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Purpose and Scope

The Academy of Pelvic Health Physical Therapy (APTA Pelvic Health) invites Physical Therapist Assistants (PTA) to participate in continuing education courses in the pelvic and pregnancy series (CAPP-Pelvic / CAPP-OB, or Certificate of Advanced Practice in Physical Therapy in Pelvic Health / Obstetric Health).¹

PTA Participation in the CAPP Program

PTAs may complete skills testing and written examinations. PTAs will be evaluated on a treatment plan reflection in accordance with their skills and training. PTAs are not permitted to perform patient examinations or evaluations, which remain the responsibility of the physical therapist (PT).

While the CAPP curriculum includes content on evaluation to support understanding of the PT's clinical reasoning, PTAs may not conduct evaluations or determine plans of care. Instead, PTAs are assessed through a treatment plan reflection, which aligns with their role of implementing, not establishing, plans of care.^{1,3,5} Currently, the CAPP designation can be achieved by PTs or PTAs, with PTs completing a case reflection and PTAs completing a treatment plan reflection.

The intent of the CAPP courses is to provide a greater knowledge base for the PTA who is working in pelvic health and obstetric health. While the courses include a significant portion of evaluation content, APTA Pelvic Health believes that PTAs benefit from understanding the evaluative components provided by the PT, as this enhances collaboration and patient care within the PT/PTA team.^{1,5}

Guiding Principles for PT–PTA Pelvic Health Practice

In welcoming our PTA colleagues to our CAPP courses, APTA Pelvic Health anticipates that PT–PTA pelvic health teams will desire guidance on appropriate PTA use.¹ Thus, APTA Pelvic Health is providing the statements listed below regarding PTA practice in pelvic health.

These statements should be interpreted in conjunction with the American Physical Therapy Association's position on **Interventions Performed exclusively by physical therapists**, which identifies interventions that are performed exclusively by physical therapists and are not appropriate for delegation to a physical therapist assistant.²

Responsibilities of the Delegating Physical Therapist

These statements are intended to supplement, not supersede, applicable state practice acts and APTA policies regarding the direction and supervision of PTAs and interventions performed exclusively by physical therapists.^{2,3}

- APTA Pelvic Health entrusts the PT and PTA to know, understand, and adhere to state practice acts and any rules/regulations that govern PTs' and PTAs' professional licenses in relation to working with patients with pelvic health conditions.^{3,4}
- The delegating PT is responsible for knowing and understanding the qualifications of the PTA(s) working under their care, and collaborating in the care of the patient.^{4,5}
- The delegating PT must have documented didactic and psychomotor training and have experience treating patients with pelvic health issues before assigning care of a patient to a PTA, with the PTA working under the plan of care established by the PT.⁶
- It is the PT's responsibility to recognize patients who require ongoing assessment and to abstain from delegating these patients to a PTA.⁶
- It is the responsibility of the PT to recognize patients with sensitive conditions and/or psychosocial considerations that require ongoing assessment and evaluation. In these cases, the PT should abstain from delegating these patients to a PTA to support patient trust, satisfaction, and adherence.⁶

Examples of Potentially Delegable Interventions

APTA Pelvic Health also acknowledges that many PT/PTA teams would like guidance on and examples of appropriate PTA use. The following examples are **not intended to supersede PTA licensure rules and regulations**, nor are they exhaustive. Rather, they are offered as a resource for developing PT/PTA pelvic health team collaboration.²⁻⁴

With appropriate delegation, PTAs may provide the following interventions within the PT's plan of care^{3,5}:

- Biofeedback intervention and progression (e.g., real-time ultrasound, sEMG with internal vaginal/rectal probes or skin-surface electrodes)
- Electrical stimulation intervention for the pelvic floor
- Internal pelvic floor muscle techniques that do not require ongoing assessment/evaluation
- External pelvic floor muscle exercise
- Education of pelvic floor muscle home exercise program
- Intervention with vaginal weights
- Intervention with vaginal dilators
- Behavioral intervention for bowel and bladder
- Internal pelvic floor tests and measures are part of the data collection for the PT's plan of care

The Role of the Physical Therapist Assistant

APTA Pelvic Health has developed the above statements and guidelines in correlation with the American Physical Therapy Association (APTA) statement on PTA practice.

The APTA states that:

*"Physical therapist assistants are educated and licensed clinicians who provide care under the direction and supervision of a licensed physical therapist. Physical therapist assistants implement components of patient care, obtain data related to the treatment provided, and collaborate with the physical therapist to modify care as necessary. As a team, physical therapists and physical therapist assistants work to help people improve movement function."*⁶⁻⁸

References

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