to achieve the fulfilment of physical therapy and client goals
- Through consultancy, advice, support and supervision to other health, education and social care personnel
- As initiators and managers of programmes
- As policy advisers to Governments, Non-Governmental Organisations (NGOs) and Disabled People’s Organisations (DPOs)

Physical therapists are prepared to fulfil these roles through education and continuing professional development opportunities.

The WCPT calls on national governments and non-governmental organisations to ensure integration in policy development to support CBR. It further calls for equal status to be conferred on those who work in rural communities with those based in urban institutions.

Approved at the 15th General Meeting of WCPT June 2003

[2] *International Labour Organization, United Nations Educational Scientific and Cultural Organization, United Nations Children's Fund, World Health Organization. Community-based rehabilitation (CBR) for and with people with disabilities. Draft Joint Position Paper. Geneva, Switzerland, 2002. Draft prepared for the Helsinki Consultation in May 2003, now being under revision.*

Support Personnel for Physical Therapy Practice

Physical therapy is an internationally recognised health profession which may be practised by qualified and, where required by state or national legislation, duly registered or licensed physical therapists only.

The term support personnel is used in a generic sense to encompass a range of employment classifications such as assistant, aide, technician or helper. It includes classifications such as receptionist, secretary or clerk where these personnel participate in direct care in any way.

The World Confederation for Physical Therapy acknowledges the diverse positions held by member organisations in relation to the employment of support personnel. This very diversity requires the World Confederation for Physical Therapy to adopt a position which does not interfere with, interrupt or exclude a current practice approved by an individual member organisation.

While the World Confederation for Physical Therapy affirms the right of individual member organisations to develop national policies which deny the employment of support personnel in direct client care, it also affirms the right of individual member organisations to make national policies which permit the employment of such support personnel, subject to the following provisions:

1. Support personnel will be trained adequately to perform effectively and safely any direct care task which the national association has deemed within the province of a physical therapist to delegate.
2. Support personnel will always be identified clearly so the client is never in doubt that the employee is not a physical therapist.
3. Support personnel will function only in a properly conducted physical therapy service under the direction and supervision of a physical therapist when implementing direct care programs.
4. It is the physical therapist's responsibility to assess the client's need for physical therapy care, develop a physical therapy diagnosis, plan the care, and ensure that the care plan is correctly implemented and evaluated.
5. The ethical principles guiding the conduct of physical therapists should contain specific reference to the proper use of support personnel in direct client care.

National physical therapy associations that endorse the employment of support personnel should have effective consumer and marketing policies in place to ensure employers, governments and the community understand that such support personnel cannot replace a qualified physical therapist.

Approved at the 13th General Meeting of WCPT June 1995

Physical Therapy Care of Elderly Persons

The World Confederation for Physical Therapy urges member organisations to take action by vigorously encouraging legislative and regulatory bodies to incorporate the following principles into their national planning and programs:

1. There should be active involvement of physical therapists with appropriate knowledge and experience of the development of services for elderly people in policy and planning at international, national and local levels.
2. Prompt and coordinated services provided by physical therapists should be available and accessible to elderly persons experiencing problems affecting their ability to function.
3. The provision of physical therapy services in the home or programs organised for elderly persons who usually reside at home, such as out-patient clinics, day hospitals, day care centres or respite care programs, should be promoted as an alternative to high cost hospital or institutional care.
4. The establishment of physical therapy programs for those who do not have direct access to mainstream services, for example, elderly persons in rural areas.

Approved at the 13th General Meeting of WCPT June 1995

High Risk Infectious Diseases

The provision of effective quality care while respecting the rights of the patient shall be the primary consideration of every Physical Therapist.

Physical Therapists must familiarise themselves with the standards adopted by the facility in which they practice and the standards recommended by their respective local and National Health Departments.

Approved at the 13th General Meeting of WCPT June 1995

The United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities

Preconditions for Equal Participation

Rule 1 Awareness-raising

States should take action to raise awareness in society about persons with disabilities, their rights, their potential and their contribution.

Rule 2 Medical Care

States should ensure the provision of effective medical care to persons with disabilities.

Rule 3 Rehabilitation

States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and function.

Rule 4 Support Services

States should ensure the development and supply of support services, including assistive devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

Target Areas for Equal Participation

Rule 5 Accessibility

States should recognise the overall importance of accessibility in the process of the equalisation of opportunities in all sphere of society. For persons with disabilities of any kind, States should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication.

Rule 6 Education

States should recognise the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

Rule 7 Employment

States should recognise the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labour market.

Rule 8 Income Maintenance and Social Security

States are responsible for the provision of social security and income maintenance for persons with disabilities.

Rule 9 Family Life and Personal Integrity

States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood.

Rule 10 Culture

States will ensure that persons with disabilities are integrated into and can participate in cultural activities on an equal basis.

Rule 11 Recreation and Sport

States will take measures to ensure that persons with disabilities have equal opportunities for recreation and sport.

Rule 12 Religion

States will encourage measures for equal participation by persons with disabilities in the religious life of their communities.

Implementation Measures

Rule 13 Information and Research

States assume the ultimate responsibility for the collection and dissemination of information on the living conditions of persons with disabilities and promote comprehensive research on all aspects, including obstacles that affect the lives of persons with disabilities.

Rule 14 Policy-making and Planning

States will ensure that disability aspects are included in all relevant policy-making and national planning.

Rule 15 Legislation

States have the responsibility to create the legal basis for measures to achieve the objectives of full participation and equally for persons with disabilities.

Rule 16 Economic Policies

States have the financial responsibility for national programmes and measures to create equal opportunities for persons with disabilities.

Rule 17 Coordination of Work

States are responsible for the establishment and strengthening of national coordinating committees, or similar bodies, to serve as a national focal point on disability matters.

Rule 18 Organisations of Persons with Disabilities

States should recognise the rights of the organisations of persons with disabilities to represent persons with disabilities at national, regional and local levels.

Rule 19 Personnel Training

States are responsible for the continuous monitoring and evaluation of the implementation of national programmes and services concerning the equalisation of opportunities for persons with disabilities.

Rule 20 National Monitoring and Evaluation of Disability Programmes in the Implementation of the Rules

States are responsible for the continuous monitoring and evaluation of the implementation of national programmes and services concerning the equalisation of opportunities for persons with disabilities.

Rule 21 Technical and Economic Cooperation

States, both industrialised and developing, have the responsibility to cooperate in and take measures for the improvement of the living conditions of persons with disabilities in developing countries.

Rule 22 International Cooperation

States will participate actively in international cooperation concerning policies for the equalisation of opportunities for persons with disabilities.

Adopted by the United Nations General Assembly at its 48th Session December 1993 (Resolution 48/96)
Endorsed by the 13th WCPT General Meeting 1995

Appendix to the Standard Rules

Rule 2 Medical Care

States should ensure the provision of effective medical care to persons with disabilities.

1. States should work towards the provision of programmes run by multidisciplinary teams of professionals for early detection, assessment and treatment of impairment. This should prevent, reduce or eliminate disabling effects. Such programmes should ensure the full participation of persons with disabilities and their families at the individual level and of organisations of persons with disabilities at the planning and evaluation level.
2. Local community workers should be trained to participate in areas such as early detection of impairments, the provision of primary assistance and referral to appropriate services.
3. States should ensure that persons with disabilities, particularly infants and children, are provided with the same level of medical care within the same system as other members of society.
4. States should ensure that all medical, paramedical and related personnel are adequately trained and equipped to give medical care to persons with disabilities and that they have access to relevant treatment methods and technology.
5. States should ensure that medical, paramedical and related personnel are adequately trained so that they do not give inappropriate advice to parents, thus restricting options for their children. This training should be an ongoing process and should be based on the latest information available.
6. States should ensure that persons with disabilities are provided with any regular treatment and medicines they may need to preserve or improve their level of functioning.

Rule 3 Rehabilitation*

States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.

1. States should develop national rehabilitation programmes for all groups of persons with disabilities. Such programmes should be based on the actual individual needs of persons with disabilities and on the principles of full participation and equality.
2. Such programmes should include a wide range of activities, such as basic skills training to improve or compensate for an affected function, counselling of persons with disabilities and their families, developing self-reliance, and occasional services such as assessment and guidance.
3. All persons with disabilities, including persons with severe and/or multiple disabilities, who require rehabilitation should have access to it.
4. Persons with disabilities and their families should be able to participate in the design and organisation of rehabilitation services concerning themselves.
5. All rehabilitation services should be available in the local community where the person with disabilities lives. However, in some instances, in order to attain a certain training objective, special time-limited rehabilitation courses may be organised, where appropriate, in residential form.
6. Persons with disabilities and their families should be encouraged to involve themselves in rehabilitation, for instance as trained teachers, instructors or counsellors.
7. States should draw upon the expertise of organisations of persons with disabilities when formulating or evaluating rehabilitation programmes.

* Rehabilitation is a fundamental concept in disability policy and is separated defined:

> The term 'rehabilitation' refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve

initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-orientated activities, for instance vocational rehabilitation.