

Description of physiotherapy

Policy statement

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Description of physiotherapy

World Physiotherapy advocates that the profession of physiotherapy is responsible for articulating the profession's scope of practice and defining the roles of physiotherapists. National physiotherapy associations are responsible for defining physiotherapy and physiotherapists' roles relevant to their nation's health service delivery needs, ensuring that they are consistent with accepted international guidelines set out by World Physiotherapy. National physiotherapy associations have a responsibility to seek support for legislation/regulation/recognition, which defines the distinctive and autonomous nature of physiotherapy practice, including the profession's scope of practice. (1, 2)

The scope of physiotherapy practice is dynamic and responsive to patient/client, societal health needs and evidence base. With the development of knowledge and technological advances, periodic review is required to ensure that the scope of practice reflects the latest evidence base and continues to be consistent with current health needs. Research is continually providing new evidence upon which practice will be built. Nowhere is this more apparent than in the understanding of human movement, which is central to the skills and knowledge of the physiotherapist.

What is physiotherapy?

Physiotherapy is services provided by physiotherapists to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. The service is provided in circumstances where movement and function are threatened by ageing, injury, pain, diseases, disorders, conditions and/or environmental factors and with the understanding that functional movement is central to what it means to be healthy.

Physiotherapy involves the interaction between the physiotherapist, patients/clients, other health professionals, families, care givers and communities in a process where movement potential is examined/assessed and goals are agreed upon, using knowledge and skills unique to physiotherapists (appendix 1). Physiotherapists are concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention and rehabilitation. These spheres encompass physical, psychological, emotional, and social wellbeing.

Physiotherapists are qualified and professionally required to:

- undertake a comprehensive examination/assessment of the patient/client /population or needs of a client group
- evaluate the findings from the examination/assessment to make clinical judgments regarding patients/clients
- formulate a diagnosis, prognosis and plan
- provide consultation within their expertise and determine when patients/clients need to be referred to another professional
- implement a physiotherapist intervention/treatment programme and education in agreement with the patient/client
- evaluate and re-evaluate the outcomes of any interventions/treatments/education
- make recommendations for self-management
- collaborate with carers, health professionals and other key stakeholders.

The physiotherapist's extensive knowledge of the body and its movement needs and potential is central to determining strategies for diagnosis and intervention.

The practice settings will vary according to whether the physiotherapy is concerned with health promotion, prevention, treatment/intervention or rehabilitation.

The scope of physiotherapist practice is not limited to direct patient/client care, but also includes:

- public health strategies
- advocating for patients/clients and for health
- supervising and delegating to others
- leading
- managing
- teaching
- research
- developing and implementing health policy at the local, national and international levels

Physiotherapists operate as independent practitioners¹, as well as members of health service provider teams, and are subject to ethical responsibilities.(3, 4) They are able to act as first contact practitioners, and patients/clients may seek direct services without referral from another health professional. (5)

Physiotherapists are guided by their own code of ethical responsibilities. (3, 4) Thus, they may have any of the following purposes:

- promoting the health and wellbeing of individuals and the general public/society, emphasising the importance of physical activity and exercise and the facilitation of such activities
- preventing impairments, activity limitations, participatory restrictions and disabilities in individuals at risk of altered movement behaviours due to health factors, socio-economic stressors, environmental factors and lifestyle factors
- providing interventions/treatment to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life, independent living and workability in individuals and groups of individuals with altered movement behaviours resulting from impairments, activity limitations, participatory restrictions and disabilities
- modifying environmental, home and work access and barriers to ensure full participation in one's normal and expected societal roles

The education and clinical practice of physiotherapists will vary according to the social, economic, cultural and political contexts in which they practise. However, it is a single profession, and the first professional qualification, obtained in any country, represents the completion of a curriculum that qualifies the physiotherapist to use the professional title and to practise as an independent professional. (6-8)

Principles supporting the description of physiotherapy

World Physiotherapy has developed this international description of physiotherapy based on the following principles, which it encourages its member organisations to use in defining physiotherapy practice nationally.

World Physiotherapy advocates that a description must:

- respect and recognise the history and roots of the profession
- build on the reality of contemporary practice and the existing and growing body of research

¹ Practitioner – the term practitioner encompasses all roles that a physiotherapist may assume such as patient/client care, management, research, policy maker, educator and consultant.

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- allow for variation in: cultures, values and beliefs; health needs of people and societies; and the 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 Organization definition of health, World Health Organization International Classification of Function) (9, 10) including the bio-psycho-social model of health.
 - provide for the ongoing growth and development of the profession and for the identification of the unique contribution of physiotherapy and its evolving scope of practice.
 - acknowledge the importance of physiotherapy, related medical and social sciences within physiotherapy 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 review continuously the description as the profession changes in response to the health needs of society and the development of knowledge in physiotherapy
 - anticipate that work will flow from this description as it is used to assist in the development of curricula and identification of areas for research

Where is physiotherapy practised?

Physiotherapy is an essential part of the health and community/welfare services delivery systems. Physiotherapists practise independently of other health care/service providers and also collaboratively within interdisciplinary rehabilitation programmes that aim to prevent movement disorders or maintain/restore optimal function and quality of life in individuals with movement disorders. Physiotherapists practise in and across a wide variety of settings (appendix 2).

What characterises physiotherapy?

The following assumptions are embedded in this description and reflect the central components of physiotherapy.

- Physiotherapists are autonomous practitioners prepared through professional entry-level physiotherapy education. (8, 11) Physiotherapists exercise their professional judgement to reach a diagnosis that will direct their physiotherapy interventions/treatment, education and rehabilitation of patients/clients/populations.
- Diagnosis in physiotherapy is the result of a process of clinical reasoning that results in the identification of existing or potential impairments, activity limitations, participation restrictions, environmental influences or abilities/disabilities. The purpose of the diagnosis is to guide physiotherapists in determining the prognosis and most appropriate intervention/treatment/education strategies for patients/clients and in sharing information with them. In carrying out the diagnostic process, physiotherapists may need to obtain additional information from other professionals. If the diagnostic process reveals findings that are not within the scope of the physiotherapist's knowledge, experience or expertise, the physiotherapist will refer the patient/client to another appropriate practitioner.
- 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 physiotherapist to recognise the autonomy of the patient/client or legal guardian in seeking his or her services. (3, 4)

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- Movement is an essential element of health and wellbeing and is dependent upon the integrated, co-ordinated function of the human body at a number of levels. Movement and function are purposeful and affected by internal and external factors. Physiotherapy is directed towards the movement needs and potential of individuals and populations.
 - Physiotherapists may direct their interventions to specific populations. Populations may be nations, states and territories, regions, minority groups or other specified groups (eg screening programmes for scoliosis among children and falls prevention programmes for older people).
 - An integral part of physiotherapy is interaction between the physiotherapist and the patient/client/family or caregiver to develop a mutual understanding of their needs. This kind of interaction is necessary to change positively the body awareness and movement behaviours that may promote health and wellbeing.
 - Members of inter-disciplinary teams also need to interact with each other and with patients/clients/families and caregivers to determine needs and formulate goals for physiotherapy intervention/treatment.
 - Physiotherapists interact with administration and governance structures to inform, develop and/or implement appropriate health policies and strategies.
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Glossary (<https://world.physio/resources/glossary>)

Access to physiotherapy

Activity limitation

Advanced practice

Assessment

Direct access

Diagnosis

Disease

Disability

Evidence-based practice (EBP)

Goals (clinical)

Health promotion

Interdisciplinary professional practice

Participation

Practice settings

Prevention

Public Health

Rehabilitation

Scope of practice

Self-referral

Wellbeing

Approval, review and related policy information	
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Date for review:	2027
Related World Physiotherapy policies:	World Physiotherapy policy statements: <ul style="list-style-type: none"> • Autonomy • Diversity and inclusion • Education • Ethical principles and the responsibilities of physiotherapists and member organisations • Patients'/clients' rights in physiotherapy • Standards of physiotherapist practice World Physiotherapy physiotherapist education framework

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Appendix 1: The nature of the physiotherapy process

Physiotherapy is the service provided only by, or under the direction and supervision of, a physiotherapist. It includes examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment, re-examination and discharge.

Examination/assessment includes:

- the **examination** of individuals or groups with actual or potential impairments, activity limitations, participation restrictions or abilities/disabilities by history-taking, screening and the use of specific tests and measures
- the **evaluation** of the results of the examination and/or the environment through analysis and synthesis within a process of clinical reasoning to determine the facilitators and barriers to optimal human functioning

Diagnosis and **prognosis** arise from the examination and evaluation and represent the outcome of the process of clinical reasoning and the incorporation of additional information from other professionals as needed. This may be expressed in terms of movement dysfunction or may encompass categories of impairments, activity limitations, participatory restrictions, environmental influences or abilities/disabilities.

Prognosis begins with determining the need for intervention/treatment and normally leads to the development of a plan, including measurable outcome goals negotiated in collaboration with the patient/client, family or caregiver. Alternatively, it may lead to referral to another agency or health professional in cases that are inappropriate for physiotherapy.

Intervention/treatment is implemented and modified in order to reach agreed goals and may include:

- therapeutic exercise
- functional training in self-care and home management
- functional training work, community and leisure
- manual therapy techniques (including mobilisation/manipulation)
- prescription, application, and, as appropriate, fabrication of devices and equipment (assistive, adaptive, orthotic, protective, supportive and prosthetic)
- airway clearance techniques
- integumentary repair and protection techniques
- electrotherapeutic modalities
- physical agents and mechanical modalities
- patient-related instruction
- coordination, communication and documentation

Intervention/treatment may also be aimed at prevention of impairments, activity limitations, participatory restrictions, disability and injury including the promotion and maintenance of health, quality of life, workability and fitness in all ages and populations.

All aspects of the physiotherapy process can be delivered in a diverse range of settings facilitated by technological advances eg. telehealth, online platforms, apps and other digital delivery options.

Re-examination necessitates determining the outcomes.

Discharge at the end of the intervention when agreed treatment goals have been achieved or effectiveness is no longer evident.

Appendix 2: Settings in which physiotherapy is practised

Physiotherapy is delivered in a variety of settings, which allow it to achieve its purpose.

Prevention, health promotion, treatment/intervention and rehabilitation take place in multiple settings that may include, but are not limited to the following:

- community based rehabilitation programmes
- community settings including primary health care centres, individual homes, and field settings
- education and research centres
- fitness clubs, health clubs, gymnasias and spas
- hospices
- hospitals
- nursing homes
- occupational health centres
- out-patient clinics
- physiotherapist private offices, practices, clinics
- prisons
- public settings (eg shopping malls) for health promotion
- rehabilitation centres and residential homes
- schools, including pre-schools and special schools
- senior citizen centres
- sports centres/clubs
- workplaces/companies
- technology/digitally supported platforms