Physical Therapy 2010

California Vision Statement

California Physical Therapy Association

Introduction

For any organization to effectively plan it must have a vision of its future based on its values and ideals. Recognizing that the world in which we live is in a constant state of change and resources are limited, planning for the future is a critical component of any successful and enduring organization. Planning is a dynamic ongoing process which is cognizant of and responsive to organizational development theory, paradigm shifts, external environmental factors, the community of interest, and related theoretical and practical developments within the profession of physical therapy, the California Chapter of the American Physical Therapy Association (APTA), and society at large.

The California Chapter has engaged in informal and formal long range planning since its inception in the early 1970's. The Chapter developed its first formal long range plan in 1979. The outgrowth of that plan is the Chapter Operational Plan which is updated annually by the Chapter Board.

While the past efforts of the Chapter were appropriate for their times in the development of the organization, they did not include a clear image and direction for establishment and accomplishment of long term Chapter goals. Neither did they include a method for regular and ongoing review and revision consistent with the changing needs of society and the Chapter, emerging paradigms within the Chapter and the health care delivery system, and the socioeconomic and cultural considerations of the State of California.

The document includes a philosophical statement of the ideal practice of physical therapy in the year 2010 followed by a listing of the characteristics (both mandatory and optional) which describes the physical therapist and the physical therapist assistant. Goals are then identified which will facilitate actualization of the ideal. The goals are presented in three six year blocks/time periods. Definitive methods or steps to be taken to accomplish these goals remain the prerogative of the Chapter Board. The final section is the methodology for reviewing, modifying, and maintaining the currency of the statement.

The Chapter gratefully acknowledges the efforts of the Task Force on Long Range Planning which was constituted by the Chapter Board on January 6,1991 and completed its task on February 22, 1992 with a report and recommendation for action by the Chapter Board at its April 3-4, 1992 meeting. Members of the Task Force were Patricia Schenkkan, Chairperson, Julie Akin, Patricia Rae Evans, Lisa Ferrin, Clarence W. Hultgren, Michael Laymon, Judith A. Sebring and Michael Weinper.

Adopted as working document by CB-92-APR-56
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Amended by CB-98-Sep-32

Ideal Practice of Physical Therapy

In the year 2010, it will be commonly accepted that physical therapists will:

- be recognized as experts in the analysis and management of movement dysfunction
- analyze human movement from a systems interactive model
- be master clinicians
- evaluate, establish diagnosis for movement dysfunction, plan physical therapy prevention, education and intervention programs, perform specialized treatment procedures, and work in teams of physical therapists and physical therapist assistants
- refer to other practitioners when a patient's condition is not appropriate for physical therapy or when there is an indication that an additional condition exists which is beyond the scope of physical therapy
- confer with other practitioners for additional diagnostic services to assist in establishing a diagnosis
- refer to other physical therapists for additional diagnostic consultations and more specialized evaluation and treatment
- evaluate and treat patients without specific authorization from a licensed physician (e.g. referral or medical diagnosis)
- provide and be compensated appropriately for physical therapy which is included as a basic service in all health care programs
- practice in a variety of settings and in a variety of structural configurations which recognize the autonomy of professional judgment
- have an option to follow patients through a variety of settings for an episode of care
- be identified as members of an individual's personal healthcare network
- pursue post-professional education opportunities and clinical specialist certification through a variety of mechanisms
- conduct clinical research both independent from and in conjunction with academic institutions
- focus practice in specialty areas
- prescribe durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy
- be integral members of the primary care team (neuromuscular, musculoskeletal, integumentary, and/or cardiopulmonary) and be an entry point into the health care system
- practice independently or as integral members of the interdisciplinary health care team

It is essential that the freedoms described in this statement be accorded to all physical therapists.

Characteristics of the Physical Therapist

In order to practice in this evolved manner there are certain characteristics of the profession which must exist within each practitioner and there are others which will be optional. The following is a listing of the mandatory and optional characteristics of the physical therapist practitioner of 2010.

Mandatory Characteristics

The following characteristics will be descriptive of all *physical therapist practitioners*. The physical therapist will:

- be an analyst of human movement and a diagnostician and manager of movement dysfunction
- be a master clinician providing evaluative and intervention services
- be capable of practicing in a direct access system
- be recognized as the sole provider of physical therapy
- be capable of conducting clinical research
- have a database to ascertain efficacy of current treatment procedures
- enter the profession of physical therapy with a professional doctorate
- be licensed and re-licensed by means of a competency based examination designed to determine the practitioner's ability to practice as an entry level generalist
- have referral relationships with physical therapists and other practitioners for diagnostic consultation and management
- be recognized as an integral member of the primary care team
- assume an active role in the education of patients, the community, providers and payers
- be identified by the patients, the public, the community and other health care providers as the professional who has expertise in injury prevention, health, and analysis and treatment of patients with movement dysfunction

Optional Characteristics

The characteristics listed below will be considered optional for the individual physical therapist, *but mandatory for the professional community of physical therapists*. The physical therapist will have the option to:

- practice independent of practitioner referrals in institutional and non-institutional settings
- practice with institutional practice privileges
- participate in group practices, associate practices, contractual arrangements, employee/employer relationships, and as individual private practitioners
- achieve certification as a clinical specialist
- pursue advanced academic or professional degrees in physical therapy and related disciplines
- conduct clinical research to establish theories and to discover new treatments
- establish clinical research centers in concert with or separate from academic institutions
- focus practice in specialty areas
- utilize physical therapist assistants for the provision of limited assessment and treatment procedures
- address the physical therapy needs of society at all sociopolitical and economic levels
- participate in establishment of a database for efficacy of treatment procedures

Characteristics of the Physical Therapist Assistant

The role of the physical therapist includes utilization of physical therapist assistants. The role of the physical therapist assistant will selectively expand but will continue to be reflective of a highly trained technical occupation. The following is a listing of the mandatory and optional characteristics of the physical therapist assistant of 2010.

Mandatory Characteristics

The following characteristics will be descriptive of all physical therapist assistants. The physical therapist assistant will:

- be the supportive technical assistant to the physical therapist for the performance of routine assessment and treatment procedures
- have an education at the associate degree level
- be approved by means of a competency based examination and re-examination reflective of entry level technical performance
- assist the physical therapist in clarifying patient problems, modifying treatment and assessing patient progress by careful observation, administration of routine tests and objective documentation
- be identified by the patients, the public, the community and other health care providers as an integral member of the physical therapy team

Optional Characteristics

The characteristics listed below will be considered optional for the individual physical therapist assistant, *but mandatory for the community of physical therapist assistants*. The physical therapist assistant will have the option to:

- participate in continuing education programs designed to enhance skill performance
- pursue post-entry level degree programs in related fields at the baccalaureate degree level
- apply course work taken in their entry level physical therapist assistant education program toward their initial professional physical therapist education program
- participate in clinical research projects

Goals

In order to actualize the vision statement of Physical Therapy 2010 the following Goals have been developed to establish the long term focus for the Chapter and the profession in California. Except as specifically noted, all references are to California. Time frames for goals accomplishment have been established on a six year basis: 1998, 2004, and 2010.

The specific steps and activities for goal accomplishment will continue to be the responsibility of the Chapter Board and will be delineated in the Chapter Operational Plan.

For each of the respective time periods the goals have been classified under the traditional headings of practice, education, research, and Chapter structure.

1998

Practice 1998

1. Physical therapists evaluate, plan physical therapy programs and perform specialized treatment procedures, and some physical therapists establish physical therapy diagnoses.
2. Some physical therapists work in teams of physical therapists and physical therapist assistants
3. Some physical therapists initiate services subsequent to their own evaluation and diagnosis with or without referral from or diagnosis by another practitioner.
4. Some institution-based physical therapists are able to obtain practice privileges and provide their services by contract.
5. The percentage of physical therapists practicing in associate and/or partnership relationships has increased.
6. The percentage of physical therapists providing services in institutions through limited or full practice privileges has increased.
7. The percentage of physical therapists seeking Board certification as clinical specialists has increased.
8. Board-certified clinical specialists are recognized by the consuming public and third party payers.
9. A few physical therapists follow their patients through a variety of clinical settings over the patient's episode of care.
10. The physical therapist is beginning to be recognized as a member of an individual consumer's personal health care network who will follow him/her over an episode of care.
11. Physical therapist services are included in all mandated and major health care programs.
12. Reimbursement for physical therapist services moves away from the use of a technique-based schedule.
13. The physical therapist is recognized by some third party payers as an entry point into the health care system.
14. Physical therapist assistants are increasingly utilized appropriately in providing treatment.
15. Physical therapists refer patients to other practitioners when their evaluations indicate conditions requiring services outside of or beyond the physical therapist's scope.
16. Development of an internship of 3-12 months following completion of academic and clinical education requirements has begun.
17. Methods are being developed to assess minimal competency at the generalist entry level for renewal of licensure by the Physical Therapy Board of California for physical therapists.
18. Methods are being developed to assess minimal competency at the entry level for renewal of approval by the Physical Therapy Board of California for physical therapist assistants.
19. Referral for profit is prohibited.

20. Physical therapists practice effectively and in a cost-effective manner by developing creative and equitable solutions to the problems of escalating health care costs.
21. The percentage of physical therapists participating in the development of health policy and government has increased.
22. Physical therapists have increased autonomy in clinical and administrative decision making within all practice settings.
23. Legislation has been drafted to allow physical therapists to prescribe topical medications for use in physical therapy.
24. Some insurance companies reimburse for durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy prescribed by physical therapists.
25. Physical therapists practice effectively and in a cost-effective manner by developing creative and equitable solutions to the challenges of managed care.

Education 1998

1. All new and existing initial professional physical therapist education programs award or have been approved to award a post-baccalaureate degree.
2. Many education programs use a balance of full and part-time faculty and have established faculty practices to facilitate excellence in education and to help resolve the faculty shortage.
3. The number of academic and clinical faculty with doctorates and post-professional master's degrees and those with Board certification as clinical specialists has increased.
4. The applicant pools for physical therapist and physical therapist assistant education programs continue to improve and are demographically more representative of the ethnic and cultural diversity of Californians.
5. Additional post-professional education programs for preparation of clinical specialists, faculty, and researchers have been developed and implemented.
6. At least one initial professional physical therapist education program allows physical therapist assistants enrolled in their programs to challenge the portions of that program which they feel are equivalent to their physical therapist assistant education.
7. Clinical specialization education programs for physical therapists have been developed.
8. Extended and continuing education courses for physical therapist assistants have been developed.
9. Enrollment of diverse multicultural students in physical therapist and physical therapist assistant education programs.
10. The Position on Education for Physical Therapy in California states that a master's degree or a professional doctorate in physical therapy is the desired level for initial entry into practice as a physical therapist.
11. At least one initial professional physical therapist education program allows students enrolled in its program to challenge the portions of that program which they feel are equivalent to their previous education.
12. Education programs for physical therapists and physical therapist assistants explore innovative solutions for easing the faculty shortage.
13. Physical therapists are prepared to diagnose through extended and continuing education programs.
14. At least one physical therapist professional education program in California explores the feasibility of developing a professional doctoral program for entry into the practice of physical therapy.

Research 1998

1. The percentage of physical therapists, physical therapist assistants, and faculty involved in clinical and basic research has increased.
2. Clinical research center planning has begun.

3. The California Physical Therapy Fund awards $20,000 annually for clinical research by practitioners, faculty, and students.
4. A statewide database, available on the Internet, on physical therapy research has been developed which delineates the efficacy of evaluation and treatment methods.
5. Funding for clinical research by private and government sources are explored and implemented.
6. Academic and clinical faculty and some clinicians conduct and sponsor individual and cooperative research projects, and publish and present their findings at conferences.

Chapter 1998

1. Chapter membership has increased to 33% of eligible physical therapists and 15% of eligible physical therapist assistants.
2. Membership recruitment works towards the ethnic and cultural demographics of California.
3. The Chapter has initiated a program for the collection, analysis, and dissemination of data on the effectiveness of physical therapy treatment in California.
4. The Chapter represents the interests of physical therapists and physical therapist assistants to government and other organizations.
5. The Chapter adopts positions and statements of philosophy which reflect a strong commitment to the public welfare.
6. The Chapter establishes and maintains standards of practice which reflect a commitment to excellence in patient care and are responsive to the changing health care environment.
7. The Chapter provides a broad spectrum of membership benefits consistent with the contemporary needs of its members.

2004

Practice 2004

1. Physical therapists evaluate, plan physical therapy programs and perform specialized treatment procedures, and most physical therapists establish physical therapy diagnoses.
2. Most physical therapists work in teams of physical therapists and physical therapist assistants.
3. Most physical therapists initiate services subsequent to their own evaluation and diagnosis with or without referral from or diagnosis by another practitioner.
4. The majority of institutional based physical therapists have practice privileges.
5. The majority of physical therapists in independent practice have associate or partnership relationship.
6. The majority of physical therapists in independent practice have limited or full practice privileges in institutions.
7. Twenty percent of physical therapists are Board-certified clinical specialists.
8. Board-certified clinical specialists are recognized and accepted by the consuming public and the third party payers.
9. The percentage of physical therapists following their patients through a variety of clinical settings over the patient's episode of care has increased.
10. The physical therapist is increasingly recognized as a member of an individual consumer's personal health care network who will follow him/her over an episode of care.
11. Physical therapist services are included in all mandated and major health care programs at an optimal level.

12. The majority of reimbursement for physical therapist services are on a per-visit basis reflecting the complexity of decision making, depth and breadth of knowledge required, the severity of the patient problem and special instrumentation required.
13. The physical therapist is recognized by a majority of third party payers as a diagnostician and entry point into the health care system.
14. Physical therapist assistants are appropriately utilized in providing treatment.
15. Physical therapists confer with other practitioners for additional diagnostic services to assist in establishing the physical therapy diagnosis.
16. Following completion of academic and clinical education requirements, an accredited internship of 3-12 months is required for licensure.
17. Methods have been developed to assess minimal competency at the generalist entry level for renewal of licensure by the Physical Therapy Board of California for physical therapists.
18. Methods have been developed to assess minimal competency at the entry level for renewal of approval by the Physical Therapy Board of California for physical therapist assistants..
19. Physical therapists practice as analysts of human movement, diagnosticians, and managers of physical dysfunction.
20. Physical therapists refer patients to other practitioners when their evaluations and diagnoses indicate conditions requiring services outside of or beyond the physical therapist's scope.
21. Physical therapists have the authority to prescribe durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy.
22. Insurance companies reimburse for durable medical equipment, electrotherapy and other physical therapy devices, Orthoses, prostheses, and topical medications consistent with the practice of physical therapy prescribed by physical therapists.

Continuing

1. Referral for profit is prohibited.
2. Physical therapists practice effectively and in a highly cost-effective manner by developing creative and equitable solutions to the problems of escalating health care costs.
3. The percentage of physical therapists participating in the development of health policy and government has increased.
4. Physical therapists have increased autonomy in clinical and administrative decision making within all practice settings.
5. Clinical practice is reflective of scientific-based evidence and theories

Education 2004

1. Fifty percent of the initial professional physical therapist education programs award a master's degree and fifty percent award a professional doctorate in physical therapy .
2. Education programs use a balance of full and part-time faculty and faculty practices to facilitate excellence in education and help resolve the faculty shortage.
3. The majority of academic and clinical faculty have earned doctorates, post-professional master's degrees, or board certification as clinical specialists.
4. The applicant pools and enrolled physical therapist and physical therapist assistant student populations continue to improve and are demographically more representative of the ethnic and cultural diversity of Californians.
5. Additional post-professional master's degree programs have been developed to prepare clinical specialists, educators, and researchers.

6. Additional initial professional physical therapist education programs allow physical therapist assistants enrolled in their programs to challenge the portions of that program which they feel are equivalent to their physical therapist assistant education.
7. Clinical specialization education programs for physical therapists are operational.
8. Extended and continuing education courses for physical therapist assistants are operational.
9. Ten percent of the enrollment in physical therapist and physical therapist assistant education programs reflect students from multicultural backgrounds.
10. The Position on Education for Physical Therapy in California states that the professional doctorate in physical therapy is the desired level for initial entry into practice as a physical therapist.
11. Maintain increased enrollment in existing physical therapist professional education program.
12. Additional initial professional physical therapist education programs allow students enrolled in their programs to challenge the portions of the program which they feel are equivalent to their previous education.
13. Data has been gathered regarding the need for and effectiveness of equivalency mechanisms to qualify to be examined for approval as a physical therapist assistant.
14. Additional post-professional doctor of philosophy degree programs have been developed to prepare educators, researchers, and academic administrators.
15. Curriculum content of entry-level doctoral physical therapy programs prepares independent practitioners.

Continuing

1. Education programs for physical therapists and physical therapist assistants explore innovative solutions for easing the faculty shortage.
2. Physical therapists are prepared to diagnose through extended and continuing education programs.
3. Continuing education programs present clinical practice techniques based on published scientific evidence.

Research 2004

1. The percentage of physical therapists, physical therapist assistants, and faculty involved in clinical and basic research has further increased.
2. A clinical research center is established in California.
3. The California Physical Therapy Fund awards $30,000 annually for clinical research by practitioners, faculty, and students.
4. The statewide database for physical therapy is continually updated and published for the membership and other interested parties.
5. Funding for clinical research is established at acceptable levels through private and government sources.
6. Academic and clinical faculty and clinicians publish research results in a variety of refereed journals in and external to physical therapy and present their findings at conferences.
7. Academic and clinical faculty and some clinicians conduct and sponsor basic science research.
8. Academic and clinical faculty and clinicians conduct and sponsor individual and cooperative clinical research designed to establish the efficacy of evaluation and treatment procedures.
9. All initial professional physical therapist education programs require students to participate in directed research as part of their curriculum of study.
10. California Research Special Interest Group guides research projects in clinical settings.

Chapter 2004

1. Chapter membership has increased to 60% of the eligible physical therapists and 60% of the eligible physical therapist assistants.
2. Membership recruitment for both physical therapists and physical therapist assistants has increased by 10% towards reflecting the ethnic and cultural demographics of California.
3. The Chapter is the hub for collection of data which is available to internal and external groups using high technology capabilities.
4. The Chapter's data collection, analysis, and dissemination capability is high- technology based and is available to internal and external groups.

Continuing

1. The Chapter represents the interests of physical therapists and physical therapist assistants to government and other organizations.
2. The Chapter adopts positions and statements of philosophy which reflect a strong commitment to the public welfare.
3. The Chapter establishes and maintains standards of practice which reflect a commitment to excellence in patient care and are responsive to the changing health care environment.
4. The Chapter provides a broad spectrum of membership benefits consistent with the contemporary needs of its members.

2010

Practice 2010

1. Physical therapists evaluate, establish physical therapy diagnoses, plan physical therapy programs and perform specialized treatment procedures.
2. Physical therapists work in teams of physical therapists and physical therapist assistants.
3. Physical therapists initiate services subsequent to their own evaluation and diagnosis with or without referral from or diagnosis by another practitioner.
4. Institution-based physical therapists are able to obtain practice privileges and provide their services by contract.
5. Most physical therapists in independent practice have associate or partnership relationships.
6. Most physical therapists have limited or full practice privileges in institutional settings.
7. The number of Board-certified clinical specialists continues to increase in the profession.
8. Board-certified clinical specialists are recognized and sought out by the consuming public and third party payers.
9. Physical therapists are able to follow their patients through a variety of clinical settings over the patient's episode of care.
10. The physical therapist is recognized as a needed member of an individual consumer's personal health care network.
11. Physical therapist services are included in all health care programs at an optimal level.
12. Reimbursement for physical therapist services are on a per-visit basis reflecting the complexity of decision making, depth and breadth of knowledge required, the severity of the patient problem and special instrumentation required.
13. The physical therapist is recognized by third party payers as a diagnostician and entry point into the health care system.
14. Physical therapist assistants provide physical therapy treatment procedures and limited assessment procedures.
15. Physical therapists practice with full autonomy of professional judgment.
16. Following completion of academic and clinical education requirements, an accredited internship of 6-12 months is required for licensure.
17. The physical therapist is recognized as the sole provider of physical therapy.
18. Physical therapists prescribe durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy.

Continuing

1. Referral for profit is prohibited.
2. Physical therapists practice effectively and in a highly cost-effective manner by developing creative and equitable solutions to the problems of escalating health care costs.
3. The percentage of physical therapists participating in the development of health policy and government has increased.
4. Physical therapists practice as analysts of human movement, diagnosticians, and managers of physical dysfunction.
5. Physical therapists refer patients to other practitioners when their evaluations and diagnoses indicate conditions requiring services outside of or beyond the physical therapist's scope.
6. Methods have been developed to assess minimal competency at the generalist entry level for renewal of licensure by the Physical Therapy Board of California for physical therapists.
7. Methods have been developed to assess minimal competency at the entry level for renewal of approval by the Physical Therapy Board of California for physical therapist assistants.

8. Physical therapists confer with other practitioners for additional diagnostic services to assist in establishing the physical therapy diagnosis.
9. Insurance companies reimburse for durable medical equipment, electrotherapy and other physical therapy devices, Orthoses, prostheses, and topical medications consistent with the practice of physical therapy prescribed by physical therapists.

Education 2010

1. Initial professional physical therapist education programs award a professional doctorate in physical therapy.
2. Education programs are using full and part time faculty with appropriate academic credentials to facilitate excellence in education.
3. Most academic and clinical faculty have earned academic or professional doctorates, post-professional master's degrees, or board certification as clinical specialists.
4. The applicant pools and enrolled physical therapist and physical therapist assistant student populations are demographically consistent with the ethnic and cultural diversity of Californians.
5. Post-professional degree programs are readily available at both the master's and doctor of philosophy levels and are adequate in number and emphasis to meet the needs of California physical therapists.
6. Initial professional physical therapist education programs allow physical therapist assistants enrolled in their programs to challenge the portions of that program which they feel are equivalent to their physical therapist assistant education.
7. Clinical specialization education programs for physical therapist are adequate in number and variety to meet the needs of California physical therapists.
8. Extended and continuing education courses for physical therapist assistants are adequate in number and variety to meet the needs of California physical therapist assistants.
9. Enrollment in physical therapist and physical therapist assistant education programs reflect the ethnic and cultural demographics of California.
10. Initial professional physical therapist education programs are readily available and adequate in number to meet the physical therapy needs of Californians.
11. Physical therapist assistant education programs are readily available and adequate in number to meet the physical therapy needs of Californians.
12. Graduation from an accredited physical therapist assistant education program is the sole mechanism to be eligible to take the exam to be approved as a physical therapist assistant.

Continuing

1. The Position on Education for Physical Therapy in California states that the professional doctorate in physical therapy is the desired level for initial entry into practice as a physical therapist.
2. Maintain increased enrollment in existing physical therapist professional education program.
3. Additional initial professional physical therapist education programs allow students enrolled in their programs to challenge the portions of the program which they feel are equivalent to their previous education.
4. Education programs for physical therapists and physical therapist assistants explore innovative solutions for easing the faculty shortage.
5. Curriculum content of entry-level doctoral physical therapy programs prepares independent practitioners.

Research 2010

1. Many physical therapists, physical therapist assistants, and faculty are involved in clinical and basic research.

2. A high-technology clinical research center is fully operational and accessible to practitioners in all areas of the state.
3. The California Physical Therapy Fund awards $40,000 annually for clinical research by practitioners, faculty, and students.
4. The statewide database of information regarding the efficacy of physical therapy diagnostic and treatment procedures is current and frequently updated reflecting the increase in clinical research by academicians and practitioners.
5. Research publications are disseminated as a membership benefit.

Continuing

1. Funding for clinical research is established at acceptable levels through private and government sources.
2. Academic and clinical faculty and clinicians publish research results in a variety of refereed journals in and external to physical therapy and present their findings at conferences.
3. Academic and clinical faculty and some clinicians conduct and sponsor basic science research.
4. Academic and clinical faculty and clinicians conduct and sponsor individual and cooperative clinical research designed to establish the efficacy of evaluation and treatment procedures
5. All initial professional physical therapist education programs require students to participate in directed research as part of their curriculum of study.

Chapter 2010

1. Chapter membership includes 80% of the eligible physical therapists and 80% of the eligible physical therapist assistants.
2. Membership reflects the ethnic and cultural demographics of California.

Continuing

1. The Chapter represents interests of physical therapists, physical therapist assistants, and public to government and other organizations.
2. The Chapter adopts positions and statements of philosophy which reflect a strong commitment to the public welfare.
3. The Chapter establishes and maintains standards of practice which reflect a commitment to excellence in patient care and are responsive to the changing health care environment.
4. The Chapter provides a broad spectrum of membership benefits consistent with the contemporary needs of its members.
5. The Chapter is the hub for collection of data which is available to internal and external groups using high technology capabilities.
6. The Chapter's data collection, analysis, and dissemination capability is high-technology based and is available to internal and external groups.

PT2010 HISTORY

ACTION CB-92-APR-56

That *Physical Therapy 2010*, as amended and edited, be adopted as a working document.

ACTION CB-92-APR-57

that *Physical Therapy 2010* be implemented through and provide the focus and long term projection for the Chapter Operational Plan;

that *Physical Therapy 2010* be referred to the Assembly of Representatives at its May 1992 meeting for information and comment; and

that *Physical Therapy 2010* be further considered by the Chapter Board for final adoption following action by the 1992 APTA House of Delegates on a mission statement and receipt of information on APTA goals.

ACTION CB-92-APR-58

That the Executive Committee be responsible for the systematically updating of *Physical Therapy 2010* on a regular basis; and

that the Executive Committee give consideration to including the following in its systematic updating:
• utilize *Physical Therapy 2010* in drafting the following year's Chapter Operational Plan, beginning in 1992
• provide a status report on the progress of *Physical Therapy 2010* at each Spring Assembly of Representatives meeting, beginning in 1993
• review the progress to date on *Physical Therapy 2010* when it drafts the following year's Chapter Operational Plan, beginning in 1993
• mid-period review of *Physical Therapy 2010* with the Assembly of Representatives and general membership in the Spring of 1996, 2002, and 2008
• review of *Physical Therapy 2010* with the Assembly of Representatives and general membership following completion of each period in the Spring of 1999, 2005, and 2011.

ACTION AR-93-MAY-17

That the Assembly of Representatives ratify *Physical Therapy 2010.*

ACTION CB-93-AUG-32

That *Physical Therapy 2010* amended by adding:

Ideal Practice of Physical Therapy

> Physical therapists prescribe durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy.

Practice 1998

> Legislation has been drafted to allow physical therapists to prescribe topical medications for use in physical therapy.

Some insurance companies reimburse for durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy prescribed by physical therapists.

Practice 2004

Physical therapists have the authority to prescribe durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy.

Insurance companies reimburse for durable medical equipment, electrotherapy and other physical therapy devices, Orthoses, prostheses, and topical medications consistent with the practice of physical therapy prescribed by physical therapists.

Practice 2010

Physical therapists prescribe durable medical equipment, electrotherapy and other physical therapy devices, orthoses, prostheses, and topical medications consistent with the practice of physical therapy.

Insurance companies reimburse for durable medical equipment, electrotherapy and other physical therapy devices, Orthoses, prostheses, and topical medications consistent with the practice of physical therapy prescribed by physical therapists.

ACTION CB-97-Apr-33

That the amendments to *Physical Therapy 2010*, found in Exhibit 8-5, April 4-5, 1997, be adopted.

ACTION CB-98-SEP-22

That the Executive Committee provide a status report on the progress of *Physical Therapy 2010* at each Fall Assembly of Representatives meeting.

ACTION CB-98-SEP-32

That the amendments to *Physical Therapy 2010*, found in Exhibit 8-5, Appendix C, September 11-12, 1998, be adopted.

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