Physical Therapist Assistants’ Perceptions of the Documented Roles of the Physical Therapist Assistant: A Response to Lippert’s Reply

Andrew J. Robinson  
Ithaca College

Mary Turner DePalma  
Ithaca College

Michael McCall  
Cornell University, mm114@cornell.edu

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Physical Therapist Assistants’ Perceptions of the Documented Roles of the Physical Therapist Assistant: A Response to Lippert’s Reply

Abstract
[Excerpt] We would like to thank Lynn Lippert for her thoughtful and supportive commentary on our article dealing with physical therapist assistants’ (PTAs’) perceptions of documented PTA roles. We agree with her position that the lack of operational definitions for terms associated with physical therapy activities is a problem, both in conducting research in the area of occupational roles and in the documentation that differentiates physical therapist, PTA, and physical therapy aide practice. We would strongly encourage individuals or groups involved in revising guidelines on the roles of providers of physical therapy services to begin that process by generating operational definitions of tens that may lead to confusion in the interpretation of policy on the direction, delegation, and supervision in physical therapy services.

Keywords
delivery of health care, physical therapist assistant, physical therapy profession, professional issues, role

Disciplines
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Comments
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We would like to thank Lynn Lippert for her thoughtful and supportive commentary on our article dealing with physical therapist assistants’ (PTAs’) perceptions of documented PTA roles. We agree with her position that the lack of operational definitions for terms associated with physical therapy activities is a problem, both in conducting research in the area of occupational roles and in the documentation that differentiates physical therapist, PTA, and physical therapy aide practice. We would strongly encourage individuals or groups involved in revising guidelines on the roles of providers of physical therapy services to begin that process by generating operational definitions of terms that may lead to confusion in the interpretation of policy on the direction, delegation, and supervision in physical therapy services.

Ms. Lippert correctly indicated that changes in American Physical Therapy Association (APTA) House of Delegates (HOD) policy on PTA utilization may lead to “a more creative use of the physical therapist assistant” in the provision of physical therapy services. The possibility also exists that less specificity in the definition of the PTA may also lead to utilization of PTAs in ways that are inconsistent with their educational preparation. This may be especially true in cases where health care systems have been unable to afford the cost of needed physical therapists or where recruitment of physical therapists has been difficult.

The commentary suggested that clinicians’ education about PTA roles may have occurred “several years ago” during their professional schooling, where instruction on this topic may have been limited. The analysis of our data, however, did not suggest that PTA responses regarding PTA roles...
were related to the number of years that respondents had practiced. Surprisingly, the perceptions of recent PTA graduates (<4 years of practice) regarding PTA roles did not differ from those of PTAs who had been practicing for more than a decade.

We maintained in our report that no documentation exists in practice guidelines to support the position that the PTA “delegates treatment tasks to an aide.” Ms Lippert is correct that APTA policy states, “The physical therapy aide performs designated routine tasks related to the operation of a physical therapy service delegated by the physical therapist or, in accordance with the law, a physical therapist assistant.” 3 We did not equate “routine tasks related to the operation of a physical therapy service” with “treatment tasks,” although such an interpretation is certainly plausible. Once again, this highlights the potential for different interpretations of the same guideline. However, both the 1993 version of this HOD policy on direction, delegation, and supervision in physical therapy services as well as the 1995 version of this policy list “responsibilities which must be borne solely by the physical therapist.” This list of responsibilities includes “Delegation and instruction of the services to be rendered by the physical therapist assistant or other supportive personnel including but not limited to specific treatment program….” [emphasis added]” This statement was the basis for suggesting that PTA perceptions of the PTA role in delegation of treatment tasks to an aide were incongruent with APTA policy. This interpretation is supported by the finding that delegation of treatment tasks is identified in the “Red Book” 4 as a physical therapist competency (#2.5.1) but is not identified as a PTA competency.

In closing, we also recognize that research into perceptions of role delineation of physical therapy providers should serve to focus efforts of those who seek clarification of roles. The ultimate goal of such efforts is to structure physical therapy services so that we may more effectively and efficiently provide for the needs of those we serve. We are pleased that Ms Lippert recognizes the contribution of our work, and we believe that continued dialogue will ultimately achieve the clarity we both seek.

Andrew J Robinson, PhD, PT
Mary Turner DePalma, PhD
Michael McCall, PhD

References