


Physical therapy

Physical therapy	
<i>Intervention</i>	
	
<p>Military Physical Therapists working with patients on balance problems, orthopedic/musculoskeletal injuries, amputee, compression wrapping to control edema, and during evaluation/assessment of strength, flexibility, and joint range of motion</p>	
ICD-9-CM	93.0 ^[1] -93.3 ^[2]
MeSH	D026741 ^[3]

Physical therapy (or **physiotherapy**), often abbreviated **PT**, is a health care profession. Physical therapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being. Physical therapy involves the interaction between physical therapist, patients/clients, other health professionals, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physical therapists.^[4] Physical therapy is performed by a physical therapist (PT) or **physiotherapist** (physio), and sometimes services are provided by a physical therapist assistant (PTA) acting under their direction.^[5] PTs are healthcare professionals who diagnose and treat individuals of all ages, from newborns to the very oldest, who have medical problems or other health-related conditions, illnesses, or injuries that limit their abilities to move and perform functional activities as well as they would like in their daily lives.^[6] PTs use an individual's history and physical examination to arrive at a diagnosis and establish a management plan and, when necessary, incorporate the results of laboratory and imaging studies. Electrodiagnostic testing (e.g., electromyograms and nerve conduction velocity testing) may also be of assistance.^[7] PT management commonly includes prescription of or assistance with specific exercises, manual therapy, education, manipulation and other interventions. In addition, PTs work with individuals to prevent the loss of mobility before it occurs by developing fitness and wellness-oriented programs for healthier and more active lifestyles, providing services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Functional movement is central to what it means to be healthy.

Physical therapy has many specialties including cardiopulmonary, geriatrics, neurologic, orthopaedic and pediatrics. PTs practice in many settings, such as outpatient clinics or offices, inpatient rehabilitation facilities, skilled nursing facilities, extended care facilities, private homes, education and research centers, schools, hospices, industrial workplaces or other occupational environments, fitness centers and sports training facilities.^[8]

Physical therapists also practice in non-patient care roles such as health policy,^{[9] [10] [11] [12]} health insurance, health care administration and as health care executives.^{[13] [14]} Physical therapists are involved in the medical-legal field serving as experts, performing peer review and independent medical examinations.^[15]

Education qualifications vary greatly by country. The span of education ranges from some countries having little formal education to others requiring masters or doctoral degrees.

History

Physicians like Hippocrates and later Galenus are believed to have been the first practitioners of physical therapy, advocating massage, manual therapy techniques and hydrotherapy to treat people in 460 B.C.^[16] After the development of orthopedics in the eighteenth century, machines like the Gymnasticon were developed to treat gout and similar diseases by systematic exercise of the joints, similar to later developments in physical therapy.^[17]

The earliest documented origins of actual physical therapy as a professional group date back to Per Henrik Ling, "Father of Swedish Gymnastics," who founded the Royal Central Institute of Gymnastics (RCIG) in 1813 for massage, manipulation, and exercise. The Swedish word for physical therapist is "sjukgymnast" = "sick-gymnast." In 1887, PTs were given official registration by Sweden's National Board of Health and Welfare.

Other countries soon followed. In 1894 four nurses in Great Britain formed the Chartered Society of Physiotherapy.^[18] The School of Physiotherapy at the University of Otago in New Zealand in 1913,^[19] and the United States' 1914 Reed College in Portland, Oregon, which graduated "reconstruction aides."^[20]

Modern physical therapy was established in Britain towards the end of the 19th century. Soon following American orthopedic surgeons began treating children with disabilities and began employing women trained in physical education, massage, and remedial exercise. These treatments were applied and promoted further during the Polio outbreak of 1916. During the First World War women were recruited to work with and restore physical function to injured soldiers, and the field of physical therapy was institutionalized. In 1918 the term "Reconstruction Aide" was used to refer to individuals practicing physical therapy. The first school of physical therapy was established at Walter Reed Army Hospital in Washington D.C. following the outbreak of World War I.^[21]

Research catalyzed the physical therapy movement. The first physical therapy research was published in the United States in March 1921 in "The PT Review." In the same year, Mary McMillan organized the Physical Therapy Association (now called the American Physical Therapy Association (APTA)). In 1924, the Georgia Warm Springs Foundation promoted the field by touting physical therapy as a treatment for polio.^[22]

Treatment through the 1940s primarily consisted of exercise, massage, and traction. Manipulative procedures to the spine and extremity joints began to be practiced, especially in the British Commonwealth countries, in the early 1950s.^{[23] [24]} Later that decade, physical therapists started to move beyond hospital-based practice to outpatient orthopedic clinics, public schools, colleges/universities, geriatric settings (skilled nursing facilities), rehabilitation centers and medical centers.

In 1921 in the United States physical therapists formed the first professional association called the American Women's Physical Therapeutic Association. This gave birth to what is known today as the APTA (American Physical Therapy Association), and currently represents approximately 76,000 members throughout the United States. The APTA defines physical therapy as: "clinical applications in the restoration, maintenance, and promotion of optimal physical function."^[25]

Specialization for physical therapy in the U.S. occurred in 1974, with the Orthopaedic Section of the APTA being formed for those physical therapists specializing in orthopaedics. In the same year, the International Federation of Orthopaedic Manipulative Physical Therapists was formed,^[26] which has ever since played an important role in advancing manual therapy worldwide.

Education

World Confederation of Physical Therapy (WCPT) recognises there is considerable diversity in the social, economic, cultural, and political environments in which physical therapist education is conducted throughout the world. WCPT recommends physical therapist entry-level educational programs be based on university or university-level studies, of a minimum of four years, independently validated and accredited as being at a standard that accords graduates full statutory and professional recognition. [2] WCPT acknowledges there is innovation and variation in program delivery and in entry-level qualifications, including first university degrees (Bachelors/Baccalaureate/Licensed or equivalent), Masters and Doctorate entry qualifications. What is expected is that any program should deliver a curriculum that will enable physical therapists to attain the knowledge, skills, and attributes described in these guidelines. Professional education prepares physical therapists to be autonomous practitioners, that may work in collaboration with other members of the health care team.[7]

Physical therapist entry-level educational programs integrate theory, evidence and practice along a continuum of learning. This begins with admission to an accredited physical therapy program and ending with retirement from active practice.[2]

206 of 213 accredited physical therapy programs in the US are accredited at the doctoral level offering the Doctor of Physical Therapy degree (DPT)

The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists)

Curriculum related to Patient/Client Management^[27] includes:

- Screening to determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.
- Examination: Examine patients/clients by obtaining a history from them and from other sources. Examine patients/clients by performing systems reviews. Examine patients/clients by selecting and administering culturally appropriate and age related tests and measures. Tests and measures include, but are not limited to, those that assess: a. Aerobic Capacity/Endurance, b. Anthropometric Characteristics, c. Arousal, Attention, and Cognition, d. Assistive and Adaptive Devices, e. Circulation (Arterial, Venous, Lymphatic), f. Cranial and Peripheral Nerve Integrity, g. Environmental, Home, and Work (Job/School/Play) Barriers, h. Ergonomics and Body Mechanics, i. Gait, Locomotion, and Balance, j. Integumentary Integrity, k. Joint Integrity and Mobility, l. Motor Function (Motor Control and Motor Learning), m. Muscle Performance (including Strength, Power, and Endurance), n. Neuromotor Development and Sensory Integration, o. Orthotic, Protective, and Supportive Devices, p. Pain, q. Posture, r. Prosthetic Requirements, s. Range of Motion (including Muscle Length), t. Reflex Integrity, u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL]), v. Sensory Integrity, w. Ventilation and Respiration/Gas Exchange, x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)
- Evaluation: Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
- Diagnosis: Determine a diagnosis that guides future patient/client management.
- Prognosis: Determine patient/client prognoses.
- Plan of Care: Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.
- Intervention: Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include: a. Therapeutic Exercise, b. Functional Training in Self-Care and Home Management, c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration, d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques), e. Prescription,

Application, and, as Appropriate, Fabrication of Devices and Equipment, f. Airway Clearance Techniques, g. Integumentary Repair and Protection Techniques, h. Electrotherapeutic Modalities,

- Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
- Prevention, Health Promotion, Fitness, and Wellness: Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities. Apply principles of prevention to defined population groups.
- Students completing a Doctor of Physical Therapy program are also required to successfully complete clinical internships prior to graduation.

Specialty areas

Because the body of knowledge of physical therapy is quite large, some PTs specialize in a specific clinical area. While there are many different types of physical therapy,^[28] the American Board of Physical Therapy Specialties list eight specialist certifications.

Cardiovascular & Pulmonary

Cardiovascular and pulmonary rehabilitation physical therapists treat a wide variety of individuals with cardiopulmonary disorders or those who have had cardiac or pulmonary surgery. Primary goals of this specialty include increasing endurance and functional independence. Manual therapy is used in this field to assist in clearing lung secretions experienced with cystic fibrosis. Disorders, including heart attacks, post coronary bypass surgery, chronic obstructive pulmonary disease, and pulmonary fibrosis, treatments can benefit from cardiovascular and pulmonary specialized physical therapists.^[29]

Clinical Electrophysiology

This specialty area encompasses electrotherapy/physical agents, electrophysiological evaluation (EMG/NCV), physical agents, and wound management.

Geriatric

Geriatric physical therapy covers a wide area of issues concerning people as they go through normal adult aging but is usually focused on the older adult. There are many conditions that affect many people as they grow older and include but are not limited to the following: arthritis, osteoporosis, cancer, Alzheimer's disease, hip and joint replacement, balance disorders, incontinence, etc. Geriatric physical therapists specialize in treating older adults.

Integumentary

Integumentary (treatment of conditions involving the skin and related organs). Common conditions managed include wounds and burns. Physical therapists utilize surgical instruments, mechanical lavage, dressings and topical agents to debride necrotic tissue and promote tissue healing. Other commonly used interventions include exercise, edema control, splinting, and compression garments.

Neurological

Neurological physical therapy is a field focused on working with individuals who have a neurological disorder or disease. These include Alzheimer's disease, Charcot-Marie-Tooth disease (CMT), ALS, brain injury, cerebral palsy, multiple sclerosis, Parkinson's disease, spinal cord injury, and stroke. Common impairments associated with neurologic conditions include impairments of vision, balance, ambulation, activities of daily living, movement, muscle strength and loss of functional independence.^[29] Physiotherapy can address many of these impairments and aid in restoring and maintaining function, slowing disease progression, and improving quality of life.

Orthopedic

Orthopedic physical therapists diagnose, manage, and treat disorders and injuries of the musculoskeletal system including rehabilitation after orthopaedic surgery. This specialty of physical therapy is most often found in the out-patient clinical setting. Orthopedic therapists are trained in the treatment of post-operative orthopedic procedures, fractures, acute sports injuries, arthritis, sprains, strains, back and neck pain, spinal conditions and amputations.

Joint and spine mobilization/manipulation, therapeutic exercise, neuromuscular reeducation, hot/cold packs, and electrical muscle stimulation (e.g., cryotherapy, iontophoresis, electrotherapy) are modalities often used to expedite recovery in the orthopedic setting.^[30] Additionally, an emerging adjunct to diagnosis and treatment is the use of sonography for diagnosis and to guide treatments such as muscle retraining.^{[31] [32] [33]} Those who have suffered injury or disease affecting the muscles, bones, ligaments, or tendons will benefit from assessment by a physical therapist specialized in orthopedics.

Pediatric

Pediatric physical therapy assists in early detection of health problems and uses a wide variety of modalities to treat disorders in the pediatric population. These therapists are specialized in the diagnosis, treatment, and management of infants, children, and adolescents with a variety of congenital, developmental, neuromuscular, skeletal, or acquired disorders/diseases. Treatments focus on improving gross and fine motor skills, balance and coordination, strength and endurance as well as cognitive and sensory processing/integration. Children with developmental delays, cerebral palsy, spina bifida, or torticollis may be treated by pediatric physical therapists.^[29]

Sports

Physical therapists can be involved in the care of athletes from recreational to professional and Olympians. This area of practice (Athletic Training) includes athletic injury management, including acute care, treatment and rehabilitation, prevention, and education.

Women's health

Women's health physical therapy addresses women's issues related to child birth, and post partum. These conditions include lymphedema, osteoporosis, pelvic pain, prenatal and post partum periods, and urinary incontinence.^[34]

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External links

- Canadian Physiotherapy Association (http://thesehands.ca/index.php/site/What_Do_Physiotherapists_Do/)

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