



WORKING WITH PT SUPPORT WORKERS: FAQs

The College receives questions from physical therapists who are supervising physical therapist support workers (PTSWs) and who need advice about particular situations. Here are a few questions we hear fairly often:

Question 1: Can I provide a receipt to a client for physical therapy services when a PTSW has provided that service?

Yes, under these conditions:

The Standard of Practice: Funding, Fees and Billing describes the requirements around receipts for physical therapy services, and includes the statement: Promptly provides the client with clear, transparent, accurate and comprehensive invoices or receipts and explanations required to allow the client to understand the fees charged, service providers and terms of payment.

The receipt should always be clear about who provided the service (the physical therapist or the PTSW or both) and what the service was (individual/group/assessment/intervention), keeping in mind that physical therapy services must meet the requirements in the Standard of Practice: Assessment, Diagnosis, Treatment. It is important to ensure you are providing and documenting physical therapy services in case your receipts/billing practices are ever challenged. Note that even if physical therapy services were provided, not all third party payors/insurers reimburse for physical therapy services provided by a PTSW. In order to avoid a client having to pay out of pocket for services, be sure to have them check with their insurer before they consent to receiving services from a PTSW.

Question 2: a) Can I assign removal of acupuncture needles to a PTSW? b) What about removal of TENS electrodes?

a) A PTSW can not remove acupuncture needles. It is clear in Standard of Practice: Supervision:

A physical therapist must not assign any restricted activity, or portion thereof, authorized to the physical therapist to physical therapist support workers.



Only physical therapists on the CHCPBC Dry Needling roster can use dry needling in their practice and they are not permitted to assign any component of dry needling to others.

b) A PWSW can remove TENS electrodes under the conditions described in Standard of Practice: Supervision, which include:

- the physical therapist assigning the task is competent to perform it
- the PWSW is competent to perform it (as determined and documented by the physical therapist)
- the physical therapist has conducted a risk assessment and determined the level of risk and the level of supervision required to minimize the risk
- the client has consented to the task being performed by the PWSW
- there is a communication plan in place, especially in case of an adverse event

Question 3: Can I assign the task of running an exercise or stretching group to a PWSW?

The question is really whether an exercise or stretching group is considered to be a physical therapy service, when provided by a PWSW, and directed and supervised by a physical therapist. Any individual can run an exercise or stretching group, but for a physical therapist to assign the task of running that group as part of the physical therapy service provided to a client, the following conditions must be met:

- the services offered to the client must align with Standard of Practice: Client Assessment, Diagnosis, Treatment
- the physical therapist has assessed each individual in the group
- the group session is a continuation of the physical therapy treatment plan for each individual and there are client-specific instructions for each individual
- the physical therapist has provided the PWSW with the intervention activities (exercises or stretches) to include in the group session
- any modification of the treatment plan is made by the physical therapist not the PWSW
- the treatment plan has been assigned by the physical therapist to the PWSW for each client
- the physical therapist is directing and supervising the PWSW in accordance with Standard of Practice: Supervision

If what is offered at the group session is not in alignment with the above, then physical therapy services are not being provided, and this should be clear to the



clients, to their families, and to other team members. Note that this is not to say that an exercise/stretching group would not be beneficial for clients receiving physical therapy, only that the time spent in the group should not be considered/invoiced as physical therapy services if it is not in line with College Standards.

Question 4: Is a rehab assistant (RA) the same as a PTSW? Is a kinesiologist the same as a PTSW?

A PTSW is any individual with any training who is providing physical therapy services under the supervision of a physical therapist, regardless of the “title” (rehab assistant, physical therapist assistant, kinesiologist, OTA/PTA, etc.) used by that individual. PTSWs will have different competencies, depending on their training and experience. A PTSW who has completed formal assistant training or who has completed a kinesiology degree will have different competencies than someone trained on the job. Someone trained on the job with 10 years experience will have different competencies than someone trained on the job with 1 year experience. This is why a physical therapist is required to assess the knowledge and skills of each PTSW, to conduct a risk assessment each time a task is assigned, and to assign only those tasks that fall within the PTSW’s competence. No matter what training and experience the PTSW holds, the physical therapist is responsible to adhere to the Standard of Practice: Supervision whenever directing and supervising physical therapy services.