



## **Federation of State Boards of Physical Therapy**

### **Possible Roles for PTs and PTAs during the COVID-19 Pandemic**

FSBPT and jurisdictional licensing boards are receiving many questions about what role physical therapists (PTs) and physical therapist assistants (PTAs) may play during the response phase of the COVID-19 pandemic. The following information may be helpful for regulators when addressing these questions and draws heavily from the 2019 FSBPT Practice Analyses for Entry-level Physical Therapists and Physical Therapist Assistants.

#### **Response Phase**

Many PTs and PTAs have experience in hospital settings, which allows them to be valuable members of teams responding to the crisis. PTs or PTAs with additional training and specialization, such as Cardiovascular & Pulmonary Specialist Certification for PTs, may be uniquely positioned to play an important role during the response phase of the pandemic.

In developing the test blueprint for the National Physical Therapy Examination, FSBPT conducts a practice analysis for entry-level physical therapists and entry-level physical therapist assistants to determine the knowledge and skill requirements and critical work activities that an entry-level clinician must be able to perform to be safe and effective. The following list is a small subset of the knowledge and skill requirements and critical work activities taken from the 2019 [Practice Analysis for Entry-Level Physical Therapists](#) that may be applicable during the COVID-19 pandemic. PTAs work under the supervision of a PT. A similar list can apply to PTAs with some variation because of the supervisory role of the PT and some activities that cannot be delegated to a PTA.

#### **Knowledge and Skill Requirements**

- Cardiovascular/pulmonary system tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the cardiovascular/pulmonary system as related to tests/measures
- Movement analysis as related to the cardiovascular/pulmonary system (e.g., rib cage excursion, breathing pattern)
- Differential diagnoses related to diseases/conditions of the cardiovascular/pulmonary systems

- Cardiovascular/pulmonary system diseases/conditions and their pathophysiology to establish and carry out plan of care, including prognosis
- Non-pharmacological medical management of the cardiovascular/pulmonary system (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- Cardiovascular/pulmonary system physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the cardiovascular/pulmonary system as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the cardiovascular/pulmonary system from physical therapy interventions
- Adverse effects or complications on the cardiovascular/pulmonary system from physical therapy interventions used on other systems
- The impact of co-morbidities/co-existing conditions on patient/client management
- The function and implications and related precautions of intravenous lines, tubes, catheters, monitoring devices, and mechanical ventilators/oxygen delivery devices
- Emergency preparedness (e.g., CPR, first aid, disaster response)
- Infection control procedures (e.g., standard/universal precautions, isolation techniques, sterile technique)

### Critical Work Activities

- Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, language preference, economic) to establish prior and current level of function, establish general health status, and identify red flags (e.g., fever, malaise, unexplained weight change) and contraindications; identify risk factors and needs for preventative measures; and determine impact of medications on plan of care (e.g., medication reconciliation, timing of intervention delivery, adherence)
- Gather information/discuss patient/client's current health status with inter-professional/interdisciplinary team members
- Identify signs/symptoms of change in patient/client's health status that require intervention by inter-professional/interdisciplinary team members
- Perform screen of the cardiovascular/pulmonary system
- Select and perform tests and measures of cardiovascular function; pulmonary function; perfusion and gas exchange; physiological response to position change; and aerobic capacity
- Assess ability to participate in activities with or without the use of devices, equipment, or technologies
- Select and perform tests and measures of gait and locomotion (e.g., ambulation, wheelchair mobility) with or without the use of specialized equipment and mobility during functional activities and transitional movements
- Establish PT prognosis based on information gathered during the examination process
- Develop plan of care based on data gathered during the examination process
- Revise treatment intervention plan based on treatment outcomes, change in patient/client's health status, and ongoing evaluation
- Develop objective and measurable goals based on information gathered during the examination process
- Select interventions based on information gathered during the examination process

- Modify plan of care based on patient/client's resources (e.g., financial, transportation, time, insurance benefits, available technologies)
- Perform and/or train patient/client/caregiver in aerobic capacity/endurance conditioning, relaxation techniques, manual/mechanical airway clearance techniques, and techniques to maximize ventilation and perfusion
- Perform and/or train patient/client in the use of environmental modifications (e.g., ramps, grab bars, raised toilet, environmental control units); activities of daily living (ADL); community and leisure integration or reintegration (e.g., work/school/play); instrumental activities of daily living (IADL) (e.g., household chores, hobbies); mobility techniques; fall prevention and fall recovery strategies; behavior modification and strategies that enhance functioning (e.g., energy conservation, pacing)
- Apply and/or adjust assistive devices/technologies (e.g., canes, crutches, walkers, wheelchairs, tilt tables, standing frames); and prescribed oxygen during interventions
- Train patient/client/caregiver in the use of adaptive devices; and assistive devices/technologies
- Discuss physical therapy evaluation findings, interventions, goals, prognosis, discharge planning, and plan of care with other physical therapists, physical therapist assistants, and/or support staff; inter-professional/interdisciplinary team members; patient/client and caregiver
- Provide written, oral, and electronic information to the patient/client and/or caregiver
- Educate patient/client and/or caregiver about patient/client's current condition and health status (e.g., nature of the condition, prognosis, potential benefits of physical therapy interventions, potential treatment outcome)
- Educate patient/client and/or caregiver about lifestyle and behavioral changes to promote wellness
- Implement emergency procedures
- Implement disaster response procedures
- Perform and/or train patient/client and/or caregiver on appropriate infection control practices (e.g., universal precautions, hand hygiene, isolation, airborne precautions, equipment cleaning)

### Recovery Phase

PTs and PTAs are likely to play a much larger role during the recovery phase of this crisis as individuals are attempting to overcome the deleterious effects of bedrest, deconditioning, and co-morbidities resulting from COVID-19. With most traditional physical therapy care suspended during the period of social distancing, patients will likely experience a deterioration of other conditions unrelated to the coronavirus. Other individuals, unable to leave their homes for several weeks, will become even more sedentary, lose mobility and function, and require physical therapy services when restrictions are lifted. During the recovery phase, PTs and PTAs will need to be prepared to treat patients/clients with a full spectrum of diseases and conditions.