Tennessee Physical Therapy Association
Ethics in Physical Therapy Practice

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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

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

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?

TOOLS FOR ETHICAL DECISION MAKING

• 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
• Core Values in Physical Therapy
• RIPS Model of Ethical Decision-Making with Case Analysis

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

APTA CODE OF ETHICS

Eight categories of Principles that define the ethical obligations of PTs
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.

Principle 1 & Standard 1
Ways we show dignity and respect:
• Recognizing our biases & assuring they do not affect patient/client care
• Acting respectfully regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability

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.
Principle 2 & Standard 2
Ways we demonstrate trustworthiness & compassion:
- Providing information in order to make informed decisions
- Collaborating to empower patients/clients
- Providing services that incorporate individual & cultural differences
- Protecting patient confidentiality

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.

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

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.

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

Principle 5 & Standard 5
A physical therapist and physical therapist assistant shall fulfill their legal and professional obligations.
**Principle 5 & Standard 5**

Ways we fulfill legal & professional obligations:
- Comply with laws and regulations
- Appropriate supervision
- Protect research participants
- Report colleagues who are unable to perform responsibilities skillfully & safely
- Do not abandon patients; provide information about alternatives prior to discharge

**Principle 6 & Standard 6**

**Principle 6** - Physical therapists shall enhance their expertise through lifelong and refinement of knowledge, skills, and professional behaviors.

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

**Principle 7 & Standard 7**

Ways we demonstrate excellence:
- Maintain competence
- PT shall engage in critical self assessment & reflection on changes in PT practice
- Engage in lifelong learning
- Cultivate and support practice environments that foster professional development

**Principle 7 & Standard 7**

Ways we promote beneficial organizational behaviors/business practices:
- Promote & support practice environments that encourage autonomous & accountable professional judgments
- Seek deserved & 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 & reflective documentation, coding and charges
- Refrain from employment arrangements that prevent fulfilling professional obligations
### 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.

<table>
<thead>
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<th>Ways we demonstrate participation:</th>
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<td>• Advocate to reduce health disparities and improve access to care</td>
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<td>• Avoid over-utilization or under-utilization of physical therapy services</td>
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<td>• Provide public education about the value of physical therapy</td>
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### Core Values in Physical Therapy

- Accountability
- Altruism
- Compassion/Caring
- Excellence
- Integrity
- Professional Duty
- Social Responsibility

### Core Values Self-Assessment

These may be accessed on the APTA website:

- Professionalism in Physical Therapy: Core Values for PTs
  [http://www.apta.org/CoreValuesSelfAssessment/](http://www.apta.org/CoreValuesSelfAssessment/)
- Values-Based Behaviors for PTAs
  [http://www.apta.org/ValuesBasedBehaviors/](http://www.apta.org/ValuesBasedBehaviors/)

### Communication Tips for Touchy Issues

- Differences in opinion do not necessarily mean you are facing an ethical dilemma
- Keep an open mind
- Accept & understand differences
- When in doubt, check it out
- Create an environment where people feel safe sharing ideas/opinions

### 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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<th>Realm</th>
<th>Individual Process</th>
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<td>Societal (common good)</td>
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<td>Moral Courage (implement action)</td>
<td>Temptation (right vs. wrong situation)</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.”

Implementing the RIPS Model of Ethical Decision-Making

After a lengthy period of rehabilitation, a grateful patient wishes to give a physical therapist a gift.
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 – Recognize and Define the Ethical Issue

Realm –
- Individual
- Organizational / Institutional
- Societal

Step One – Recognize and Define the Ethical Issue

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

Step One – Recognize and Define the Ethical Issue

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?
- What professional resources (Code of Ethics, Guide for Professional Conduct, Core Values) speak to the situation?

Step 2 – Reflect

What bioethical principles may apply?
- Beneficence – doing what is best or right
- Non-maleficence – do no harm
- Autonomy – informed decisions
- Justice – fairness
### Step 2 – Alternatives
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 – Consequences
What are the possible consequences of these actions?
- Legal
- Monetary
- Professional
- Personal
- Community

### Step 2 – Test for Right vs. Wrong Issues
- **Legal test** – Is something illegal? 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?
- **Mom test** – If I were my mother - would I do this?
- **Professional Ethics Test** – Do any of our core ethics documents prohibit or discourage the action?

### Step 2 – 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 – Step Back Before You Act
• 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

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 short 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.

Post-test
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 (e.g., 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 physical 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, life-long 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 therapist 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

HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

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 (eg, 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.
## The RIPS Model of Ethical Decision-Making

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<td>Silence (values are challenged but no one is addressing it)</td>
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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 short 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**

Health Professional Boards (to file a complaint)

Tennessee Physical Therapy Association
- Ethics complaints against a TPTA member may be reported to the TPTA President

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

Online License Renewal
- [https://apps.tn.gov/hlrs/](https://apps.tn.gov/hlrs/)

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

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

APTA Core Values Self-Assessment
- [http://www.apta.org/CoreValuesSelfAssessment/](http://www.apta.org/CoreValuesSelfAssessment/)

APTA Values Based Behaviors for the PTA Self-Assessment
- [http://www.apta.org/ValuesBasedBehaviors/](http://www.apta.org/ValuesBasedBehaviors/)

Federation of State Boards of Physical Therapy
- [http://www.fsbpt.org/](http://www.fsbpt.org/)

HIPAA
- [http://www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/)

Health Ethics Trust (formerly The Council on Corporate Ethics)
- [http://www.corporateethics.com](http://www.corporateethics.com)
Tennessee Physical Therapy Association
Ethics in Physical Therapy Practice
Post-test

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.