# Tennessee Physical Therapy Association
## Ethics in Physical Therapy Practice

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The Code of Ethics for the Physical Therapist and the Standards of Ethical Conduct for the Physical Therapist Assistant are reprinted with permission of the American Physical Therapy Association. This material is copyrighted, and any further reproduction or distribution is prohibited.
ETHICS IN PHYSICAL THERAPY PRACTICE

Course Objectives
- Define common bioethical terminology
- Use the APTA Code of Ethics and APTA Standards of Ethical Conduct for the Physical Therapist Assistant as tools for ethical decision making
- Apply the RIPS Model of Ethical Decision-Making to ethical case analysis
- Demonstrate through case analysis the ability to identify ethical conflicts and support a resolution to an ethical dilemma

Course Outline
- RIPS Model of Ethical Decision-Making
- APTA Core Values for PTs
- APTA Values-Based Behaviors for PTAs
- APTA Code of Ethics
- APTA Guide for Professional Conduct
- APTA Standards of Ethical Conduct for the Physical Therapist Assistant
- APTA Guide for Conduct of the Physical Therapist Assistant
- Case Discussion

Bioethical Principles
Ensure the moral person (patient, family, caregiver) has sufficient resources, assistance, and freedom from interference to allow them to be a rational, self-directing person.

Four Key Bioethical Principles
- Beneficence – doing what is best or right
- Non-maleficence – do no harm
- Autonomy – informed decisions
- Justice – fairness

Ethical Questions
- What is the "right" thing to do?
- How should I behave?
- What choices do I have?
- How will my decisions impact my patient, my organization, my profession and the community?
The Realm-Individual Process-Situation (RIPS) Model of Ethical Decision-Making

Laura Lee (Dolly) Swisher, PT, PhD; Linda E. Arslanian, PT, DPT, MS; and Carol M. Davis, PT, EdD, FAPTA

The RIPS Model of Ethical Decision-Making

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<thead>
<tr>
<th>Realm</th>
<th>Individual Process</th>
<th>Ethical Situation</th>
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<tbody>
<tr>
<td>Individual</td>
<td>Moral Sensitivity</td>
<td>Conflict (values are challenged)</td>
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<tr>
<td>Organizational/Institutional</td>
<td>Moral Judgment</td>
<td>Dilemma (right vs. right situation)</td>
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<tr>
<td>Societal</td>
<td>Moral Motivation</td>
<td>Distress (right course of action blocked by a barrier)</td>
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<td></td>
<td>Moral Courage</td>
<td>Temptation (right vs. wrong situation)</td>
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<td></td>
<td>Silence</td>
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RIPS - Realm
- The individual, organizational/institutional, and societal realms are interdependent
- The complexity of issues increases as one moves out from the individual realm into the others
- Although one realm is typically the most important, every situation has implications for the other realms

RIPS – Individual Process
- **Moral Sensitivity** – recognizing, interpreting, and framing ethical situations
- **Moral Judgment** – deciding on right versus wrong actions
- **Moral Motivation** – placing a priority on ethical values over other values
- **Moral Courage** – implementing the chosen ethical action in spite of barriers

RIPS – Ethical Conflict
- When values, goals or duties conflict or are challenged
- When you aren’t sure which action to take
- When it isn’t clear what is the best thing to do
RIPS – Ethical Dilemma
- When two or more clear principles or values apply but they support mutually inconsistent courses of action
- When choosing one “good” clearly violates another principle or allows a negative consequence
- When you cannot avoid the conflict of two competing principles

RIPS – Ethical Distress
- When one knows the right thing to do, but organizational constraints make it nearly impossible to pursue the right course of action

RIPS – Ethical Temptation
- Involves a choice between a “right” and a “wrong”
- You may stand to benefit from doing the wrong thing

RIPS - Silence
- Ethical values are challenged, but no one is speaking about this challenge
- This may be the course taken by an individual who is experiencing moral distress

RIPS Case Discussion
- Cases are on the next two slides.
- Decide which realm, which individual process, and which situation apply to each case.
- Discuss the rationale for your choices.

Helen L. has just left the office of a local orthopedic surgeon. She had hoped to illustrate her quality outcomes in order to encourage referrals. Midway through the visit, it became clear that the physician was unenthusiastic about positive outcomes of her private practice. Helen had the clear idea that the MD expected some kind of gift – in fact, he almost stated bluntly that he would need tee times at the exclusive country club to consider her request. Helen wonders if she is just being naïve – perhaps she should just “play the game.”

- Swisher, Arslanian, & Davis
After a lengthy period of rehabilitation, a grateful patient wishes to give a physical therapist a gift.

Implementing the RIPS Model of Ethical Decision-Making

Step One – Recognize and Define the Ethical Issue

- Gather all the facts available
- Determine who has an interest in the issue
- Use this information to help define the issues by analyzing the realm, individual process, and situation

Step One – continued

Realm –
- Individual
- Organizational / Institutional
- Societal

Individual Process – What does this ethical situation most involve?
- Moral sensitivity
- Moral judgment
- Moral motivation
- Moral courage

Step 1 – continued

Situation –
- Ethical conflict (issue or problem)
- Ethical dilemma – right vs. right
- Ethical distress
- Ethical temptation – right vs. wrong
- Ethical silence
Step 2 – Reflect
- What are the relevant laws, duties, obligations, and ethical principles?
- What professional resources (Code of Ethics, Guide for Professional Conduct, Core Values) speak to the situation?

Step 2 – continued
What are various alternatives for action?
- Changing one’s own behavior
- Attempt to change another’s behavior
- Attempt to effect a change in organizational policies or practices
- Advocate to change an unjust law

Step 2 – continued
What are the possible consequences of these actions?
- Legal
- Monetary
- Professional
- Personal
- Community

Step 2 – continued
Test for Right vs. Wrong Issues
- Legal test – Is something illegal? (Be aware of your Practice Act and the Rules and Regulations that interpret the Act). If so, it is probably not a true dilemma but a “hard choice.”
- Stench test – Does it “feel” wrong? Such as, gut reaction?
- Front-page test – How would you like this on the front-page?

Test for Right vs. Wrong Issues
- Mom test – If I were my mother - would I do this?
- Professional Ethics Test – Does the Code of Ethics, Guide for Professional Conduct for the PT, Standards of Ethical Conduct, Guide for Conduct of the PTA, or Core Values prohibit or discourage the action?

If any of these are “positive,” you may be dealing with an issue of right versus wrong and not an ethical dilemma.
### Step 2 – continued
**Test for Right vs. Right Paradigm**
Can you classify the dilemma into one of the four main right vs. right paradigms?
- Truth vs. loyalty
- Self vs. community
- Short term vs. long term
- Justice vs. mercy

Classifying into a paradigm may help you relate to similar dilemmas & choose a course of action.

### Step 3 – Make a Decision
**Three Approaches:**
- Rule-based – follow the rules, duties, obligations, or ethical principles in place
- Ends-based – determine the consequences of alternative actions and the good or harm that will result for all involved
- Care-based – resolve dilemmas according to relations and concern for others

### Step 3 – continued
- Investigate “Trilemma” Options
- Is there a third option that addresses the questions and supports both sides in the “right vs. right” dilemma?
- Can I create a “Win-Win” in this situation?

### Step 4 – Implement and Evaluate
- Implement the plan
- Evaluate the outcomes of the action
- Honestly assess and learn for the future

### Tools for Ethical Decision Making
- Core Values for PTs
- Values-Based Behaviors for PTAs
- Code of Ethics
- Standards of Conduct for the PTA
- Guide to Professional Conduct for PTs
- Guide for Conduct of the PTA
- Ethical analysis

### Professionalism in Physical Therapy
- Core Values for PTs
- Values-Based Behaviors for PTAs
<table>
<thead>
<tr>
<th>Accountability</th>
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<tbody>
<tr>
<td>Accountability is active acceptance of the responsibility for the diverse</td>
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<tr>
<td>roles, obligations and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
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<thead>
<tr>
<th>Altruism</th>
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<tbody>
<tr>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.</td>
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<thead>
<tr>
<th>Compassion/Caring</th>
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<tr>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.</td>
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<td>Caring is the concern, empathy, and consideration for the needs and values of others.</td>
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<tr>
<th>Excellence</th>
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<tr>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</td>
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<th>Integrity</th>
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<td>Integrity is the possession of and steadfast adherence to high moral principles or professional standards.</td>
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<th>Professional Duty</th>
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<tr>
<td>Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.</td>
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# Social Responsibility

Social Responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

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## Do I incorporate Core Values in my practice?

- In your handout, you will find a self assessment:
  - Professionalism in Physical Therapy: Core Values (for PTs) OR
  - Values-Based Behaviors for PTAs

- Please take 10 minutes to evaluate yourself, using the sample behaviors as indicators.

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## Code of Ethics

- Defines the values or standards of behavior for an organization
- Framework for making ethical decisions and setting forth professional expectations
- Listing of desirable behaviors - educational tool
- Stamp of professionalism - external symbol
- Analyzing the profession - setting priorities

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## APTA Code of Ethics

Eight categories of Principles that define the ethical obligations of PTs

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## APTA Guide to Professional Conduct

Developed by the APTA Ethics & Judicial Committee as a companion document to the Code of Ethics to:
- Serve PTs in interpreting the Code of Ethics in matters of professional conduct
- Provide a framework to determine the propriety of conduct
- Guide the professional development of PT students

---

## APTA Standards of Ethical Conduct for the Physical Therapist Assistant

Eight categories of Standards that define the ethical obligations of PTAs
APTA Guide for Conduct of the Physical Therapist Assistant

Developed by the APTA Ethics & Judicial Committee as a companion document to the Standards of Ethical Conduct for the PTA to:

• Serve PTAs in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant in matters of professional conduct
• Provide a framework to determine the propriety of conduct
• Guide the professional development of PTA students

Principle 1 & Standard 1

A physical therapist and physical therapist assistant shall respect the inherent dignity and rights of all individuals

Core Values: Compassion and Integrity

Ways we show dignity and respect include:

• Recognizing our biases
• Acting respectfully regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.

The Bottom Line:

Do your best to keep your personal biases from affecting patient/client care

Principle 2 & Standard 2

A physical therapist and physical therapist assistant shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

Core Values: Altruism, Compassion, and Professional Duty

Principle 2 & Standard 2

Ways we demonstrate trustworthiness and compassion

• Providing information in order to make informed decisions
• Collaborating to empower patients/clients
• Providing services that incorporate individual and cultural differences
• Protecting patient confidentiality
Principle 2 & Standard 2

The Bottom Line:
Empower patient autonomy by providing collaborative and confidential information

Principle 3 & Standard 3

Principle 3 - Physical therapists shall be accountable for making sound professional judgments
Standard 3 - Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

Core Values: Excellence and Integrity

Principle 3 & Standard 3

Ways we demonstrate accountability
- Using objective information and evidence (literature & best practice)
- Judgments based on scope of practice, competency & expertise
- Avoiding conflicts of interest
- Communicating effectively with others

The Bottom Line:
Use of evidence and collaboration with others to make decisions in the patient’s best interest

Principle 4 & Standard 4

A physical therapist and physical therapist assistant shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other healthcare providers, employers, payers and the public.

Core Value: Integrity

Principle 4 & Standard 4

Ways we demonstrate integrity in relationships
- Ensure completely truthful information
- Do not exploit individuals over whom you have authority
- Discourage & report misconduct or abuse
- Do not engage in sexual relationships with patients/clients, supervisees or students
- Avoid verbal, physical, emotional or sexual harassment
<table>
<thead>
<tr>
<th>Principle 4 &amp; Standard 4</th>
<th>Principle 5 &amp; Standard 5</th>
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<tr>
<td><strong>The Bottom Line:</strong></td>
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<tr>
<td>Protect vulnerable</td>
<td>A physical therapist and</td>
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<td>individuals from</td>
<td>physical therapist</td>
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<td>harmful or potentially</td>
<td>assistant shall fulfill</td>
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<td>harmful behaviors</td>
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<td>obligations</td>
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<td>• Comply with laws and</td>
<td>• Report colleagues who</td>
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<td>regulations</td>
<td>are unable to perform</td>
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<tr>
<td>• Recognize and respect</td>
<td>professional responsibilities</td>
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<td>supervisory roles and</td>
<td>skillfully and safely</td>
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<td>responsibilities</td>
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<tr>
<td>• Protect research</td>
<td>• Do not abandon patients; provide notice and</td>
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<td>participants</td>
<td>information about alternative care prior to</td>
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<td><strong>The Bottom Line:</strong></td>
<td>Principle 6 - Physical</td>
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<td>therapists shall enhance</td>
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<td>their expertise through</td>
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<td>lifelong and refinement</td>
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<td>of knowledge, skills, and</td>
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<td>professional behaviors</td>
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<td><strong>Responsibilities may</strong></td>
<td>Standard 6 - Physical</td>
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<td>extend beyond what is</td>
<td>therapist assistants shall</td>
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<td>required by the practice</td>
<td>enhance their competence</td>
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<td>of knowledge, skills and</td>
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<td>abilities.</td>
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<tr>
<td><strong>Core Value:</strong></td>
<td>Excellence</td>
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<td>Excellence</td>
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### Principle 6 & Standard 6
**Ways we demonstrate excellence**
- Maintain competence
- PT shall engage in critical self-assessment and reflection on changes in PT practice
- Engage in lifelong learning
- Cultivate and support practice environments that foster professional development

### Principle 6 & Standard 6
**The Bottom Line:**
Stay current in knowledge and skills to support patient/client care

### Principle 7 & Standard 7
**Physical therapists and physical therapist assistants shall promote organizational behaviors and business practices that benefit patients/clients and society**

**Core Values: Integrity and Accountability**

### Principle 7 & Standard 7
**Ways we promote beneficial organizational behaviors/business practices**
- Promoting and supporting practice environments that encourage autonomous and accountable professional judgments
- Seek deserved and reasonable remuneration
- Do not accept gifts that appear to influence professional judgment

### Principle 7 & Standard 7
**Ways we promote beneficial organizational behaviors/business practices**
- Fully disclose any financial interests in products or services recommended to clients
- Accurate and reflective documentation, coding and charges
- Refrain from employment arrangements that prevent fulfilling professional obligations

### Principle 7 & Standard 7
**The Bottom Line:**
Accept responsibility for all actions: support full disclosure; avoid employment relationships that prevent fulfilling responsibilities to patients
Principle 8 & Standard 8
A physical therapist and physical therapist assistant shall participate in efforts to meet the health needs of people locally, nationally, or globally.

Core Value: Social Responsibility

Ways we demonstrate participation
• Support provision of pro bono services
• Advocate to reduce health disparities and improve access to care
• Avoid over-utilization or under-utilization of physical therapy services
• Provide public education about the benefits of physical therapy and the unique roles of the physical therapist

Principle 8 & Standard 8
The Bottom Line:
Promote services to individuals whose access to healthcare is limited; promote responsible use of physical therapy services; educate public regarding the value of physical therapy

Moral Discourse
• Identify and discuss ethical values, differences in opinion, potential dilemmas and options for action with your colleagues, employers, administrators, physicians and others

• Differences in opinion don’t necessarily mean you are facing an ethical dilemma

Communication Tips
• Keep an open mind
• Accept and understand differences
• When in doubt, check it out
• Take the time to talk about talking
• Create an environment where people feel safe sharing ideas/opinions

Review of Ethical Analysis
• Gather all the facts
• Define the situation
• Who has an interest
• Identify values and obligations
• Review alternatives
• Consider the consequences
• Make a decision
• Carry out the plan
• Evaluate the process
• Learn for the future
Discussion of Ethical Situations
PTs and PTAs May Face

Case Discussion
- Realm(s) – individual, organizational, or societal – that are involved
- Which type of ethical situation is involved – conflict, dilemma, distress, temptation, silence
- Which PT Principle(s) and/or PTA Standard(s) relates to or assists with options for the case
- Core values and bioethical principles relevant to the case
- Offer several options or resolutions to the case

Case Discussion
- Appoint a spokesperson to give a 2 minute summary of the case on the items discussed
- After reviewing the assigned case, move on to the next one as time permits

Case 1
Rob, a morbidly obese disabled veteran, arrived at an outpatient clinic, requesting PT services. His doctor referred him to this clinic because of their great reputation. Mary, a PT, working in the gym saw Rob walking into the clinic. She called the front desk requesting they not assign her the patient. The patient was scheduled two days later for another PT. Ellen, a PTA who works with Mary, overheard the conversation requesting that the patient not be assigned to her. Ellen knows that Mary is a fitness fanatic and has heard her make derogatory comments about people who are overweight. Ellen feels very uncomfortable about this situation and wonders if she should do anything.

Case 2
Sara works in a private practice in which there is a profit sharing plan. Her year-end bonus is directly related to maximizing return visits as they are the most cost effective. Her boss has been heard to say to other staff members that they should treat patients to the maximum of their benefits; after all, you can always change the goals so there is more therapy to do – it just requires being a little creative. She has also been heard to encourage therapists to discontinue treatment early for those patients with poor reimbursement. Sara is uncomfortable with this situation but is counting on her year-end bonus.

Case 3
The PT Director of an outpatient clinic is attracted to a staff PTA. The PT and PTA are both married and work on a team treating patients together and typically co-treat the patients. They are observed in the clinic whispering, flirting, and touching each other at various times throughout the day. The PT and PTA team continued throughout the year working together and many of their coworkers have talked with each other about their displeasure working in the current environment. Mark, a senior staff therapist is a good friend of the director and has been silent about the situation so far. However, the discontent of the staff is increasing and he wonders if he should do something.
Case 4
Jim, a PT, works at a private practice that has a number of clinics throughout the region. It has a centralized management structure. One of the top managers calls Jim and asks him to call a previously scheduled new patient to re-schedule an initial evaluation since a VIP/shareholder has been referred to the clinic wants to be seen as soon as possible. Jim is uncomfortable with this request.

Case 5
Lauren, a PT, is the only witness to a patient fall in the clinic gym. The patient has balance problems and the PTA, Hal, working with her was not guarding her. Lauren observes Hal place a gait belt on the patient after the fall and before calling for assistance. Lauren is unsure what to do about this situation.

Case 6
Drew works for a national contract therapy company and is currently working in a SNF and likes the patient population. He has a patient who is progressing well, but has not yet met all of her goals. Management is pressuring Drew to discharge the patient to home prior to the time he feels discharge is appropriate. Drew is uncertain what to do about this situation.

How to Report Ethical Problems
Tennessee Department of Health
• http://tn.gov/health/article/filing-complaints-against-health-care-professionals
• Complete the downloadable form and submit
• You may call 1-800-852-2187 for additional instructions

How to Report Ethical Problems
• TPTA – If the individual is a TPTA member:
  • File a signed, written complaint with the TPTA President
  • The president, in collaboration with the Chapter Ethics Committee chair, will determine if the complaint has merit
  • Complaints with merit are referred to the Ethics Committee for investigation
  • The TPTA president notifies APTA of the complaint

Post-test
PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

SELF-ASSESSMENT

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

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PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Introduction

In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to a Doctoring Profession (RC 37-01). The Plan includes six elements: Doctor of Physical Therapy, Evidenced-based Practice, Autonomous Practice, Direct Access, Practitioner of Choice, and Professionalism, and describes how these elements relate to and interface with the vision of a doctoring profession. In assisting the profession in its transition to a doctoring profession, it seemed that one of the initiatives that would be beneficial was to define and describe the concept of professionalism by explicitly articulating what the graduate of a physical therapist program ought to demonstrate with respect to professionalism. In addition, as a byproduct of this work, it was believed that practitioner behaviors could be articulated that would describe what the individual practitioner would be doing in their daily practice that would reflect professionalism.

As a part of the preparation for this consensus conference, relevant literature was reviewed to facilitate the development of the conference structure and consensus decision-making process. Literature in medicine reveals that this profession continues to be challenged to define professionalism, describe how it is taught, and determine how it can be measured in medical education. The groundwork and advances that medicine laid was most informative to the process and product from this conference. Physical therapy acknowledges and is thankful for medicine’s research efforts in professionalism and for their work that guided this conference’s structure and process.

Eighteen physical therapists, based on their expertise in physical therapist practice, education, and research, were invited to participate in a consensus-based conference convened by APTA’s Education Division on July 19-21, 2002. The conference was convened for the purpose of:

1) Developing a comprehensive consensus-based document on Professionalism that would be integrated into A Normative Model of Physical Therapist Professional Education, Version 2004 to include a) core values of the profession, b) indicators (judgments, decisions, attitudes, and behaviors) that are fully consistent with the core values, and c) a professional education matrix that includes educational outcomes, examples of Terminal Behavioral Objectives, and examples of Instructional Objectives for the classroom and for clinical practice.

2) Developing outcome strategies for the promotion and implementation of the supplement content in education and, where feasible, with practice in ways that are consistent with physical therapy as a doctoring profession.

The documentation developed as a result of this conference is currently being integrated into the next version of A Normative Model of Physical Therapist Professional Education: Version 2004. The table that follows is a synopsis of a portion of the conference documentation that describes what the physical therapist would be doing in his or her practice that would give evidence of professionalism.

In August 2003, Professionalism in Physical Therapy: Core Values was reviewed by the APTA Board of Directors and adopted as a core document on professionalism in physical therapy practice, education, and research. (V-10; 8/03)

We wish to gratefully acknowledge the efforts of those participants who gave their time and energies to this challenging initiative; a first step in clearly articulating for the physical therapist what are the core values that define professionalism and how that concept would translate into professional education.
USING THE SELF-ASSESSMENT

The Self-Assessment that follows is intended for the user to develop an awareness about the core values and to self-assess the frequency with which he or she demonstrates the seven core values based on sample indicators (behaviors not intended to be an exhaustive list) that describe what the practitioner would be doing in daily practice. These seven core values were identified during the consensus-based conference that further defined the critical elements that comprise professionalism. Core values are listed in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of professionalism.

For each identified core value, (ie, accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility) a definition and sample indicators (not intended to be exhaustive) are provided that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

Complete the Self-Assessment

Review each core value indicator and check the frequency with which you display that sample indicator in your daily practice based on the rating scale provided (1-5). It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for personal learning and insight, identification of areas of strength and growth, and assessment of your development in the professionalism maturation process.

Analyze the Completed Self-Assessment

Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:

- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 or 5 levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the core values within your practice environment.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific core value(s)
- Conduct periodic re-assessment of your core value behaviors to determine the degree to which your performance has changed in your professionalism maturation.
PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

For each core value listed, a definition is provided and a set of sample indicators that describe what one would see if the physical therapist were demonstrating that core value in his/her daily practice. For each of the sample indicators listed, check only one item that best represents the frequency with which you demonstrate the behavior where 1= Never, 2= Rarely, 3= Occasionally, 4= Frequently, 5= Always.

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
<td>1. Responding to patient's/client's goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. 6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions. 7. Participating in the achievement of health goals of patients/clients and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.</td>
<td>1 (N) 2 (R) 3 (O) 4 (F) 5 (A)</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
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<tr>
<td><strong>Altruism</strong></td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest.</td>
<td>1. Placing patient’s/client’s needs above the physical therapists.</td>
<td>1 (N) 2 (R) 3 (O) 4 (F) 5 (A)</td>
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<tr>
<td></td>
<td></td>
<td>2. Providing pro-bono services.</td>
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<td>3. Providing physical therapy services to underserved and underrepresented populations.</td>
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<td>4. Providing patient/client services that go beyond expected standards of practice.</td>
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<td>5. Completing patient/client care and professional responsibility prior to personal needs.</td>
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<tr>
<td><strong>Compassion/ Caring</strong></td>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>1. Understanding the socio-cultural, economic, and psychological influences on the individual’s life in their environment.</td>
<td>1 (N) 2 (R) 3 (O) 4 (F) 5 (A)</td>
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<tr>
<td></td>
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<td>2. Understanding an individual’s perspective.</td>
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<td>3. Being an advocate for patient’s/client’s needs.</td>
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<td>4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.</td>
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<td></td>
<td>5. Designing patient/client programs/interventions that are congruent with patient/client needs.</td>
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<td>6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.</td>
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<td>7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.</td>
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<td>8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases.</td>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
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<tr>
<td>Compassion/ Caring</td>
<td>9. Embracing the patient’s/client’s emotional and psychological aspects of care.</td>
<td>1  2  3  4  5</td>
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<td></td>
<td>10. Attending to the patient’s/client’s personal needs and comforts.</td>
<td>1  2  3  4  5</td>
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<td></td>
<td>11. Demonstrating respect for others and considers others as unique and of value.</td>
<td>1  2  3  4  5</td>
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<td>(continued)</td>
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<tr>
<td>Excellence</td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, challenges mediocrity, and works toward development of new knowledge.</td>
<td>1. Demonstrating investment in the profession of physical therapy.</td>
<td>1  2  3  4  5</td>
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<td></td>
<td>2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.</td>
<td>1  2  3  4  5</td>
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<td></td>
<td>3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.</td>
<td>1  2  3  4  5</td>
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<td>4. Conveying intellectual humility in professional and personal situations.</td>
<td>1  2  3  4  5</td>
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<td>5. Demonstrating high levels of knowledge and skill in all aspects of the profession.</td>
<td>1  2  3  4  5</td>
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<td>6. Using evidence consistently to support professional decisions.</td>
<td>1  2  3  4  5</td>
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<td>7. Demonstrating a tolerance for ambiguity.</td>
<td>1  2  3  4  5</td>
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<td>8. Pursuing new evidence to expand knowledge.</td>
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<td>9. Engaging in acquisition of new knowledge throughout one’s professional career.</td>
<td>1  2  3  4  5</td>
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<td>10. Sharing one’s knowledge with others.</td>
<td>1  2  3  4  5</td>
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<td></td>
<td>11. Contributing to the development and shaping of excellence in all professional roles.</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
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<tr>
<td><strong>Integrity</strong></td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession.</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td></td>
<td>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).</td>
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<td></td>
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<td>3. Articulating and internalizing stated ideals and professional values.</td>
<td>1 2 3 4 5</td>
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<td>4. Using power (including avoidance of use of unearned privilege) judiciously.</td>
<td>1 2 3 4 5</td>
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<td>5. Resolving dilemmas with respect to a consistent set of core values.</td>
<td>1 2 3 4 5</td>
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<td>6. Being trustworthy.</td>
<td>1 2 3 4 5</td>
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<td>7. Taking responsibility to be an integral part in the continuing management of patients/clients.</td>
<td>1 2 3 4 5</td>
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<td>8. Knowing one’s limitations and acting accordingly.</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>9. Confronting harassment and bias among ourselves and others.</td>
<td>1 2 3 4 5</td>
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<td>10. Recognizing the limits of one’s expertise and making referrals appropriately.</td>
<td>1 2 3 4 5</td>
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<td>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</td>
<td>1 2 3 4 5</td>
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<td></td>
<td></td>
<td>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
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</table>
| Professional Duty | Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. | 1. Demonstrating beneficence by providing "optimal care".  
2. Facilitating each individual's achievement of goals for function, health, and wellness.  
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.  
4. Involved in professional activities beyond the practice setting.  
5. Promoting the profession of physical therapy.  
6. Mentoring others to realize their potential.  
7. Taking pride in one’s profession. | 1 (N) 2 (R) 3 (O) 4 (F) 5 (A) |
| Social Responsibility | Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness. | 1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.  
2. Promoting cultural competence within the profession and the larger public.  
3. Promoting social policy that effect function, health, and wellness needs of patients/clients.  
4. Ensuring that existing social policy is in the best interest of the patient/client.  
5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.  
6. Promoting community volunteerism.  
7. Participating in political activism. | 1 (N) 2 (R) 3 (O) 4 (F) 5 (A) |
<table>
<thead>
<tr>
<th>Core Values</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Social Responsibility (continued)</td>
<td>8. Participating in achievement of societal health goals.</td>
<td>1 (N) 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>10. Providing leadership in the community.</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
<td>1 2 3 4 5</td>
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</table>

Comments:
References


VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

SELF-ASSESSMENT TOOL

The Values-Based Behaviors is a concise document that describes those values that most significantly influence PTAs providing patient/client care as a member of the physical therapy team. The Values-Based Behaviors were developed in 2010 by the Advisory Panel of PTAs, reviewed and adapted by numerous stakeholder groups, and approved by APTA’s Board of Directors in January 2011. A complete history on the development and approval of this document is included in the introduction section of the Values-Based Behaviors document.

This self-assessment tool accompanies the Values-Based Behaviors and is intended to increase the physical therapist assistant’s (PTA’s) awareness of the Values-Based Behaviors for the PTA and to self-assess the frequency with which he or she demonstrates the eight values listed and defined in the first column. The second column provides sample indicators or examples of actions that a PTA who has adopted the Values-Based Behaviors would choose to take in a variety of situations. And the third column is for scoring the frequency with which one chooses to demonstrate the described behavior or action.

Complete the Self-Assessment
Review each sample indicator and rate the frequency with which you display that behavior on a daily basis. It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for identification of areas of strength and opportunities for growth.

Analyze the Completed Self-Assessment
Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:

- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 (frequent) or 5 (always) levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the values-based behaviors within your clinical environment. Seek out mentoring in this area from your supervising physical therapist or other experienced clinicians.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific values-based behaviors.
- Conduct periodic re-assessment of your values-based behaviors to determine the degree to which your performance has changed in your growth personally and as a PTA.

Questions about the self assessment tool or the Values-Based Behaviors should be directed to APTA’s PTA Services Department at pta@apta.org.
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT (PTA)

For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstrating that behavior in his/her daily work. For each of the sample indicators listed, check the box that best represents the frequency with which you demonstrate the behavior where: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; and 5 = Always.

<table>
<thead>
<tr>
<th>Values-Based Behavior with Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td></td>
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</tr>
<tr>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the PTA’s self interest.</td>
<td>1. Providing patient/client-centered interventions.</td>
<td>1 □ 2 □ 3 □ 4 □ 5 □</td>
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<tr>
<td>2. Readily offering to assist the physical therapist in providing patient/client interventions.</td>
<td>1 □ 2 □ 3 □ 4 □ 5 □</td>
<td></td>
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<tr>
<td>3. Generously providing the necessary time and effort to meet patient/client needs.</td>
<td>1 □ 2 □ 3 □ 4 □ 5 □</td>
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<tr>
<td>4. Placing the patient/client’s needs ahead of one’s own, as evidenced by willingness to alter one’s schedule, delay other projects or tasks, etc.</td>
<td>1 □ 2 □ 3 □ 4 □ 5 □</td>
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<tr>
<td>5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations.</td>
<td>1 □ 2 □ 3 □ 4 □ 5 □</td>
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</table>

| **Caring and Compassion**            |                   |                        |
| Caring and Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. | 1. Actively listening to the patient/client and considering the patient/client’s needs and preferences. | 1 □ 2 □ 3 □ 4 □ 5 □ |
| 2. Exhibiting compassion, caring, and empathy in providing services to patients/clients. | 1 □ 2 □ 3 □ 4 □ 5 □ |
| 3. Demonstrating respect for others and considering others as unique and of value. | 1 □ 2 □ 3 □ 4 □ 5 □ |
| 4. Considering social, emotional, cultural, psychological, environmental, and economic influences of the patient/client (eg, learning styles, language abilities, cognitive abilities and adapting approach accordingly. | 1 □ 2 □ 3 □ 4 □ 5 □ |
| 5. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases; i.e. demonstrate a nonjudgmental attitude. | 1 □ 2 □ 3 □ 4 □ 5 □ |
## Continuing Competence

Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.
2. Maintaining continuing competence using a variety of lifelong learning strategies (e.g., continuing education, reflective journals, journal clubs, and working with a mentor).
3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.
4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.

## Duty

Duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.
2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care.
3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.
4. Participating in quality assurance/quality improvement activities in physical therapy care.
5. Promoting the profession of physical therapy.
6. Providing student instruction and mentoring other PTAs.

## Integrity

1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.
2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.
### Integrity (cont.)

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<tbody>
<tr>
<td>3.</td>
<td>Demonstrating the ideals of the values-based behaviors of the PTA.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4.</td>
<td>Demonstrating honesty and trustworthiness in all interactions and relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5.</td>
<td>Choosing employment situations that are congruent with ethical principles and work standards.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6.</td>
<td>Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.</td>
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<td>2</td>
<td>3</td>
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### PT/PTA Collaboration

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<tbody>
<tr>
<td>1.</td>
<td>Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (eg, state licensure/practice rules and regulations, PTA clinical problem-solving algorithm, PTA direction and supervision algorithms, Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2.</td>
<td>Promoting a positive working relationship within the PT/PTA team.</td>
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<td>2</td>
<td>3</td>
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<td>3.</td>
<td>Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT’s responsibility for the PTA’s performance in patient/client interventions.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>4.</td>
<td>Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.</td>
<td>1</td>
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<td>5.</td>
<td>Working with the PT in educating consumers and other health care providers about physical therapy.</td>
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<td>3</td>
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### Responsibility

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<tbody>
<tr>
<td>1.</td>
<td>Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Completing patient/client care and other tasks in a timely and efficient manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3.</td>
<td>Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Communicating in a timely manner with others (eg, PTs, patients/clients, and others).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Social Responsibility

1. Advocating for patient/client needs in the clinical setting.

2. Demonstrating behaviors that positively represent the profession to the public.

3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.

4. Serving the profession and the community, including activities occurring in conjunction with work or outside of work (eg, community health fairs, National Physical Therapy Month events, APTA service).

5. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.

Date Completed:

Comments:
References/Related Reading


[Contact: pta@apta.org | Updated: 5/17/12]
Code of Ethics for the Physical Therapist

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.
**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public.  
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.  
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.  
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in professional therapist practice, education, healthcare delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.  
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.  
(Core Values: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid over-utilization or under-utilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Proviso: The Code of Ethics as substituted will take effect July 1, 2010, to allow for education of APTA members and non-members.
Standards of Ethical Conduct for the Physical Therapist Assistant

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

**Standard #1:** Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

**Standard #2:** Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Standard #3:** Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

**Standard #4:** Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

**Standard #5:** Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Standard #6:** Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7:** Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

**Standard #8:** Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.
Ethics Cases for Discussion

- **Realm(s) –** individual, organizational, or societal – that are involved
- **Which type of ethical situation is involved –** conflict, dilemma, distress, temptation, silence
- **Which PT Principle(s) and/or PTA Standard(s) relates to or assists with options for the case**
- **Core values and bioethical principles relevant to the case**
- **Offer several options or resolutions to the case**
- **Appoint a spokesperson to give a 2 minute summary of the case on the items discussed**

1. Rob, a morbidly obese disabled veteran, arrived at an outpatient clinic, requesting PT services. His doctor referred him to this clinic because of their great reputation. Mary, a PT, working in the gym saw Rob walking into the clinic. She called the front desk requesting they not assign her the patient. The patient was scheduled two days later for another PT. Ellen, a PTA who works with Mary, overheard the conversation requesting that the patient not be assigned to her. Ellen knows that Mary is a fitness fanatic and has heard her make derogatory comments about people who are overweight. Ellen feels very uncomfortable about this situation and wonders if she should do anything.

2. Sara works in a private practice in which there is a profit sharing plan. Her year-end bonus is directly related to maximizing return visits as they are the most cost effective. Her boss has been heard to say to other staff members that they should treat patients to the maximum of their benefits; after all, you can always change the goals so there is more therapy to do – it just requires being a little creative. She has also been heard to encourage therapists to discontinue treatment early for those patients with poor reimbursement. Sara is uncomfortable with this situation but is counting on her year-end bonus.

3. The PT Director of an outpatient clinic is attracted to a staff PTA. The PT and PTA are both married and work on a team treating patients together and typically co-treat the patients. They are observed in the clinic whispering, flirting, and touching each other at various times throughout the day. The PT and PTA team continued throughout the year working together and many of their coworkers have talked with each other about their displeasure working in the current environment. Mark, a senior staff therapist is a good friend of the director and has been silent about the situation so far. However, the discontent of the staff is increasing and he wonders if he should do something.

4. Jim, a PT, works at a private practice that has a number of clinics throughout the region. It has a centralized management structure. One of the top managers calls Jim and asks him to call a previously scheduled new patient to re-schedule an initial evaluation since a VIP/shareholder has been referred to the clinic wants to be seen as soon as possible. Jim is uncomfortable with this request.

5. Lauren, a PT, is the only witness to a patient fall in the clinic gym. The patient has balance problems and the PTA, Hal, working with her was not guarding her. Lauren observes Hal place a gait belt on the patient after the fall and before calling for assistance. Lauren is unsure what to do about this situation.

6. Drew works for a national contract therapy company and is currently working in a SNF and likes the patient population. He has a patient who is progressing well, but has not yet met all of her goals. Management is pressuring Drew to discharge the patient to home prior to the time he feels discharge is appropriate. Drew is uncertain what to do about this situation.
Resources and References - Ethics

Board of Physical Therapy
  - http://tn.gov/health/topic/PT-board; 1-800-778-4123

Online License Renewal
  - https://apps.tn.gov/hlrs/

Peer Assistance Program
  - http://tn.gov/health/article/PT-peer; 1-888-776-0786

Health Professional Boards (to file a complaint)

American Physical Therapy Association
  - http://www.apta.org
  - Ethics and legal information may be found under the “Practice and Patient Care” tab.

Tennessee Physical Therapy Association
  - http://www.tptatn.org; 1-615-269-5312

Federation of State Boards of Physical Therapy
  - http://www.fsbpt.org/

HIPAA
  - http://www.hhs.gov/ocr/privacy/

Health Ethics Trust (formerly The Council on Corporate Ethics)
  - http://www.corporateethics.com
Multiple Choice – Circle all answers that are correct for each question.

1. Which of the following are Physical Therapy Core Values
   a. Social Responsibility
   b. Integrity
   c. Altruism
   d. Compassion
   e. Excellence

2. Which of the following describes an ethical dilemma?
   a. Two principles apply but if you chose one, you violate the other.
   b. When you are having trouble deciding what the problem is.
   c. When you chose to do something good but get a negative consequence.
   d. When you are trying to decide if you are going to do something you know is wrong.
   e. You know what to do but your boss won’t let you do it.

3. The realm or scope of an ethical problem can be which of the following:
   a. Individual
   b. Societal
   c. Organizational

4. If you are a PT, which of the following are principles from the “Code of Ethics for the Physical Therapist?”
   a. Physical therapists shall be accountable for making sound professional judgments.
   b. Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
   c. Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
   d. Physical therapists shall respect the inherent dignity and rights of all individuals.

5. If you are a PTA, which of the following are standards from the “Standards of Ethical Conduct for the Physical Therapist Assistant?”
   a. Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
   b. Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.
   c. Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.
   d. Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.